

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

**PURDUE PHARMA L.P., *et al.*,
Debtors.¹**

Chapter 11

**Case No. 19-23649 (SHL)
(Jointly Administered)**

**ORDER (I) APPOINTING PI AND TPP CLAIMS ADMINISTRATORS; (II)
AUTHORIZING THE ESTABLISHMENT OF CLAIMS DEADLINES AND CLAIMS
OBJECTION PROCEDURES; AND (III) GRANTING RELATED RELIEF**

Upon the joint motion (the “Motion”)² of Purdue Pharma L.P. and its affiliates that are debtors and debtors in possession in these cases (collectively, the “Debtors”) and the Official Committee of Unsecured Creditors (the “UCC”) for entry of an order (this “Order”), pursuant to sections 105(a) and 363(b) of the Bankruptcy Code and Bankruptcy Rule 3007, (I) appointing PI and TPP Claims Administrators; (II) authorizing the establishment of claims deadlines and claims objection procedures; and (III) granting related relief, all as more fully described in the Motion; and the Court having jurisdiction to consider the Motion and the relief requested therein pursuant to 28 U.S.C. §§ 157 and 1334 and the Amended Standing Order of Reference M-431, dated January 31, 2012 (Preska, C.J.) and consideration of the Motion and the relief requested therein being a core proceeding under 28 U.S.C. § 157(b); and the Court having authority to hear and determine the Motion and enter this Order as a final order consistent with Article III of the U.S. Constitution;

¹ The Debtors in these cases, along with the last four digits of each Debtor’s registration number in the applicable jurisdiction, are as follows: Purdue Pharma L.P. (7484), Purdue Pharma Inc. (7486), Purdue Transdermal Technologies L.P. (1868), Purdue Pharma Manufacturing L.P. (3821), Purdue Pharmaceuticals L.P. (0034), Imbrium Therapeutics L.P. (8810), Adlon Therapeutics L.P. (6745), Greenfield BioVentures L.P. (6150), Seven Seas Hill Corp. (4591), Ophir Green Corp. (4594), Purdue Pharma of Puerto Rico (3925), Purdue Products L.P. (4140), Purdue Pharmaceutical Products L.P. (3902), Purdue Neuroscience Company (4712), Nayatt Cove Lifescience Inc. (7805), Button Land L.P. (7502), Rhodes Associates L.P. (N/A), Paul Land Inc. (7425), Quidnick Land L.P. (7584), Rhodes Pharmaceuticals L.P. (6166), Rhodes Technologies (7143), UDF LP (0495), SVC Pharma LP (5717), and SVC Pharma Inc. (4014). The Debtors’ corporate headquarters is located at One Stamford Forum, 201 Tresser Boulevard, Stamford, CT 06901.

² Capitalized terms used but not defined in this Order shall have the meanings ascribed to such terms in the Motion.

and venue being proper before the Court pursuant to 28 U.S.C. §§ 1408 and 1409; and due and proper notice of the Motion having been provided and it appearing that no other or further notice need be provided; and all objections to the Motion having been withdrawn or overruled; and the Court having reviewed the Motion and held a hearing on April 10, 2025 to consider the relief requested in the Motion; and upon the record of the Hearing, and the legal and factual bases set forth in the Motion and at the Hearing establishing that the relief requested is in the best interests of the Debtors, their estates and their creditors, and good and sufficient cause appearing therefor,

IT IS HEREBY ORDERED, ADJUDGED AND DECREED THAT:

1. The Motion is granted as set forth herein.

I. Claims Administrators

2. Edgar C. Gentle, III is appointed as PI Claims Administrator, and is authorized to review and analyze all proofs of claim filed in the Chapter 11 Cases that represent PI Claims (as defined in the Plan) and to request from the Holders of PI Claims (or from their counsel) such information and/or documentation as may be necessary to substantiate the injuries alleged in the proofs of claim filed by such Holders and/or the requisite connection to the Debtors, including but not limited to requesting that each PI Claimant complete and submit the applicable PI Trust Claim Form substantially in the forms attached hereto as **Exhibits A1 and A2**, together with the PI Required Information, so as to be actually received by the PI Claims Administrator on or before the PI Claims Deadline. In connection with the process described in this paragraph, the PI Claims Deadline is established as sixty (60) days after the notice of the PI Claims Deadline substantially in the form attached hereto as **Exhibit B** is distributed to the Holders of PI Claims. Kroll is directed to distribute the notice and PI Trust Claim Forms to the Holders of PI Claims as soon as practicable after entry of this Order. For the avoidance of doubt, no PI Claimant shall be required to re-submit

any documents or other supporting information that it previously submitted as part of its Proof of Claim as attachments to their PI Trust Claims Forms unless reasonably and specifically requested by the PI Claims Administrator.

3. The PI Claims Administrator is authorized and directed, as soon as practicable upon the conclusion of the analysis described in the preceding paragraph, to provide to the Debtors and the UCC one or more lists of PI Claims for which the Holders thereof did not timely submit a PI Trust Claim Form or provide information substantiating their alleged PI Claims to the PI Claims Administrator by the PI Claims Deadline or otherwise provide such substantiating information. For the avoidance of doubt, nothing contained herein is intended to or should be construed to limit any PI Trust Distribution Procedures, if and when approved by the Court, from providing the PI Trustee any rights to administer such PI Trust Distribution Procedures, including but not limited to the right to require data and documents substantiating a PI Claim.

4. Alan D. Halperin is appointed as TPP Claims Administrator, and is authorized to request from the Holders of Third-Party Payor (“TPP”) Claims (or from their counsel or plan administrators)³ such information and/or documentation as may be necessary to substantiate the amounts alleged in the proofs of claim filed by or on behalf of such Holders, including but not limited to requesting that each TPP Claimant complete and submit the TPP Trust Claim Form substantially in the form attached hereto as Exhibit C so that it is actually received by the TPP Claims Administrator on or before the TPP Claims Deadline. In connection with the process described in this paragraph, the TPP Claims Deadline is established as one hundred twenty (120) days after the notice of the TPP Claims Deadline attached hereto as Exhibit D is distributed to the

³ Most of the TPP Claims that were filed by the Bar Date in these cases were included in “master claims” filed by plan administrators and their counsel on behalf of numerous TPPs. Notice to those TPPs will be provided to entity or entities specified as notice parties in the respective master claim.

Holders of TPP Claims, subject to the adjustments described in that notice. Kroll is directed to distribute the notice and TPP Trust Claim Forms to the Holders of TPP Claims (or their counsel or plan administrators) as soon as practicable after entry of this Order. The TPP Trust Claims Administrator is further authorized to request from filers such information and/or documentation as may support substantiating the amounts alleged by or on behalf of such Holders in the TPP Trust Claim Form. For the avoidance of doubt, no TPP Claimant shall be required to re-submit any documents or other supporting information that it previously submitted as part of its Proof of Claim as attachments to their TPP Trust Claim Forms unless reasonably and specifically requested by the TPP Trust Claims Administrator.

5. The TPP Claims Administrator is authorized and directed, as soon as practicable upon the conclusion of the analysis described in the preceding paragraph, to provide to the Debtors and the UCC one or more lists of TPP Claims for which the Holders (or their counsel or plan administrators) did not timely submit a TPP Trust Claim Form or provide information substantiating their alleged TPP Claims to the TPP Claims Administrator by the TPP Claims Deadline. For the avoidance of doubt, nothing contained herein is intended to or should be construed to limit any TPP Trust Distribution Procedures, if and when approved by the Court, from providing the TPP Trustee any rights to administer such TPP Trust Distribution Procedures, including but not limited to the right to require data and documents substantiating a TPP Claim.

6. Kroll, in its capacity as the Debtors' Claims and Noticing Agent, is authorized and directed to assist the Claims Administrators in connection with their respective duties as set forth in the Motion and this Order, including but not limited to, sharing any necessary confidential and/or personal health information with the appropriate Claims Administrators and their respective professionals. Kroll may include any fees or expenses incurred in connection with this Order as

part of its invoices issued pursuant to its retention order as the Debtors' Claims and Noticing Agent [ECF No. 60].

7. The Debtors are authorized and directed to pay the fees and expenses of the Claims Administrators incurred in connection with their duties as authorized under this Order, including by making direct payments to any professionals employed by the Claims Administrators in connection with such duties, and to indemnify the Claims Administrators in connection with their duties as authorized by this Order, *provided* that any unused funds made available by the Debtors in connection with the PI Trust and TPP Trust pursuant to the *Order (I) Authorizing the Debtors to Fund Establishment of the Creditor Trusts, the Master Disbursement Trust and TopCo; (II) Directing Prime Clerk LLC to Release Certain Protected Information; and (III) Granting Other Related Relief* [ECF No. 3773] shall be used first before the Debtors pay any additional estate funds to the relevant Claims Administrator or its professionals in accordance with this Order; *provided, further*, that the Debtors shall have no obligation to indemnify the Claims Administrators for any claim or expense that is judicially determined to have arisen primarily from that Claim Administrator's gross negligence, willful misconduct or fraud or otherwise not entitled to indemnification under this Order.

8. To the extent that any prior order of this Court would be inconsistent with the authority of the Claims Administrators, such orders are deemed modified solely to the extent necessary to permit the Claims Administrators to carry out the duties authorized by this Order.

II. Omnibus Objections to PI and TPP Claims

9. Without prejudice to the *Corrected Order Approving (I) Omnibus Claims Objection Procedures, (II) Omnibus Claims Settlement Procedures and (III) Omnibus Claims Hearing Procedures* [ECF No. 2878] (the "General Omnibus Objection Order"), but notwithstanding

Bankruptcy Rule 3007, the Debtors and the UCC are authorized to object to PI Claims on the list(s) provided by the PI Claims Administrator pursuant to paragraph 3 of this Order (such Claims, “Nonsubstantiated PI Claims”) or to TPP Claims on the list(s) provided by the TPP Claims Administrator pursuant to paragraph 5 of this Order (such Claims, “Nonsubstantiated TPP Claims” and, together with Nonsubstantiated PI Claims, “Nonsubstantiated Claims”) on the ground that the Holders of such Claims have failed to timely submit a PI Trust Claim Form or a TPP Trust Claim Form, as applicable, or otherwise provide information to substantiate their Claim and therefore each such Holder has not established a claim that would be compensable under applicable law (together with those grounds set forth in the General Omnibus Objection Order and Bankruptcy Rule 3007(d), the “Permitted Grounds”).

10. Without prejudice to the General Omnibus Objection Order but notwithstanding Bankruptcy Rule 3007, the Debtors and the UCC are authorized to file Omnibus Claims Objections that pertain to any number of Nonsubstantiated Claims (an “Omnibus PI/TPP Objection”) on the Permitted Grounds; *provided*, that no such Omnibus PI/TPP Objection shall include objections to both PI Claims and TPP Claims.

11. Except as expressly provided herein, the Debtors and the UCC shall, in connection with Omnibus PI/TPP Objections, comply with the requirements for Omnibus Claims Objections set forth in Bankruptcy Rule 3007(e).

12. Any order sustaining an Omnibus PI/TPP Objection shall be treated as an order for each Claimant whose Claim is subject to the applicable Omnibus PI/TPP Objection as if an individual order had been entered for such Claimant.

13. Except as modified by this Order, the form of notice and manner of service of any omnibus claim objections to PI Claims and TPP Claims will be governed by the General Omnibus Objection Order.

14. Nothing in this Order shall constitute an admission of the validity, nature, amount or priority of any Claim asserted in these Chapter 11 Cases.

15. Entry of this Order is without prejudice to the rights of the Debtors or any other party in interest to seek to modify or supplement the relief granted herein.

16. In the event there is a conflict between this Order and any other order in these Chapter 11 Cases establishing solicitation or confirmation hearing procedures or protocols with respect to the Plan, this Order shall govern, except to the extent that this Order is modified by further order of this Court.

17. The terms and conditions of this Order shall be immediately effective and enforceable upon its entry.

18. The contents of the Motion and notice procedures set forth therein are good and sufficient notice and satisfy the Bankruptcy Rules and the Local Rules, and no other or further notice of the Motion or of the entry of this Order shall be required.

19. The Court shall retain jurisdiction to hear and determine all matters arising from or related to the implementation, interpretation and enforcement of this Order.

Dated: White Plains, New York
April 15, 2025

/s/ Sean H. Lane
The Honorable Sean H. Lane
United States Bankruptcy Judge

NAS CLAIM FORM FOR PURDUE PHARMA L.P. NAS PI TRUST DISTRIBUTION PROCEDURES

Eligibility and Claim Requirements:

In order to be eligible for a Distribution¹ from the Purdue Pharma L.P. PI Trust (the “**PI Trust**”) for a NAS PI Channeled Claim, a claimant will, among other things, be required to:

- a) Hold a NAS PI Channeled Claim against one or more Debtors;
- b) Have timely filed individual personal injury Proof of Claim for such NAS PI Channeled Claim against one or more Debtors in the Chapter 11 Cases;
- c) Submit the required proof demonstrating a diagnosis by a licensed medical provider of a medical, physical, cognitive or emotional condition occurring prior to the September 15, 2019 Petition Date resulting from the NAS Child’s intrauterine exposure to opioids or opioid replacement or treatment medication, including but not limited to the condition known as neonatal abstinence syndrome (“**NAS**”).

Important Note: If you provided the required documentation in connection with (i) the *Mallinckrodt plc* (Case No. 20-12522) (Bankr. D. Del.) bankruptcy, (ii) the *Endo International plc* (Case No. 22-22549) (Bankr. S.D.N.Y.) bankruptcy, or (iii) your Proof of Claim that was filed in the Debtors’ Chapter 11 Cases, you do not need to resubmit the required documentation, but shall provide the PI Claims Administrator with a statement (or if filing in bulk by the Firm, with a list) confirming the previously filed Claim(s) for the PI Claims Administrator to review;

Additionally, each Holder of a NAS PI Claim seeking an Award from the PI Trust must complete, sign, and submit the following documents so that they are received on or before [REDACTED] (“**Claims Deadline**”):²

- a) This NAS PI Claim Form (the “**NAS Claim Form**”);
- b) The applicable HIPAA consent form found on pages 13 and 14 of this NAS Claim Form;
- c) To the extent the NAS PI Channeled Claim concerns the injuries of a decedent of the Holder of such Claim, the Heirship Declaration, which can be found on the Purdue PI Trust website at purduepitrust.com, or valid estate documents authorizing the Holder of the Claim to act on behalf of the decedent’s estate; and
- d) For Holders of NAS PI Claims that are minors, a Proxy Form found on pages 10 through 12 of this NAS Claim Form, which can also be found in Exhibit D of the NAS PI TDP.

FAILURE TO TIMELY SUBMIT THIS NAS CLAIM FORM ALONG WITH THE REQUIRED INFORMATION OUTLINED UNDER THE ELIGIBILITY SECTION ABOVE BY [INSERT]

¹ Capitalized terms used but not defined herein have the meanings ascribed to them in the NAS Personal Injury Trust Distribution Procedures (“**NAS PI TDP**”) or, if not defined therein, then the meanings ascribed to them in the Thirteenth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.P. and Its Affiliated Debtors (the “**Plan**”). The NAS PI TDP and the Plan can be found at <https://www.purduepitrust.com>.

² Parties that previously filed claims and provided the required documentation in connection with (i) the *Mallinckrodt plc* (Case No. 20-12522) (Bankr. D. Del.) bankruptcy, (ii) the *Endo International plc* (Case No. 22-22549) (Bankr. S.D.N.Y.) bankruptcy, or (iii) your Proof of Claim that was filed in the Debtors’ Chapter 11 Cases do not need to provide further documentation, except as set forth herein. In the event of law firms with a large inventory doing bulk uploads, the PI Trustee shall establish procedures for bulk attestations.

DATE AND TIME ONCE FIXED] IN ACCORDANCE WITH THE NAS PI TDP MAY RESULT IN THE NAS PI CLAIM BEING DEEMED A DISPUTED CLAIM THAT WILL BE THE SUBJECT OF AN OBJECTION.

THE NAS PI TDP AND ANY FORMS REFERENCED IN THIS NAS CLAIM FORM CAN BE FOUND ON THE PI TRUST WEBSITE AT [HTTPS://WWW.PURDUEPITRUST.COM](https://www.purduepitrust.com).³

Instructions for NAS Claim Form Submission:

If you represent the interests of an NAS Child and are seeking to recover money from the PI Trust on account of that NAS Child's NAS PI Channeled Claim(s), you must complete this NAS Claim Form and return the form as instructed below. If you do not complete the form, you MAY NOT qualify to receive funds on behalf of the NAS PI Claimant you represent, and your NAS PI Claim may be the subject of an objection, disallowance or a denial.

If you believe that the NAS Child you represent holds multiple NAS PI Channeled Claims against the Debtors on account of multiple injuries, you should submit only one NAS Claim Form.

If you represent the interests of more than one NAS Child, you must file a NAS Claim Form on behalf of each individual NAS Child. YOU CANNOT file one NAS Claim Form on behalf of multiple children.

Please follow the instructions of each section carefully to ensure that the NAS Claim Form is submitted correctly. Except as otherwise indicated, all words shall be given their ordinary meaning. Submitting this NAS Claim Form does not guarantee that your NAS PI Claim will be Allowed or that you will receive payment from the PI Trust.

It is the responsibility of the Holder of the NAS PI Claim or its representative to submit this NAS Claim Form along with the Required Information (i.e. the HIPAA Form AND Evidence demonstrating a diagnosis by a licensed medical provider or a medical, physical, cognitive, or emotional condition resulting from intrauterine exposure prior to September 15, 2019, to either opioids or opioid replacement/treatment medication as outlined in the NAS PI TDP) by the Claims Deadline.

If the NAS PI Claim is filed on behalf of an individual who is a minor, then a Proxy Form and supporting documentation, if required, authorizing the person to act on behalf of the Minor must be submitted as well.

This NAS Claim Form along with the Required Information can be completed and submitted online at <https://www.purduepitrust.com> or by sending such completed Claim Form and Required Information by:

³ The NAS PI TDP that is currently on the PI Trust Website is substantially complete but will likely have changes. An updated NAS PI TDP will be filed with the Bankruptcy Court as part of the Plan Supplement and will be considered by the Bankruptcy Court for approval at the hearing to consider confirmation of the Debtors' Plan of Reorganization, on a date to be scheduled.

- (i) e-mail to purduepitrust@purduepitrust.com,
- (ii) mail to Purdue PI Trust, P.O. Box 361930, Hoover, Alabama, 35236-1930, or
- (iii) fax to 205-716-2364.

Law firms representing more than one NAS PI Claimant, should visit the Law Firm Bulk Submittal tab on the <https://www.purduepitrust.com> website for additional information regarding submittal of claims for multiple, represented NAS PI Claimants.

**PLEASE PRINT ALL INFORMATION CLEARLY AS
THE INFORMATION PROVIDED WILL BE USED TO BOTH EVALUATE
YOUR CLAIM AND CONTACT YOU.**

**PART ONE: PERSONAL INFORMATION OF NAS PI CLAIMANT
AND HIS/HER REPRESENTATIVE**

Section 1.A – Fill out the information of the NAS Child below:

NAS Child's Name:

First

Middle

Last

NAS Child's Date of Birth: _____
DD MM YYYY

NAS Child's Date of Death:
(if applicable) _____
DD MM YYYY

NAS Child's Current
Address: _____
Street Address

City State Zip

NAS Child's Full Social
Security Number:
(or Taxpayer ID or Social
Insurance Number) _____

Kroll/Prime Clerk Proof of
Claim Number(s) in
Purdue's Chapter 11 Cases: _____

Section 1.B – Fill out your information below:

Your Name: _____
First Middle Last

Your Date of Birth: _____
DD MM YYYY

Your Address: _____
Street Address

City State Zip

Section 1.B – Fill out your information below: (continued)

Your Social Security
Number: (or Taxpayer ID or
Social Insurance Number) _____

Relationship to NAS Child: _____
(Natural/Birth Parent, Adoptive Parent, Legal Guardian, or Other Custodian)

| | | | |
|---|--|--------|------|
| Name of Your Representative: (if applicable) | First | Middle | Last |
| Legal Authority for Representative: (if applicable) | (e.g., Power of Attorney, Legal Guardian, Conservator, etc.) | | |
| Address of Representative: | Street Address | | |
| | City | State | Zip |

PART TWO: MEDICAL PROVIDER INFORMATION

Section 2.A: This section concerns licensed medical providers who have diagnosed the NAS Child with any medical, physical, cognitive or emotional condition resulting from his/her intrauterine exposure to opioids or opioid replacement or treatment medication(s). The diagnoses may include, but are not limited to, the condition known as neonatal abstinence syndrome (“NAS”). Fill out and provide the following information, if known:

| Name of Licensed Medical Provider | Address | City | State | Zip | Date of Diagnosis |
|-----------------------------------|---------|------|-------|-----|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Section 2.B: Even if you do not know the information sought in Section 2.A, **please include with your submission of this NAS Claim Form Competent Evidence that a licensed medical provider has diagnosed the NAS PI Claimant with any medical, physical, cognitive or emotional condition resulting from the NAS Child’s intrauterine exposure to opioids or opioid replacement or treatment medication(s) prior to September 15, 2019.** The diagnoses may include, but are not limited to, the condition known as NAS. The diagnosis can be made by any licensed medical professional, specifically including physicians, nurses, physician assistants, mental health counselors or therapists, or professionals at a rehabilitation center. Evidence can include, among other things, medical records evidencing that the NAS Child had a NAS diagnosis, including post-natal treatment for symptoms caused by opioid exposure, symptoms of post-natal withdrawal from opioids, medical scoring for NAS

or NOWS which is positive or indicates fetal opioid exposure, a positive toxicology screen of the birth mother or infant for opioids or opioid-weaning drugs, or medical evidence of maternal opioid use.

Section 2.C: Was the NAS Child born in a medical facility? If so:

Name of the Facility where the NAS Child was born: _____

Location (city and state) where the NAS Child was born: _____

PART THREE: MEDICAL LIENS

Section 3.A: Did any insurance company pay for medical treatment for the NAS Child's opioid-related injuries? Yes: _____ No: _____

Section 3.B: In the last 20 years, was the NAS Child eligible for coverage by any of the following providers?

Please answer the question above by writing "Yes" or "No" next to each insurance provider name and provide the requested information as to each. If any insurance carrier who provided coverage to the NAS Child is not listed below, please fill in that provider's name and information at the bottom of the chart. You may submit the information on additional paper, if needed, in order to provide all of the information requested.

| Insurance Provider | Yes or No | Address, Phone & Policy Number | Policy Holder and Dates of Coverage |
|--------------------|-----------|--|---|
| Medicare | | Address: _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |

PART THREE: MEDICAL LIENS (CONTINUED)

| | | | |
|----------|--|--|---|
| Medicaid | | Address: _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |
|----------|--|--|---|

| | | | |
|--|--|--|---|
| | | | |
| Tricare | | Address: _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |
| VA | | Address: _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |
| Champus | | Address: _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |
| Private (1) List insurance provider name below: _____ _____ | | Address: _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |

PART THREE: MEDICAL LIENS (CONTINUED)

| | | | |
|---|--|---|---|
| Private (2) List insurance provider name below: _____ | | Address: _____ _____ Phone #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |
|---|--|---|---|

| | | | |
|--|--|-----------------|--|
| | | Policy #: _____ | |
|--|--|-----------------|--|

PART FOUR: SIGNATURE

This NAS Claim Form must be signed by the Holder of the NAS Claim or its Representative or Counsel of Record.

NAS Child's Name: _____

NAS Child's E-mail (if any): _____

NAS Child's Phone Number (if any): _____

Name of person who is signing this Form: _____

E-mail address of person who is signing this Form: _____

Phon Number of person who is signing this Form: _____

IF SIGNING AS THE NAS PI CLAIMANT OR INDIVIDUAL ACTING ON BEHALF OF THE NAS PI CLAIMANT:

I declare under penalty of perjury that the representations made and the information provided on this NAS Claim Form are true, correct and complete to the best of my knowledge.

*Signature of Holder of NAS PI Claim
(or signature of Representative Completing this Form on Behalf of such Holder)*

IF SIGNING AS COUNSEL OF RECORD:

I, _____, Counsel for the Holder of the NAS PI Claim or his/her Personal Representative, hereby swear under penalty of perjury that the information contained herein is true and accurate to the best of my knowledge made after conducting due diligence, and that this NAS Claim Form is being filed with the consent of _____, my client, and/or with appropriate power of attorney.

*Signature of Counsel of Record to Holder of NAS PI Claim
or Its Representative*

PART FOUR: SIGNATURE

CONFIRMATION OF SUBMISSION OF REQUIRED PROOF (Please check one):

I am including the required evidence that demonstrates that a licensed medical provider has diagnosed the NAS PI Claimant with any medical, physical, cognitive or emotional condition resulting from the NAS Child's intrauterine exposure to opioids or opioid replacement or treatment medication(s) prior to September 15, 2019, as required under PART TWO above in my submission of this Claim: **Yes:** _____ **No:** _____

Did you previously file a NAS PI Claim with the Mallinckrodt plc (Case No. 20-12522) (Bankr. Del.) bankruptcy NAS Personal Injury Trust (the "**MNK NAS PI Trust**") or the Endo International plc (Case No. 22-22549) (Bankr. SDNY) bankruptcy NAS Personal Injury Trust (the "**Endo NAS PI Trust**"), or you previously provided evidence that demonstrates that a licensed medical provider has diagnosed the NAS PI Claimant with any medical, physical, cognitive or emotional condition resulting from the NAS Child's intrauterine exposure to opioids or opioid replacement treatment medication(s) prior to September 15, 2019 with a Proof of Claim that was filed in the Debtors' Chapter 11 Cases?

Yes: _____ **No:** _____

If you answered yes above to filing a NAS PI Claim in the MNK NAS PI Trust or the Endo NAS PI Trust, please indicate which one you filed with:

MNK NAS PI Trust **Yes:** _____ **No:** _____

Endo NAS PI Trust **Yes:** _____ **No:** _____

REMINDER: Unless as stated above, evidence demonstrating that a licensed medical provider has diagnosed the NAS PI Claimant with any medical, physical, cognitive or emotional condition resulting from the NAS Child's intrauterine exposure to opioids or opioid replacement or treatment medication(s) prior to September 15, 2019, as outlined in the NAS PI TDP MUST BE SUBMITTED WITH THIS NAS CLAIM FORM by the Claims Deadline. Failure to do so will result in the NAS PI Claim being deficient as outlined in the NAS PI TDP and may be the subject of an objection, disallowance or denial.

PURDUE PROXY FORM

FOR BOTH NAS AND NON-NAS MINOR CLAIMANTS

PART ONE: PERSONAL INFORMATION OF MINOR CLAIMANT AND THEIR PROXY

Minor Claimant Information (Fill out the information for the Minor Claimant)

Minor Claimant's Name:

First

Middle

Last

Minor Claimant's Date of Birth:

DD

MM

YYYY

Minor Claimant's Current Address:

Street Address

City

State

Zip

Minor Claimant's Full Social Security Number:
(or Taxpayer ID or Social Insurance Number)

Proxy Information (Fill out this information if you are the Purported Proxy of a Minor Claimant)

Proxy's Name:

First

Middle

Last

Proxy's Relationship to the Minor Claimant:

Custodial Parent (Natural/Birth/Adoptive), Legal Guardian, or Other Custodian

Proxy's Date of Birth:

DD

MM

YYYY

Proxy's Address:

Street Address

City

State

Zip

Proxy's Social Security Number: (or Taxpayer ID or Social Insurance Number)

Proxy's Phone Number:

PART TWO: PROXY TYPE (you must supply the following evidence to the Trust)

ONLY SELECT ONE: Please **check** the one section that applies to you, **fill out** the information included and **provide** the **required** information and evidence, if applicable

☐

I Am A Custodial Parent

Please **fill out** this section if you are the **custodial parent** of a Minor Claimant.

I, _____, am the Custodial Parent
(biological mother/father with whom the child currently lives) of the Minor Claimant,
_____.

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the Minor Claimant:

Print Name: _____ Date: _____

☐

I Am A Court Appointed Legal Guardian

Please **fill out** this section and **provide the applicable order** if you are the **legal guardian** of a Minor Claimant.

I, _____, have been appointed by the court
as the guardian of the Minor Claimant, _____,
and am providing the order appointing me as the legal guardian of the Minor Claimant.

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the Minor Claimant:

Print Name: _____ Date: _____

I am providing custody and care for the Minor Claimant, but I am neither the Custodial Parent nor the Court Appointed Legal Guardian.

Please **fill out** this section and **provide the applicable statements and/or records** if you are **providing custody and care for the Minor Claimant but are neither the custodial parent nor the court appointed legal guardian** of the Minor Claimant.

I, _____, am providing custody and care to the Minor Claimant, _____.

I have been providing custody and care to the Minor Claimant since _____ (date).

My relationship with the Minor Claimant is:

The circumstances around the provisions and care of the Minor Claimant are:

I am providing the statements and/or records marked below as a form of evidence to the Trust to support my statement under penalty of perjury: **(select one)**

_____ Records/statements from the Minor Claimant's school or childcare provider

_____ Records/statements from my landlord or property manager

_____ Records/statements from the placement agency which put the Minor Claimant in my care

_____ Records/statements from a governmental social services agency

_____ Records/statements from Indian tribe officials

_____ Records/statements from my employer

_____ Records/statements from Minor Claimant's medical/healthcare provider

I declare, under penalty of perjury, that the representations made and the information provided on this Proxy form are true, correct, and complete to the best of my knowledge.

Signature of the Purported Proxy acting on behalf of the Minor Claimant:

Print Name: _____ Date: _____

HIPAA RELEASE FORM FOR
PURDUE PI TRUST DISTRIBUTION PROCEDURES

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Injured Party Name: _____ Date: _____

Injured Party Date of Birth: _____ Soc Sec #: _____

1. The following individuals or organizations are authorized to disclose my health records to the parties specified below in section #4:

(Note: Please list the names of your medical care providers and your health insurance providers that may have records relevant to the resolution of your NAS PI Claim. If you are unsure of the exact legal name of your medical providers and health insurance providers, you can leave this blank, and we will complete it for you with the understanding that you authorize all relevant parties):

2. The type and amount of information to be used or disclosed is as follows:

The entire record, including but not limited to: any and all medical records, mental health records, psychological records, psychiatric records, problem lists, medication lists, lists of allergies, immunization records, history and physicals, discharge summaries, laboratory results, x-ray and imaging reports, medical images of any kind, video tapes, photographs, consultation reports, correspondence, itemized invoices and billing information, and information pertaining to Medicaid or Medicare eligibility and all payments made by those agencies, for the following dates:

Dates of Services - From: _____ To: _____

(Note: List the date range for which the medical providers and insurance companies above may have records relevant to the resolution of your PI Claim. If you are unsure of the exact dates, then leave this blank, and we will complete this section for you with the understanding that you authorize all relevant date ranges).

3. I understand that the information in my health records may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, as well as treatment for alcohol and drug abuse.
4. The health information may be disclosed to and used by the following individual and/or organization:
 - a. Purdue Personal Injury Trust
 - b. Edgar C. Gentle, III., of Gentle, Turner & Benson, LLC, as the Trustee and Claims Administrator of the Purdue Personal Injury Trust
 - c. MASSIVE: Medical and Subrogation Specialists
5. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire 10 years after the date that I sign it.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization and forego a recovery under the Purdue Pharma L.P. PI Trust Distribution Procedures for Non-NAS or NAS PI Channeled Claims. I understand that no organization may condition treatment, payment, enrollment, or eligibility for benefits on my signing of this authorization. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 1634.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules or HIPAA. If I have questions about disclosure of my health information, I can contact the parties listed above in section #4.

Patient or Legal Representative

Date

Relationship to Patient (If signed by Legal Representative)

NON-NAS PI CLAIM FORM FOR PURDUE PHARMA L.P. NON-NAS PI TRUST DISTRIBUTION PROCEDURES

Eligibility and Claim Requirements:

In order to be eligible for a Distribution¹ from the PI Trust for a Non-NAS PI Channeled Claim, a claimant will, among other things, be required to:

- a) Hold such Non-NAS PI Channeled Claim against one or more Debtors;
- b) Provide proof demonstrating usage prior to the September 15, 2019 Petition Date of a qualifying prescribed opioid listed in Exhibit D to the TDP and also listed here on Pages 9 and 10 of this Form (a “**Qualifying Opioid**”); and
- c) Have timely filed an individual personal injury Proof of Claim for such Non-NAS PI Channeled Claim against one or more Debtors in the Chapter 11 Cases.

Each Holder of a Non-NAS PI Claim seeking an Award from the Purdue Pharma L.P. PI Trust (the “**PI Trust**”) must complete, sign, and submit the following documents so that they are received on or before _____, 2025 at 11:59 p.m. (Eastern Time) (the “**PI Claims Deadline**”):

- a) This Non-NAS PI Claim Form (the “**Non-NAS PI Claim Form**”);
- b) The applicable HIPAA consent form on Pages 11 and 12 of this Form; and
- c) To the extent the Non-NAS PI Channeled Claim concerns the injuries of a decedent of the Holder of such Claim, the Heirship Declaration, which can be found on the Purdue PI Trust website at <https://www.purduepitrust.com> or provide valid estate documents authorizing the Holder of the Claim to act on behalf of the decedent’s estate.

FAILURE TO SUBMIT THIS NON-NAS PI CLAIM FORM ALONG WITH THE REQUIRED INFORMATION OUTLINED UNDER THE ELIGIBILITY SECTION ABOVE BY [INSERT DATE AND TIME ONCE FIXED] MAY RESULT IN THE NON-NAS PI CLAIM POTENTIALLY BEING THE SUBJECT OF AN OBJECTION, DISALLOWANCE, OR DENIAL AND NOT RECEIVING ANY DISTRIBUTION.

THE NON-NAS PI TDP AND ANY FORMS REFERENCED IN THIS NON-NAS PI CLAIM FORM CAN BE REVIEWED, DOWNLOADED AND PRINTED ON THE PI TRUST WEBSITE AT [HTTPS://WWW.PURDUEPITRUST.COM](https://www.purduepitrust.com).²

Instructions for Non-NAS PI Claim Form Submission:

¹ Capitalized terms used but not defined herein have the meanings ascribed to them in Thirteenth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.P. and Its Affiliated Debtors [ECF No. ____] (the “**Plan**”), the Purdue Pharma L.P. PI Trust Distribution Procedures for Non-NAS PI Channeled Claims (the “**Non-NAS PI TDP**”), or the PI Trust Agreement, as applicable.

² The Non-NAS PI TDP that is currently on the PI Trust Website is substantially complete but may have minor revisions. The Non-NAS PI TDP will be filed with the Bankruptcy Court as part of the Plan Supplement and will be considered by the Bankruptcy Court for approval at the hearing to consider confirmation of the Debtors’ Plan on a date to be scheduled.

Only one Non-NAS PI Claim Form in addition to the Required Information should be submitted by or on behalf of a Holder of a Non-NAS PI Claim, even if the Claim of such Holder is for multiple injuries to that same Holder (for example, addiction, overdose, jail, etc.).

If the Holder of a Non-NAS PI Claim holds Non-NAS PI Claims for or on behalf of more than one opioid user, then a separate PI Claim Form for each opioid user in addition to the Required Information should be submitted.

Follow the instructions in each section carefully to ensure that the PI Claim Form is submitted correctly. Any section of the PI Claim Form that does not pertain to your Claim should be left blank.

Submitting this PI Claim Form does not guarantee that your Non-NAS PI Claim will be Allowed or that you will receive payment from the PI Trust.

It is the responsibility of the Holder of the Non-NAS PI Claim or its representative to submit this PI Claim Form along with the Required Information (i.e., the HIPAA Form AND the required proof demonstrating usage of a Qualifying Opioid prior to the September 15, 2019 Petition Date as outlined in the Non-NAS PI TDP and below) by the PI Claims Deadline.

If the Non-NAS PI Claim arises from the use of opioids by a deceased Person, then a Death Certificate along with either the Heirship Declaration or valid estate documents (for example, letters testamentary or letters of administration) authorizing the Holder of such Claim to act on behalf of the Decedent's estate must be submitted as well.

This Non-NAS PI Claim Form along with the Required Information can be completed and submitted online at <https://www.purduepitrust.com> or by sending such completed Forms and Required Information by:

- (i) e-mail to purduepitrust@purduepitrust.com,**
- (ii) mail to Purdue PI Trust, P.O. Box 361930, Hoover, Alabama, 35236-1930, or**
- (iii) fax to 205-716-2364.**

Law firms representing more than one Claimant, should visit the Law Firm Bulk Submittal tab on the <https://www.purduepitrust.com> website for additional information regarding submittal of claims for multiple, represented Claimants.

**PLEASE PRINT ALL INFORMATION CLEARLY AS
THE INFORMATION PROVIDED WILL BE USED TO BOTH EVALUATE
YOUR CLAIM AND CONTACT YOU.**

PART ONE: PERSONAL INFORMATION OF PI CLAIMANT

Please fill out only one of the following sections (Section 1.A or 1.B).

Section 1.A – Claim a Living Injured Party

Complete this Section **only** if you are (i) the Holder of a Non-NAS PI Claim arising from **your own use of opioids** or (ii) the representative of **another living Person who used opioids**.

Name of PI Claimant:

First

Middle

Last

Date of Birth of PI Claimant:

DD

MM

YYYY

Current Address of PI
Claimant:

Street Address

City

State

Zip

Full Social Security Number
of PI Claimant:
(or Taxpayer ID or Social
Insurance Number)

Kroll/Prime Clerk Proof of
Claim Number(s) in
Purdue's Chapter 11 Cases:

Name of Representative:
(if applicable, i.e., if you are the
representative of the opioid user)

First

Middle

Last

Legal Authority for
Representative:
(if applicable)

(e.g., Power of Attorney, Legal Guardian, Conservator, etc.)

Address of Representative:

Street Address

City

State

Zip

Section 1.B – Claim for a Deceased Injured Party

Complete this Section **only** if you are (i) the Holder of a Non-NAS PI Claim arising from the **use of opioids by a deceased Person that is your Decedent** or (ii) completing this Non-NAS PI Claim Form as such Holder's representative.

Name of Deceased Person
Who Used Opioids:

First Middle Last

Date of Birth of Deceased
Person Who Used Opioids:

DD / MM / YYYY

Date of Death:

DD / MM / YYYY

Full Social Security Number
of Deceased Person Who
Used Opioids: (or Taxpayer ID
or Social Insurance Number)

Kroll/Prime Clerk Proof of
Claim Number(s) in
Purdue's Chapter 11 Cases:

Name of PI Claimant
Submitting This PI Claim
Form on Behalf of Deceased
Person Who Used Opioids:

First Middle Last

Address of PI Claimant
Submitting This PI Claim
Form on Behalf of Deceased
Person Who Used Opioids:

Street Address

City State Zip

Relationship to Deceased
Person Who Used Opioids:

(must be the court appointed representative of the deceased Person's estate or the Decedent's legal heir as per the intestate statute of the state or domicile of the Decedent at the time of the Decedent's death, i.e. parent, sibling, child, spouse, etc.)

Name of Representative:
(if applicable)

First Middle Last

Legal Authority for
Representative: (if applicable)

(e.g., Power of Attorney, Legal Guardian, Conservator, etc.)

Address of Representative:

Street Address

City State Zip

PART TWO: PRESCRIBED MEDICATIONS

Identify the name brand and/or generic Qualifying Opioid(s) listed below that was **prescribed** and used by you or the opioid user on whose behalf you are submitting this Non-NAS PI Claim. ***A list of Qualifying Opioids along with their NDC Labeler and Drug Prefix can be found on pages 9 and 10 of this Form.***

| | | | |
|------------------------------------|--------------------------------------|------------------------------------|---|
| OxyContin <input type="checkbox"/> | MS Contin <input type="checkbox"/> | DHC Plus <input type="checkbox"/> | Morphine Sulfate <input type="checkbox"/> |
| OxyFast <input type="checkbox"/> | Dilaudid <input type="checkbox"/> | MSIR <input type="checkbox"/> | Hydromorphone <input type="checkbox"/> |
| OxyIR <input type="checkbox"/> | Hysingla ER <input type="checkbox"/> | Palladone <input type="checkbox"/> | Oxycodone CR/ER <input type="checkbox"/> |
| | Butrans <input type="checkbox"/> | Ryzolt <input type="checkbox"/> | |

Other Brand Name or Generic Opioid - list name(s) below:

Date of first use of the Qualifying Opioid(s) identified above: _____

Evidence of the prescription(s) demonstrating usage of a Qualifying Opioid prior to the September 15, 2019 Petition Date as outlined below and in the Non-NAS PI TDP MUST be submitted with this Non-NAS PI Claim Form by the PI Claims Deadline, unless you previously submitted such evidence as part of your Proof of Claim in the Debtors' Chapter 11 Cases. Failure to do so will result in the Non-NAS PI Claim being deficient as outlined in the Non-NAS PI TDP and may be the subject of an objection, disallowance, or denial.

TYPES OF EVIDENCE REQUIRED FOR QUALIFYING OPIOIDS

All Holders of Non-NAS PI Channeled Claims must provide documentation demonstrating (i) a prescription that sets forth the name of the Holder of the Non-NAS PI Channeled Claim (or its decedent, if applicable), for (ii) an opioid that is a Qualifying Opioid by providing one of the following pieces of evidence with its Non-NAS PI Claim Form, unless such evidence was previously submitted with the Holder of the Non-NAS PI Channeled Claim's Proof of Claim filed in the Debtors' Chapter 11 Cases, by the PI Claims Deadline:

- a) Pharmacy prescription records;
- b) Other prescription records, including without limitation:
 - (i) A visit note in which the prescribing physician lists a prescription for a Qualifying Opioid; or
 - (ii) A signed prescription from a doctor for a Qualifying Opioid;
- c) A historical reference to a Qualifying Opioid, including but not limited to:³
 - (i) A reference in contemporaneous medical records to historical use of a Qualifying Opioid;
 - (ii) A reference in contemporaneous substance abuse/rehabilitation/mental health records to historical use of a Qualifying Opioid;
 - (iii) A reference in contemporaneous law enforcement records to historical use of a Qualifying Opioid; or
 - (iv) A reference in contemporaneous family law or other legal proceeding records to historical use of a Qualifying Opioid;
- d) A photograph of the prescription bottle or packaging of a Qualified Opioid with the date of the prescription as well as the name of Holder of the Non-NAS PI Claim (or its Decedent, if applicable), listed as the patient on the prescription bottle or packaging.

³ The record must have been created prior to September 15, 2019 if the historical reference is self-reported by the Non-NAS PI Claimant.

PART THREE: TIER DESIGNATION

Please check the tier that applies to the Non-NAS PI Claim. **ONLY CHECK ONE.** Please refer to the Non-NAS PI TDP for full definitions and qualifying criteria.

- ☐ **Tier 1:** You can demonstrate use of a Qualifying Opioid **equal to or greater than six (6) months** (does not have to be consecutive use) prior to September 15, 2019.

OR

- ☐ **Tier 2:** You can demonstrate use of a Qualifying Opioid for **less than six (6) months** prior to September 15, 2019, and otherwise do not meet the criteria of Tier 1.

PART FOUR: MEDICAL LIENS

Section 4.A: Did any insurance company pay for medical treatment for the opioid-related personal injuries that gave rise to the Non-NAS PI Claim? Yes: _____ No: _____

Section 4.B: In the last twenty (20) years, were you or the opioid user on whose behalf you are submitting this Non-NAS PI Claim Form eligible for coverage by any of the following?

Please answer the question by writing “Yes” or “No” next to each insurance provider name and provide the requested information as to each. If any insurance carrier who provided coverage is not listed below, please fill in that carrier’s information at the bottom of the chart. You may submit the information on additional paper, if needed, in order to provide all of the information requested.

| Insurance Provider | Yes or No | Address, Phone & Policy Number | Policy Holder and Dates of Coverage |
|--------------------|-----------|--|---|
| Medicare | | Address: _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |
| Medicaid | | Address: _____ _____ Phone #: _____ Policy #: _____ | Policy Holder Name: _____ _____ Dates of Coverage: _____ _____ |

PART FOUR: MEDICAL LIENS (CONTINUED)

| | | | |
|---|--|--|--|
| <p>Tricare</p> | | <p>Address: _____ _____ _____</p> <p>Phone #: _____</p> <p>Policy #: _____</p> | <p>Policy Holder Name: _____ _____</p> <p>Dates of Coverage: _____ _____</p> |
| <p>VA</p> | | <p>Address: _____ _____ _____</p> <p>Phone #: _____</p> <p>Policy #: _____</p> | <p>Policy Holder Name: _____ _____</p> <p>Dates of Coverage: _____ _____</p> |
| <p>Champus</p> | | <p>Address: _____ _____ _____</p> <p>Phone #: _____</p> <p>Policy #: _____</p> | <p>Policy Holder Name: _____ _____</p> <p>Dates of Coverage: _____ _____</p> |
| <p>Private (1) List insurance provider name below: _____ _____</p> | | <p>Address: _____ _____ _____</p> <p>Phone #: _____</p> <p>Policy #: _____</p> | <p>Policy Holder Name: _____ _____</p> <p>Dates of Coverage: _____ _____</p> |
| <p>Private (2) List insurance provider name below: _____ _____</p> | | <p>Address: _____ _____ _____</p> <p>Phone #: _____</p> <p>Policy #: _____</p> | <p>Policy Holder Name: _____ _____</p> <p>Dates of Coverage: _____ _____</p> |

PART FIVE: SIGNATURE

This Non-NAS PI Claim Form must be signed by the Holder of the Non-NAS PI Claim or its Representative or Counsel of Record.

Name of person who is signing this Form: _____

E-mail address of person who is signing this Form: _____

Phone Number of person who is signing this Form: _____

IF SIGNING AS THE HOLDER OF THE NON-NAS PI CLAIMANT OR AS HIS/HER REPRESENTATIVE:

I declare under penalty of perjury that the representations made, and the information provided on this Non-NAS PI Claim Form, are true, correct, and complete to the best of my knowledge.

Signature of Holder of Non-NAS PI Claim

(or signature of Representative Completing this Form on Behalf of such Holder)

IF SIGNING AS COUNSEL OF RECORD:

I, _____, Counsel for the Holder of the Non-NAS PI Claim or its representative PI Claimant, hereby swear under penalty of perjury that the information contained herein is true and accurate to the best of my knowledge made after conducting due diligence, and that this Non-NAS PI Claim Form is being filed with the consent of _____, my client, and/or with appropriate power of attorney.

Signature of Counsel of Record to Holder of Non-NAS PI Claim

or Its Representative

CONFIRMATION OF SUBMISSION OF REQUIRED PROOF OF USAGE OF A QUALIFYING PRESCRIBED OPIOID (Please check one):

- ☐ I am including with my submission of this Non-NAS PI Claim Form the required evidence of a Qualifying Opioid prescription(s) as required under PART TWO above and as required in the Non-NAS PI TDP;

OR

- ☐ I previously submitted with my Proof of Claim filed in the Debtors' Chapter 11 Cases the required evidence of a Qualifying Opioid prescription(s) as required under PART TWO above and as required in the Non-NAS PI TDP.⁴

As stated above in PART TWO, evidence of the prescription(s) demonstrating usage of a Qualifying Opioid prior to the September 15, 2019 Petition Date as outlined in the Non-NAS PI TDP must be submitted WITH THIS NON-NAS PI CLAIM FORM by the PI Claims Deadline unless the PI Claimant previously submitted such evidence with its Proof of Claim filed in the Debtors' Chapter 11 Cases. Failure to do so will result in the Non-NAS PI Claim being deficient as outlined in the Non-NAS PI TDP and may be the subject of an objection, disallowance, or denial.

⁴ The Claims Administrator will verify whether such required evidence is on Kroll's database.

**QUALIFYING OPIOIDS FOR
THE INDIVIDUAL PURDUE PHARMA L.P. PI TRUST DISTRIBUTION PROCEDURE
FOR NON-NAS PI CLAIMS**

| Drug Name | NDC Labeler and Drug Prefix | Drug Name | NDC Labeler and Drug Prefix |
|------------------|--|-----------------------------|--|
| OxyContin | 59011-410- ⁵ | Dilaudid | 42858-801- |
| OxyContin | 59011-415- | Dilaudid | 42858-802- |
| OxyContin | 59011-420- | Dilaudid | 42858-803- |
| OxyContin | 59011-430- | Dilaudid | 42858-804- |
| OxyContin | 59011-440- | Dilaudid | 42858-805- |
| OxyContin | 59011-460- | Dilaudid | 0904-6557- |
| OxyContin | 59011-480- | Dilaudid | 0904-6558- |
| OxyContin | 59011-0100- | OxyIR | 0904-6559- |
| OxyContin | 59011-0103- | OxyFast | 35356-833- |
| OxyContin | 59011-0105- | MSIR | 35356-836- |
| OxyContin | 59011-0107- | MSIR | 35356-838- |
| OxyContin | 59011-0109- | MSIR | 42858-801- |
| OxyContin | 43063-0244- | MSIR | 42858-802- |
| OxyContin | 43063-0245- | MSIR | 42858-801- |
| OxyContin | 43063-0246- | Palladone | 42858-802- |
| OxyContin | 43063-0354- | Palladone | 42858-803- |
| Butrans | 59011-750- | Palladone | 42858-804- |
| Butrans | 59011-751- | Palladone | 42858-805- |
| Butrans | 59011-752- | Buprenorphine | 0904-6557- |
| Butrans | 59011-757- | Buprenorphine | 0904-6558- |
| Butrans | 59011-758- | Buprenorphine | 0904-6559- |
| Hysingla ER | 59011-271- | Buprenorphine | 35356-833- |
| Hysingla ER | 59011-272- | Buprenorphine | 35356-836- |
| Hysingla ER | 59011-273- | Buprenorphine | 35356-838- |
| Hysingla ER | 59011-274- | Buprenorphine | 42858-801- |
| Hysingla ER | 59011-275- | Hydromorphone Hydrochloride | 42858-802- |
| Hysingla ER | 59011-276- | Hydromorphone Hydrochloride | 42858-801- |
| Hysingla ER | 59011-277- | Hydromorphone Hydrochloride | 42858-802- |
| MS Contin | 42858-515- | Hydromorphone Hydrochloride | 42858-803- |
| MS Contin | 42858-631- | Morphine Sulfate | 42858-804- |
| MS Contin | 42858-760- | Morphine Sulfate | 42858-805- |
| MS Contin | 42858-799- | Morphine Sulfate | 0904-6557- |
| MS Contin | 42858-900- | Morphine Sulfate | 0904-6558- |
| MS Contin | 00034-0513- | Morphine Sulfate | 0904-6559- |
| MS Contin | 00034-0514- | Morphine Sulfate | 35356-833- |
| MS Contin | 00034-0515- | Morphine Sulfate | 35356-836- |
| MS Contin | 00034-0516- | Morphine Sulfate | 35356-838- |
| MS Contin | 00034-0517- | Morphine Sulfate | 42858-801- |
| MS Contin | 16590-884- | Morphine Sulfate | 42858-802- |
| Dilaudid | 42858-122- | Morphine Sulfate | 42858-801- |
| Dilaudid | 42858-234-- | Morphine Sulfate | 42858-802- |
| Dilaudid | 42858-338- | Morphine Sulfate | 42858-803- |
| Dilaudid | 42858-416- | Morphine Sulfate | 42858-804- |
| Dilaudid | 76045-009- | Morphine Sulfate | 42858-805- |
| Drug Name | NDC Labeler | Drug Name | NDC Labeler |

⁵ Pharmacies may include an additional "0" in the second segment of NDC Labeler and Drug Prefixes, such that, in respect of eight digit NDC Labeler and Drug Prefixes listed herein (for example, 59011-410-), a pharmacy record may include a "0" as a ninth digit (for example, 59011-0410).

| | and Drug Prefix | | and Drug Prefix |
|-------------------------|-----------------|--------------------------|-----------------|
| Morphine Sulfate | 42858-811- | Oxycodone Hydrochloride | 60505-3540- |
| Morphine Sulfate | 42858-812- | Oxycodone Hydrochloride | 60951-0702- |
| Morphine Sulfate | 61919-966- | Oxycodone Hydrochloride | 60951-0703- |
| Morphine Sulfate | 67296-1561- | Oxycodone Hydrochloride | 60951-0705- |
| Morphine Sulfate | 68084-157- | Oxycodone Hydrochloride | 60951-0710- |
| Morphine Sulfate | 68084-158- | Oxycodone Hydrochloride | 63304-400- |
| Morphine Sulfate | 16590-966- | Oxycodone Hydrochloride | 63304-401- |
| Oxycodone Hydrochloride | 0406-0595- | Oxycodone Hydrochloride | 67296-1376- |
| Oxycodone Hydrochloride | 0093-0031- | Oxycodone Hydrochloride | 67296-1560- |
| Oxycodone Hydrochloride | 0093-0032- | Oxycodone Hydrochloride | 68774-0161- |
| Oxycodone Hydrochloride | 0093-0033- | Oxycodone Hydrochloride | 68774-0162- |
| Oxycodone Hydrochloride | 0093-5731- | Oxycodone Hydrochloride | 68774-0163- |
| Oxycodone Hydrochloride | 0093-5732- | Oxycodone Hydrochloride | 68774-0164- |
| Oxycodone Hydrochloride | 0093-5733- | Oxycodone Hydrochloride | 00093-0024- |
| Oxycodone Hydrochloride | 0093-5734- | Oxycodone Hydrochloride | 00093-0031- |
| Oxycodone Hydrochloride | 0115-1556- | Oxycodone Hydrochloride | 00093-0032- |
| Oxycodone Hydrochloride | 0115-1557- | Oxycodone Hydrochloride | 00093-0033- |
| Oxycodone Hydrochloride | 0115-1558- | Oxycodone Hydrochloride | 00115-1644- |
| Oxycodone Hydrochloride | 0115-1559- | Oxycodone Hydrochloride | 00172-6354- |
| Oxycodone Hydrochloride | 0115-1560- | Oxycodone Hydrochloride | 00172-6355- |
| Oxycodone Hydrochloride | 0115-1561- | Oxycodone Hydrochloride | 00172-6356- |
| Oxycodone Hydrochloride | 0115-1562- | Oxycodone Hydrochloride | 00172-6357- |
| Oxycodone Hydrochloride | 0591-2693- | Oxycodone Hydrochloride | 00591-3501- |
| Oxycodone Hydrochloride | 0591-2708- | Oxycodone Hydrochloride | 00591-3502- |
| Oxycodone Hydrochloride | 0591-3503- | Oxycodone Hydrochloride | 00591-3503- |
| Oxycodone Hydrochloride | 0781-5703- | Oxycodone Hydrochloride | 00591-3504- |
| Oxycodone Hydrochloride | 0781-5726- | Oxycodone Hydrochloride | 52152-0408- |
| Oxycodone Hydrochloride | 0781-5767- | Oxycodone Hydrochloride | 52152-0409- |
| Oxycodone Hydrochloride | 0781-5785- | Oxycodone Hydrochloride | 52152-0410- |
| Oxycodone Hydrochloride | 10702-801- | Oxycodone Hydrochloride | 52152-0411- |
| Oxycodone Hydrochloride | 10702-803- | Hydrocodone | 42858-040- |
| | | Bitartrate/Acetaminophen | |
| Oxycodone Hydrochloride | 42858-001- | Hydrocodone | 42858-139- |
| | | Bitartrate/Acetaminophen | |
| Oxycodone Hydrochloride | 42858-002- | Hydrocodone | 42858-201- |
| | | Bitartrate/Acetaminophen | |
| Oxycodone Hydrochloride | 42858-003- | Hydrocodone | 42858-202- |
| | | Bitartrate/Acetaminophen | |
| Oxycodone Hydrochloride | 42858-004- | Hydrocodone | 42858-203- |
| | | Bitartrate/Acetaminophen | |
| Oxycodone Hydrochloride | 42858-005- | Hydrocodone | 42858-238- |
| | | Bitartrate/Acetaminophen | |
| Oxycodone Hydrochloride | 49884-136- | Oxycodone/Acetaminophen | 42858-102- |
| Oxycodone Hydrochloride | 49884-137- | Oxycodone/Acetaminophen | 42858-103- |
| Oxycodone Hydrochloride | 49884-138- | Oxycodone/Acetaminophen | 42858-104- |
| Oxycodone Hydrochloride | 49884-197- | | |
| Oxycodone Hydrochloride | 60505-3537- | | |
| Oxycodone Hydrochloride | 60505-3538- | | |
| Oxycodone Hydrochloride | 60505-3539- | | |

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Injured Party Name: _____ Date: _____

Injured Party Date of Birth: _____ Soc Sec #: _____

1. The following individuals or organizations are authorized to disclose my health records to the parties specified below in section #4:

(Note: Please list the names of your medical care providers and your health insurance providers that may have records relevant to the resolution of your PI Claim. If you are unsure of the exact legal name of your medical providers and health insurance providers, you can leave this blank, and we will complete it for you with the understanding that you authorize all relevant parties):

2. The type and amount of information to be used or discloses is as follows:

The entire record, including but not limited to: any and all medical records, mental health records, psychological records, psychiatric records, problem lists, medication lists, lists of allergies, immunization records, history and physicals, discharge summaries, laboratory results, x-ray and imaging reports, medical images of any kind, video tapes, photographs, consultation reports, correspondence, itemized invoices and billing information, and information pertaining to Medicaid or Medicare eligibility and all payments made by those agencies, for the following dates:

Dates of Services - From: _____ To: _____

(Note: List the date range for which the medical providers and insurance companies above may have records relevant to the resolution of your PI Claim. If you are unsure of the exact dates, then leave this blank, and we will complete this section for you with the understanding that you authorize all relevant date ranges).

3. I understand that the information in my health records may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include

information about behavioral or mental health services, as well as treatment for alcohol and drug abuse.

4. The health information may be disclosed to and used by the following individual and/or organization:
 - a. Purdue Personal Injury Trust
 - b. Edgar C. Gentle, III., of Gentle, Turner & Benson, LLC, as the Trustee and Claims Administrator of the Purdue Personal Injury Trust
 - c. MASSIVE: Medical and Subrogation Specialists
5. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire 10 years after the date that I sign it.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization and forego a recovery under the Purdue Pharma L.P. PI Trust Distribution Procedures for Non-NAS or NAS PI Channeled Claims. I understand that no organization may condition treatment, payment, enrollment, or eligibility for benefits on my signing of this authorization. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 1634.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules or HIPAA. If I have questions about disclosure of my health information, I can contact the parties listed above in section #4.

Patient or Legal Representative

Date

(If signed by Legal Representative) Relationship to Patient

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

PURDUE PHARMA L.P., et al.,

Debtors¹

Chapter 11

Case No. 19-23649

(Jointly Administered)

**NOTICE OF DEADLINE FOR PERSONAL INJURY CLAIMANTS TO SUBMIT FORMS
AND EVIDENCE TO DETERMINE ELIGIBILITY
TO RECEIVE PAYMENT FROM THE PERSONAL INJURY TRUST**

You are receiving this package because you are an individual who filed a proof of claim asserting a personal injury claim in Purdue's bankruptcy cases. This package contains important documents that you need to review and prepare responses for to preserve your ability to recover money in Purdue's bankruptcy.

There was a hearing before the bankruptcy court on April 10, 2025. At that hearing, the court approved procedures for gathering information for personal injury claimants to get paid. This is the next step in the process on the way to getting personal injury claimants paid. Even though you filed a proof of claim, you still need to provide additional information in order to determine if you are eligible to be paid. Enclosed are forms for you to provide this information, which you must submit so that your form is received no later than _____, **2025 at 11:59 p.m. (Eastern Time)**.

The information you submit will be reviewed by the claims administrator for personal injury claims. On April 10, 2025, the court appointed Ed Gentle as the claims administrator in these cases. He and his team will review the form and other information you submit. If he or his team have questions, they will contact you for additional information.

As you will see, this package contains two different types of claim forms. The first thing you need to do is choose which form applies to you. One is for holders of claims relating to children with neonatal abstinence syndrome (called NAS personal injury claims), and one is for holders of other personal injury claims that are not NAS personal injury claims (called non-NAS personal injury claims). **You must fill out the form that applies to your claim.**

Each form also lists the requirements you must meet in order to be eligible to receive a payment. You also must submit certain proof that is set out in each form. If you already submitted

¹ The Debtors in these cases, along with the last four digits of each Debtor's registration number in the applicable jurisdiction, are as follows: Purdue Pharma L.P. (7484), Purdue Pharma Inc. (7486), Purdue Transdermal Technologies L.P. (1868), Purdue Pharma Manufacturing L.P. (3821), Purdue Pharmaceuticals L.P. (0034), Imbrium Therapeutics L.P. (8810), Adlon Therapeutics L.P. (6745), Greenfield BioVentures L.P. (6150), Seven Seas Hill Corp. (4591), Ophir Green Corp. (4594), Purdue Pharma of Puerto Rico (3925), Avrio Health L.P. (4140), Purdue Pharmaceutical Products L.P. (3902), Purdue Neuroscience Company (4712), Nayatt Cove Lifescience Inc. (7805), Button Land L.P. (7502), Rhodes Associates L.P. (N/A), Paul Land Inc. (7425), Quidnick Land L.P. (7584), Rhodes Pharmaceuticals L.P. (6166), Rhodes Technologies (7143), UDF LP (0495), SVC Pharma LP (5717) and SVC Pharma Inc. (4014). The Debtors' corporate headquarters is located at One Stamford Forum, 201 Tresser Boulevard, Stamford, CT 06901.

this proof along with your proof of claim, you do not have to resubmit the same proof. But it is very important that you review the form to make sure that the proof you submitted meets the requirements in the form.

It is very important that you read the entire form you are submitting and follow the instructions. If you do not fill out the form and submit it by _____, **2025 at 11:59 p.m. (Eastern Time)**, you may be at risk of losing your right to receive any payment. **You must fill out the form even if you have filed a proof of claim.**

If you do not submit the form and all the required information by _____, **2025 at 11:59 p.m. (Eastern Time)**, your claim may be objected to, denied, or disallowed.

The deadline to submit forms and the required evidence to the claims administrator is _____, 2025 at 11:59 p.m. (Eastern Time). If you do not submit your form and required information so that it is received by _____, 2025 at 11:59 p.m. (Eastern Time), you may lose your right to receive any payment, even if you timely filed a proof of claim in Purdue's bankruptcy.

There are 3 ways to submit the form and the other required information:

- ELECTRONICALLY

At, <http://www.purduepitrust.com> You can also access the PI Trust Website using the following QR code: [insert code]

or

By e-mail to purduepitrust@purduepitrust.com

- U.S. POSTAL SERVICE MAIL:

Purdue PI Trust
P.O. Box 361930
Hoover, Alabama 35236-1930

- FACSIMILE:

Facsimile to 205-716-2364
Attn: PI Trustee

If you have any questions regarding submitting your form, please contact the claims administrator:

Ed Gentle, Esq.
PI Claims Administrator
Purdue PI Trust
P.O. Box 361930
Hoover, Alabama 35236-1930
Telephone: 855-637-5538
purduepitrust@purduepitrust.com

For questions regarding the chapter 11 cases generally, you may contact the advisors to the Official Committee of Unsecured Creditors:

Akin Gump Strauss Hauer & Feld LLP
Purdue Claims Information
One Bryant Park
New York, NY 10036
purduecreditorinfo@akingump.com

Dated: [____], 2025

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., *et al.*,

Debtors.

Chapter 11

Case No. 19-23649 (SHL)

(Jointly Administered)

THIRD-PARTY PAYOR TRUST CLAIM FORM

This form (this “TPP Trust Claim Form”) is only for holders of Third-Party Payor Channeled Claims, as defined in the Thirteenth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.P. and Its Affiliated Debtors [D.I. 7306] (as modified, amended, or supplemented from time to time, and together with all exhibits and schedules thereto, the “Plan”),¹ that timely filed a Proof of Claim or were included in a Proof of Claim filed by the Bar Date established by the Bankruptcy Court earlier in these cases. Important definitions appear immediately below.

The Plan contains the following definitions:

[“**Third-Party Payor**” means a private health insurer, an employer-sponsored health plan, a union health and welfare fund or any other provider of healthcare benefits, and including any third-party administrator or agent on behalf thereof, that is not a Domestic Governmental Entity; provided, however, that California health districts acting as third-party payors that filed Third-Party Payor Proofs of Claim in such capacity by the Bar Date established by the Bar Date Order shall be included in this definition of “Third-Party Payor.”]

“**Third-Party Payor Claim**” means any Claim against any Debtor that is held by a Third-Party Payor (including any Claim based on the subrogation rights of the Holder thereof that is not an Other Subordinated Claim) that is not a Domestic Governmental Entity; *provided* that Claims in respect of self-funded government plans that were and are asserted through private Third-Party Payors shall be included in this definition of “Third-Party Payor Claims.” For the avoidance of doubt, (i) Federal Government Unsecured Claims are not Third-Party Payor Claims, and (ii) claims of Third-Party Payors against Holders of PI Claims or Distributions payable to Holders of PI Claims are not claims against any Debtor and therefore are not included in this definition of “Third-Party Payor Claims.”

“**Third-Party Payor Channeled Claim**” means any (i) Third-Party Payor Claim or (ii) Released Claim or Shareholder Released Claim that is held by a Third-Party Payor (in the case of Shareholder Released Direct Claims, solely to the extent that such Third-Party Payor is a Settling Creditor) that is not a Domestic Governmental Entity. Third-Party Payor Channeled Claims shall be channeled to the TPP Trust in accordance with the Plan and Master TDP.

IF YOU ARE A HOLDER OF THIRD-PARTY PAYOR CHANNELED CLAIM AND WANT TO HAVE YOUR CLAIM CONSIDERED BY THE TPP TRUST THAT WILL COME INTO EXISTENCE UPON

¹ Capitalized terms used herein and not otherwise defined shall have the meanings ascribed to them in the most recent Plan filed with the Court.

THE EFFECTIVE DATE OF THE PLAN, YOU OR YOUR AUTHORIZED REPRESENTATIVE MUST COMPLETE AND SUBMIT THIS TPP TRUST CLAIM FORM SO THAT IT IS RECEIVED ON OR BEFORE _____, 2025, WHICH IS THE DATE THAT IS FOUR MONTHS FROM THE DATE OF THE ACCOMPANYING NOTICE (THE “TPP TRUST CLAIM DEADLINE”).

You may file your TPP Trust Claim Form using any of the following methods:

| | |
|--|---|
| If by E-Submission: Go to: https://restructuring.kroll.com/purduepharma and click on the “Submit TPP Trust Claim Form” link | If by hand delivery or overnight mail: Purdue Pharma/ TPP Claims Purdue Pharma/TPP Claims c/o Kroll Restructuring Administration LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232 If you plan to hand deliver your TPP Trust Claim Form to Kroll’s office, please email _____ at least one business day in advance to arrange delivery. |
|--|---|

Instructions regarding how to calculate your claim are attached to this TPP Trust Claim Form.

For questions regarding this TPP Trust Claim Form, please call [_____] (toll free), email _____ or visit www.kroll.com.

FAILURE TO SUBMIT THIS TPP TRUST CLAIM FORM BY THE TPP TRUST CLAIM DEADLINE WILL MEAN THAT YOUR CLAIM MAY BE SUBJECT TO AN OBJECTION AND MAY NOT BE ENTITLED TO ANY DISTRIBUTION FROM THE TPP TRUST ON ACCOUNT OF SUCH PROOF OF CLAIM OR ANY THIRD-PARTY PAYOR CLAIM OR ANY THIRD-PARTY PAYOR CHanneled CLAIM, EVEN IF YOU PREVIOUSLY FILED A PROOF OF CLAIM IN IN RE PURDUE PHARMA L.P., ET AL., CASE NO. 19-23649.

PURSUANT TO THE PLAN, ALL THIRD-PARTY PAYOR CHanneled CLAIMS AGAINST THE DEBTORS IN THESE CHAPTER 11 CASES WILL BE CHanneled TO THE TPP TRUST UPON THE EFFECTIVE DATE, AND THE ONLY POTENTIAL SOURCE OF DISTRIBUTIONS TO HOLDERS OF THIRD-PARTY PAYOR CHanneled CLAIMS WILL BE DISTRIBUTIONS FROM THE TPP TRUST.

IN ORDER TO HAVE YOUR CLAIM REVIEWED AND A DETERMINATION MADE OF THE MAXIMUM ELIGIBLE AMOUNT, IF ANY, OF YOUR CLAIM, YOU MUST HAVE TIMELY FILED A PROOF OF CLAIM OR BEEN INCLUDED IN A MASTER PROOF OF CLAIM FILED

BY THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES.² IN ADDITION, YOU MUST TIMELY FILE THIS TPP TRUST CLAIM FORM BY OR BEFORE THE TPP TRUST CLAIM DEADLINE SET FORTH ABOVE.

| Part 1: Identify the Proof of Claim | |
|---|---|
| 1. Who is the current creditor? | <hr/> Name of the entity to be paid for this claim (including other names the creditor used with the debtor, including d/b/a) |
| 2. What is the claim number of your previously filed Proof of Claim? | Claim Number: _____ |
| 3. Has anyone else filed a claim on behalf of this creditor? | <hr/> If yes, please provide the filer and the claim number <hr/> |
| 4. Last 4 digits of creditor's federal tax identification number (FEIN)? | FEIN: _____ |

² A self-funded health plan that is solely pursuing its Third-Party Payor Claim through its third-party administrator shall be deemed to have timely filed a Proof of Claim if its third-party administrator timely filed a master Proof of Claim on behalf of self-funded health plans administered by that third-party administrator.

| Part 2: Notices and Distributions | |
|---|--|
| 1. Who should receive notice? | <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> First name Middle name Last name </div> </p> <p>Title: _____</p> <p>Company: _____ Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> Number Street </div> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> City State Zip code </div> </p> <p>Phone Number: _____</p> <p>E-mail Address: _____ (required)</p> |
| 2. Where should Distributions be sent? | <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> First name Middle name Last name </div> </p> <p>Title: _____</p> <p>Company: _____ Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> Number Street </div> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> City State Zip code </div> </p> <p>Phone Number: _____</p> <p>E-mail Address: _____ (required)</p> |

| Part 3: Amount of Claim | |
|--|-------------------------------|
| 1. Total amount of the Claim, as calculated by the methodology set forth in the | <p>Claim Amount: \$ _____</p> |

| | | |
|--|--|--|
| instructions that begin on page __ herein. | | |
| 2. Components of Claim, per instructions for calculation. | <p>a. Number of creditor's plan members, subscribers, or covered dependents prescribed drugs identified on NDC List on Appendix A between 1/1/2008 and 12/31/2019.(Note: Count each member only once regardless of the number of prescriptions they had): _____</p> <p>b. Number of prescriptions paid by creditor for drugs in item 1: _____</p> <p>c. Total dollars paid by creditor for such prescriptions:_____</p> <p>d. Number of plan members in item (a) above who were diagnosed with Opioid Use Disorder (Appendix B):_____</p> <p>e. For members in item (d) above, dollar amount of medical claims with ICD, CPT or HCPS codes (Appendix C):_____</p> <p>f. The total number of members, subscribers, and covered dependents covered by your plan or administered by your plan as of January 1, 2020:_____</p> | |
| 3. If any of your answers to Questions 1 and 2 above require an explanation, please provide here. | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| 4. Time period or covered by this claim, if less than full claim period. | <p>Beginning date:_____; ending date: _____</p> <p>Beginning date: _____; ending date:_____</p> | |
| 5. Submission of completed IRS Form W-9 | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Check this box to indicate that the filer's completed IRS form W-9 has been submitted to Kroll in advance of the date of this claim or is being submitted in connection with this claim. </div> | |

Part 4: Sign Below

The person completing this Claim must sign and date it.

If you file this claim electronically, FRBP 5005(a)(2) establishes a local rule specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor
☐ I am the creditor's attorney
☐ I am the creditor's authorized agent

I understand that an authorized signature on this *TPP Trust Claim Form* serves as an acknowledgement and certification that when calculating the amount of the Third-Party Payor Channeled Claim, the Third-Party Payor on whose behalf the form is submitted has complied with the Maximum Eligible Amount Calculation Methodology set forth in the Instructions.

I have examined the information in this *TPP Trust Claim Form* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Print the name of the person who is completing and signing this form

Name:

First name

Middle name

Last name

Title: _____

Company: _____

Identify the corporate servicer as the company if the authorized agent is a servicer

Address: _____

Number

Street

City

State

Zip code

INSTRUCTIONS FOR TPP TRUST CLAIM FORM

GENERAL INSTRUCTIONS

How to Calculate Your Claim

Each claimant (also referred to as “You” or “Your” throughout) shall provide information responsive to the questions set forth below, which shall set forth, *inter alia*, the total amount of Your Purdue-related opioid Claim, certifying that You used the Maximum Eligible Amount Calculation Methodology, as set forth below, to arrive at the amount. Each claimant, if and when requested by the TPP Claims Administrator or the TPP Trust Trustee, shall provide supporting documentation and data, in the requested format, underlying the claimant’s calculation of its Purdue-related opioid Claim, sufficient to enable confirmation of the amount asserted.

Maximum Eligible Amount Calculation Methodology

For the period of January 1, 2008 through December 31, 2019, You must provide the following:

- a. The number of unique members who were prescribed one or more of the drugs identified on the NDC List, attached as Appendix A. Count each member only once regardless of the number of prescriptions they had.
- b. The number of unique prescriptions paid, all or in part, by Your plan for the drugs identified on the NDC List, attached as Appendix A.
- c. The total final dollars paid by Your plan for the prescriptions for the drugs identified in b above.
- d. The number of unique members identified in a above who were diagnosed with an Opioid Use Disorder, using one or more of the codes on the OUD ICD 9 and 10 List, attached as Appendix B.
- e. For the members identified in d above, the total dollar amount of medical claims with the ICD, CPT, or HCPS codes on the OUD Medical Claims Codes List, attached as Appendix C, paid for those members.
- f. The total number of members, subscribers

and covered dependents covered by your plan or administered by your plan as of January 1, 2020.

The total amount of Your Third-Party Payor Channeled Claim (i.e., the answer to Part 3, question 1 on the TPP Trust Claim Form) should be calculated by adding the answers to Part 3, question 2—paragraphs c and e—on the TPP Trust Claim Form.

Other Information for Claimants

You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your Claim. You shall supplement Your responses if You learn that they are incomplete or incorrect in any material respect. You may append one or more pages to provide or supplement your responses hereto.

The documents that support your calculations need not be submitted with this TPP Trust Claim Form. However, the TPP Claims Administrator and the TPP Trustee, as applicable, shall have the right to require that you provide such documentation promptly upon request.

If the TPP Claims Administrator or the TPP Trustee discovers that you failed to supplement your responses as required hereby, the determination may be made to Disallow your Claim in whole or in part, or require you to refund all or a portion of any Distribution you received from the TPP Trust, and by returning this TPP Trust Claim Form, you consent to such rights and agree to cooperate in good faith to effect them.

Data that is Entitled to Privacy

The TPP Trust Claim Form and any attached documents must show only the last 4 digits of any tax identification number, or a financial account number. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid disclosure of any individual’s confidential health care information. You may later

be required to give more information if the TPP Claims Administrator or the TPP Trustee so requests.

Redaction of information: Redaction is the masking, editing out, or deleting of certain information to protect privacy. Filers may redact or leave out information entitled to privacy on the TPP Trust Claim Form and any attached documents.

Confirming that the TPP Trust Claim Form has Been Filed.

If You are submitting your claim by hand or by overnight mail and want to receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of the completed claim form.

ADDITIONAL INSTRUCTIONS FOR THE FILERS OF CONSOLIDATED CLAIMS

It is anticipated that some health plan administrators may administer the health plans or prescription drug plans of more than one Third-Party Payor, and may submit a consolidated or “master” claim that includes the claims of numerous such claimants. The filers of consolidated claims are directed to visit the Purdue Pharma website maintained at _____ by Kroll for access to both the Excel template for consolidated claims that must accompany the TPP Trust Claim Form and additional instructions from Kroll. The filer should then send an email to the Kroll Claim Team at: PurdueTPPConsolidatedClaims@ra.kroll.com to request access to Kroll’s secure file sharing site (“Files Anywhere”) via a unique upload link that the filer will use to submit the consolidated claim (i.e., both the TPP Trust Claim Form and the completed Excel template).

Consolidated Claims and the TPP Trust Claim Form.

In Part 3 of the TPP Trust Claim Form, the filer of the consolidated claims shall provide the answers to questions 1 and 2 on an aggregated basis.

The Excel Template.

The completed Excel template for consolidated claims shall include:

- 1.** The names or unique identifiers for each of the Third-Party Payors included in the consolidated New TPP Claim Form, including the filer if the filer holds its own claim;
- 2.** For each Third-Party Payor, answers to the questions in Part 2 of the TPP Trust Claim Form, if different from what appears on the consolidated TPP Trust Claim Form;
- 3.** For each Third-Party Payor, the answer to question 1 in Part 3 of the TPP Trust Claim Form (the amount of the TPP Claim asserted by that Third-Party Payor).

The filer of a consolidated Claim need **not** provide answers on the Excel spreadsheet on a TPP-by-TPP basis to Part 3, question 2 (a) through (f) of the TPP Trust Claim Form. However, the TPP Claims Administrator and the TPP Trustee reserve the right to require the submission of such information.

If a filer uses unique identifiers rather than Third-Party Payor names in the Excel submission it uploads using its link from Kroll, it shall also be required to promptly provide the TPP Claims Administrator or the TPP Trustee, as applicable, with a version of the Excel spreadsheet that provides the names of the Third-Party Payors included in the consolidated claim. Those names shall not be posted on any public website.

For avoidance of doubt: Filers of consolidated Claims that used unique identifiers rather than the names of the claimants in connection with the Proofs of Claim filed by or before the General Bar Date shall use the same unique identifiers in connection with the filing of this TPP Trust Claim Form, but are required to concurrently provide the TPP Claims Administrator or the TPP Trustee, as applicable, with a chart that provides the unique identifier, the name of the Third-Party Payor that corresponds to that identifier, and all other information required herein.

The filer of a consolidated claim is also required to provide a signed certification confirming that it is duly authorized to assert a Third-Party Payor Channeled Claim on behalf of each of the Third-Party Payors included in the consolidated claim.

Consolidated Claims and FEIN Numbers.

If the filer is authorized by contract with the Third-Party Payor or otherwise to receive the

Distributions made by the TPP Trust on account of the Claim submitted, only the filer will be required to provide the (i) last four digits of its taxpayer identification number and (ii) a completed IRS form W-9 to the TPP Claims Administrator or the TPP Trustee, as applicable. The W-9 form need not be submitted as part of the claim, but it is due on or before the TPP Trust Claims Deadline.

APPENDIX A: NDC LIST

| NDC | DRUG NAME |
|-------------|---------------------------|
| 42858000101 | oxyCODONE HCl |
| 42858000110 | oxyCODONE HCl |
| 42858000201 | oxyCODONE HCl |
| 42858000210 | oxyCODONE HCl |
| 42858000301 | oxyCODONE HCl |
| 42858000401 | oxyCODONE HCl |
| 42858000501 | oxyCODONE HCl |
| 42858004001 | HYDROcodone-Acetaminophen |
| 42858010201 | oxyCODONE-Acetaminophen |
| 42858010250 | oxyCODONE-Acetaminophen |
| 42858010301 | oxyCODONE-Acetaminophen |
| 42858010350 | oxyCODONE-Acetaminophen |
| 42858010401 | oxyCODONE-Acetaminophen |
| 42858010450 | oxyCODONE-Acetaminophen |
| 42858012201 | Dilaudid |
| 42858013901 | HYDROcodone-Acetaminophen |
| 42858020101 | HYDROcodone-Acetaminophen |
| 42858020150 | HYDROcodone-Acetaminophen |
| 42858020201 | HYDROcodone-Acetaminophen |
| 42858020301 | HYDROcodone-Acetaminophen |
| 42858020350 | HYDROcodone-Acetaminophen |
| 42858023401 | Dilaudid |
| 42858023450 | Dilaudid |
| 42858023801 | HYDROcodone-Acetaminophen |
| 42858030101 | HYDROmorphine HCl |
| 42858030125 | HYDROmorphine HCl |
| 42858030201 | HYDROmorphine HCl |
| 42858030225 | HYDROmorphine HCl |
| 42858030250 | HYDROmorphine HCl |
| 42858030301 | HYDROmorphine HCl |
| 42858030416 | HYDROmorphine HCl |
| 42858033801 | Dilaudid |

| NDC | DRUG NAME |
|-------------|---------------------|
| 42858035340 | Buprenorphine |
| 42858041616 | Dilaudid |
| 42858049340 | Buprenorphine |
| 42858050103 | Buprenorphine HCl |
| 42858050203 | Buprenorphine HCl |
| 42858051501 | MS Contin |
| 42858058640 | Buprenorphine |
| 42858063101 | MS Contin |
| 42858075040 | Buprenorphine |
| 42858076001 | MS Contin |
| 42858079901 | MS Contin |
| 42858080101 | Morphine Sulfate ER |
| 42858080201 | Morphine Sulfate ER |
| 42858080301 | Morphine Sulfate ER |
| 42858080401 | Morphine Sulfate ER |
| 42858080501 | Morphine Sulfate ER |
| 42858083940 | Buprenorphine |
| 42858090001 | MS Contin |
| 42858090103 | TRAMADOL HCL ER |
| 42858090203 | TRAMADOL HCL ER |
| 42858090303 | TRAMADOL HCL ER |
| 59011010010 | OXYCONTIN |
| 59011010020 | OXYCONTIN |
| 59011010025 | OXYCONTIN |
| 59011010310 | OXYCONTIN |
| 59011010320 | OXYCONTIN |
| 59011010325 | OXYCONTIN |
| 59011010510 | OXYCONTIN |
| 59011010520 | OXYCONTIN |
| 59011010525 | OXYCONTIN |
| 59011010610 | NULL |
| 59011010710 | OXYCONTIN |

| NDC | DRUG NAME |
|-------------|-------------|
| 59011010720 | OXYCONTIN |
| 59011010725 | OXYCONTIN |
| 59011010910 | OXYCONTIN |
| 59011010925 | OXYCONTIN |
| 59011020110 | OXYIR |
| 59011022520 | OXYFAST |
| 59011026005 | MS CONTIN |
| 59011026010 | MS Contin |
| 59011026105 | MS CONTIN |
| 59011026125 | MS Contin |
| 59011026205 | MS CONTIN |
| 59011026210 | MS Contin |
| 59011026305 | MS CONTIN |
| 59011026310 | MS Contin |
| 59011026410 | MS Contin |
| 59011027160 | Hysingla ER |
| 59011027260 | Hysingla ER |
| 59011027360 | Hysingla ER |
| 59011027460 | Hysingla ER |
| 59011027560 | Hysingla ER |
| 59011027660 | Hysingla ER |
| 59011027760 | Hysingla ER |
| 59011031220 | PALLADONE |
| 59011031260 | PALLADONE |
| 59011031320 | PALLADONE |
| 59011031360 | PALLADONE |
| 59011031420 | PALLADONE |
| 59011031460 | PALLADONE |
| 59011031520 | PALLADONE |
| 59011031560 | PALLADONE |
| 59011033430 | RYZOLT |
| 59011033530 | RYZOLT |
| 59011033630 | RYZOLT |
| 59011041010 | OxyCONTIN |
| 59011041020 | OxyCONTIN |

| NDC | DRUG NAME |
|-------------|-------------|
| 59011041510 | OxyCONTIN |
| 59011041520 | OxyCONTIN |
| 59011042010 | OxyCONTIN |
| 59011042020 | OxyCONTIN |
| 59011043010 | OxyCONTIN |
| 59011043020 | OxyCONTIN |
| 59011044010 | OxyCONTIN |
| 59011044020 | OxyCONTIN |
| 59011044110 | DILAUDID |
| 59011044210 | DILAUDID |
| 59011044225 | Dilaudid |
| 59011044410 | Dilaudid |
| 59011044501 | Dilaudid-HP |
| 59011044505 | Dilaudid-HP |
| 59011044550 | DILAUDID-HP |
| 59011044625 | DILAUDID-HP |
| 59011045101 | Dilaudid |
| 59011045201 | Dilaudid |
| 59011045210 | Dilaudid |
| 59011045401 | Dilaudid |
| 59011045405 | Dilaudid |
| 59011045410 | Dilaudid |
| 59011045810 | Dilaudid |
| 59011046010 | OxyCONTIN |
| 59011046020 | OxyCONTIN |
| 59011048010 | OxyCONTIN |
| 59011048020 | OxyCONTIN |
| 59011075004 | Butrans |
| 59011075104 | Butrans |
| 59011075204 | Butrans |
| 59011075704 | Butrans |
| 59011075804 | Butrans |
| 59011081510 | OXYCONTIN |
| 59011083010 | OXYCONTIN |
| 59011086010 | OXYCONTIN |

APPENDIX B: OUD ICD 9 AND 10 LIST

ICD 9 Codes for OUD:

304.00 OPIOID DEPENDENCE-UNSPECIFIED
304.01 OPIOID DEPENDENCE-CONTINUOUS
304.02 OPIOID DEPENDENCE-EPISODIC
304.03 OPIOID DEPENDENCE, IN REMISSION
304.70 OPIOID OTHER DEP-UNSPECIFIED
304.71 OPIOID OTHER DEP-CONTINUOUS
304.72 OPIOID OTHER DEP-EPISODIC
304.73 OPIOID OTHER DEP-IN REMISSION
305.50 OPIOID ABUSE-UNSPECIFIED
305.51 OPIOID ABUSE-CONTINUOUS
305.52 OPIOID ABUSE-EPISODIC
305.53 OPIOID ABUSE-IN REMISSION

ICD 10 Codes for OUD:

F11.1 Opioid abuse
F11.10 Opioid abuse, uncomplicated
F11.11 Opioid abuse, in remission
F11.12 Opioid abuse with intoxication
F11.120 Opioid abuse with intoxication, uncomplicated
F11.121 Opioid abuse with intoxication delirium
F11.122 Opioid abuse with intoxication with perceptual disturbance
F11.129 Opioid abuse with intoxication, unspecified
F11.13 Opioid abuse with withdrawal
F11.14 Opioid abuse with opioid-induced mood disorder
F11.15 Opioid abuse with opioid-induced psychotic disorder
F11.150 Opioid abuse with opioid-induced psychotic disorder with delusions
F11.151 Opioid abuse with opioid-induced psychotic disorder with hallucinations
F11.159 Opioid abuse with opioid-induced psychotic disorder, unspecified
F11.18 Opioid abuse with other opioid-induced disorder
F11.181 Opioid abuse with opioid-induced sexual dysfunction
F11.182 Opioid abuse with opioid-induced sleep disorder
F11.188 Opioid abuse with other opioid-induced disorder
F11.19 Opioid abuse with unspecified opioid-induced disorder
F11.20 Opioid Dependence uncomplicated
F11.21 Opioid Dependence in remission
F11.22 Opioid dependence with intoxication
F11.220 Opioid Dependence uncomplicated
F11.221 Opioid Dependence delirium
F11.222 Opioid dependence w intoxication with perceptual disturbance
F11.229 Opioid Dependence unspecified
F11.23 Opioid Dependence with withdrawal
F11.24 Opioid Dependence with opioid-induced mood disorder
F11.25 Opioid Dependence with opioid-induced psychotic disorder
F11.250 Opioid Dependence with delusions
F11.251 Opioid Dependence with hallucinations
F11.259 Opioid Dependence unspecified
F11.28 Opioid Dependence with other opioid-induced disorder
F11.281 Opioid Dependence with opioid-induced sexual dysfunction
F11.282 Opioid Dependence with opioid-induced sleep disorder
F11.288 Opioid Dependence with other opioid-induced disorder

TPP Trust Claim Form

APPENDIX C: OUD MEDICAL CLAIMS CODES LIST

1. Medication Assisted Treatment (MAT): Assigned ICD-10 code F11.20 (convert to ICD-9 304.00, 304.01, and 304.02) for opioid dependence.
2. Visit type: Adult Wellness Visit (AWV) or acute visit for Opioid Use Disorder/Dependence Comprehensive evaluation of new patient or established patient for suitability for buprenorphine treatment.
3. New Patient: code 99205, 99201
4. Established Patient: code 99211-99215
5. Visit type: MAT medication induction.
6. Established Patient E/M: 99211–99215
7. Patient Consult: 99241-45(*)³
8. Telephonic: 99241 can only be used as telephonic prescriber-to-prescriber consultation regarding a patient. Patient cannot be present.
9. Prolonged visits codes (99354, 99355) (*)
10. 30-74 minutes: 99354(*)
11. 75-104 minutes: 99355(*)
12. 105+ minutes: 99354+99355x2(*)
13. Visit type: MAT medication/maintenance. Acute visit for OUD/opioid dependence.
14. Established Patient: 99212-15
15. SBIRT substance abuse and structured screening and brief intervention services: 99408 (can be offered and billed for naloxone education.)
16. CPT/Prof HCPC/FAC
17. 99214 – E/M office visit/G0480 – UDT definitive
18. 99213 – E/M office visit/H0015 - IOP
19. 99285 – E/M ER visit/H2035 – drug treatment program per hour
20. 99215 – E/M office visit/G0481 – UDT definitive
21. 80307 – UDT presumptive/H0010 – acute/subacute detox
22. 99232 – E/M inpatient visit/H2036 - drug treatment program per diem
23. 99233 – E/M inpatient visit/G0463 – outpatient clinic visit
24. 99223 – E/M inpatient visit/H0011 - acute/subacute detox
25. 99284 – E/M ER visit/H0007 outpatient crisis intervention
26. 99204 – E/M office visit/G0482 – UDT definitive
27. 99231 – E/M inpatient visit/G0483 – UDT definitive
28. 99205 – E/M office visit/H0001 – alcohol and/or drug treatment assessment
29. 99220 – E/M observation/H0020 – alcohol and/or drug treatment – methadone administration

³ Codes followed by an asterisk (*) have been identified as frequently subject to abuse and are being reviewed.

30. 99443 – E/M telephone service/H0050 – alcohol and/or drug treatment, brief intervention
31. 99283 – E/M ER visit/G0396 - alcohol and/or substance abuse structured assessment and brief intervention (15 to 30 mins)
32. 99212 – E/M office visit/G0397 - alcohol and/or substance abuse structured assessment and brief intervention (more than 30 mins)
33. 96372 - Therapeutic, prophylactic, or diagnostic injection (specify material injected); subcutaneous or intramuscular
34. J2315 - Injection, naltrexone, depot form, 1 mg
35. 3E023GC - Introduction of other therapeutic substance into muscle, percutaneous approach
36. 96372 - Therapeutic, prophylactic, or diagnostic injection (specify material injected); subcutaneous or intramuscular (same as Vivitrol)
37. Q9991 – Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg
38. Q9992 – Injection, buprenorphine extended-release (Sublocade), greater than 100 mg
39. G2067 Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
40. G2068 Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
41. G2069 – Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/ or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
42. G2070 Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
43. G2071 Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare enrolled Opioid Treatment Program)
44. G2072 Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare enrolled Opioid Treatment Program)
45. G2073 Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
46. G2074 – Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology (provision of the services by a Medicare-enrolled opioid treatment program)
47. G2075 Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)

48. G2076 Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program)
49. G2077 Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program)
50. G2078 Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program)
51. G2079 Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program)
52. G2080 Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program)
53. G2086 –Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
54. G2087 – Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
55. G0516 – Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
56. G0517 – Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
57. G0518 – Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
58. G2215 – Take home supply of nasal naxolone (provision of the services by a Medicare enrolled opioid treatment program)
G2216 – Take home supply of injectable naxolone (provision of the services by a Medicare enrolled opioid treatment program)
- 59.
60. 11981 – Insertion of single non-biodegradable implant
61. 11982 – Removal of single non-biodegradable implant
62. 11983 – Removal and re-insertion of single nonbiodegradable implant
63. 17999 – unlisted procedure, skin, mucous mem
64. S9475 –Ambulatory setting substance abuse treatment or detoxification services
65. H0020 ALCOHL &OR RX SRVC; METHADONE ADMIN &OR SERVICE
66. H0033 ORAL MEDICATION ADMIN DIRECT OBSERVATION
67. J3490 - Buprenorphine extended-release injection, for subcutaneous use (Sublocade)
68. J0570 – Buprenorphine implant, 74.2 mg; Physician office and Outpatient
69. J0571 BUPRENORPHINE ORAL 1 MG

70. J0572 BUPRENORPHINE/NALOXONE ORAL <=TO 3 MG BPN
71. J0573 BUPRENORPHINE/NALOXONE ORAL >3 MG BUT <=6 MG BPN
72. J0574 BUPRENORPHINE/NLX ORAL >6 MG BUT <=TO 10 MG BPN
73. J0575 BUPRENORPHINE/NALOXONE ORAL >10 MG BUPRENORPHINE
74. J1230 Methadone
75. J2315 INJECTION NALTREXONE DEPOT FORM 1 MG
76. S0109 METHADONE ORAL 5MG
77. Rev Code 900 + H0020 (methadone)
78. Rev Code 900 + H0001 or H0004 or H0005 or H0006
79. Bunavail (buprenorphine with naloxone) Buccal Film; Buprenorphine with naloxone Sublingual Tablet/Film; Cassipa (buprenorphine with naloxone) Sublingual Film; Suboxone (buprenorphine with naloxone) Sublingual Film; Probuphine (buprenorphine); Subutex (buprenorphine); Sublocade (buprenorphine extended-release) injection; Zubsolv (buprenorphine with naloxone) Sublingual Tablet; Vivitrol (naltrexone for extended-release); Methadone
80. 65200010100760 BUPRENORPHIN SUB 2MG
81. 65200010100760 BUPRENORPHINE 2 MG TABLET SL
82. 65200010100760 SUBUTEX SUB 2MG
83. 65200010100780 BUPRENORPHIN SUB 8MG
84. 65200010100780 BUPRENORPHINE 8 MG TABLET SL
85. 65200010100780 SUBUTEX SUB 8MG
86. 65200010102320 PROBUPHINE IMP KIT 74.2
87. 65200010200710 ZUBSOLV SUB 0.7-0.18
88. 65200010200715 ZUBSOLV SUB 1.4-0.36
89. 65200010200720 BUPREN/NALOX SUB 2-0.5MG
90. 65200010200720 BUPRENORPHIN-NALOXN 2-0.5 MG SL
91. 65200010200720 SUBOXONE SUB 2-0.5MG
92. 65200010200720 SUBOXONE SUB 2MG
93. 65200010200725 ZUBSOLV 2.9-0.71 MG TABLET SL
94. 65200010200732 ZUBSOLV SUB 5.7-1.4
95. 65200010200740 BUPREN/NALOX SUB 8-2MG
96. 65200010200740 BUPRENORPHIN-NALOXON 8-2 MG SL
97. 65200010200740 SUBOXONE SUB 8-2MG
98. 65200010200740 SUBOXONE SUB 8MG
99. 65200010200745 ZUBSOLV SUB 8.6-2.1
100. 65200010200760 ZUBSOLV 11.4-2.9 MG TABLET SL
101. 65200010208220 BUPREN/NALOX MIS 2-0.5MG
102. 65200010208220 SUBOXONE MIS 2-0.5MG
103. 65200010208230 BUPREN/NALOX MIS 4-1MG

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| 104. | 65200010208230 | SUBOXONE MIS 4-1MG |
| 105. | 65200010208240 | BUPREN/NALOX MIS 8-2MG |
| 106. | 65200010208240 | SUBOXONE MIS 8-2MG |
| 107. | 65200010208250 | BUPREN/NALOX MIS 12-3MG |
| 108. | 65200010208250 | SUBOXONE MIS 12-3MG |
| 109. | 65200010208260 | BUNAVAIL MIS 2.1-0.3 |
| 110. | 65200010208270 | BUNAVAIL MIS 4.2-0.7 |
| 111. | 65200010208280 | BUNAVAIL MIS 6.3-1MG |
| 112. | 93400030001920 | VIVITROL INJ 380MG |
| 113. | 93400030100305 | DEPADE TAB 50MG |
| 114. | 93400030100305 | NALTREXONE TAB 50MG |
| 115. | 93400030100305 | REVIA TAB 50MG |
| 116. | 93409902502320 | NALTREXONE IMP |
| 117. | 6520001000E520 | SUBLOCADE INJ 100/0.5 |
| 118. | 6520001000E530 | SUBLOCADE INJ 300/1.5 |
| 119. | F11.1 | Opioid abuse |
| 120. | F11.10 | Opioid abuse, uncomplicated |
| 121. | F11.11 | Opioid abuse, in remission |
| 122. | F11.12 | Opioid abuse with intoxication |
| 123. | F11.120 | Opioid abuse with intoxication, uncomplicated |
| 124. | F11.121 | Opioid abuse with intoxication delirium |
| 125. | F11.122 | Opioid abuse with intoxication with perceptual disturbance |
| 126. | F11.129 | Opioid abuse with intoxication, unspecified |
| 127. | F11.13 | Opioid abuse with withdrawal |
| 128. | F11.14 | Opioid abuse with opioid-induced mood disorder |
| 129. | F11.15 | Opioid abuse with opioid-induced psychotic disorder |
| 130. | F11.150 | Opioid abuse with opioid-induced psychotic disorder with delusions |
| 131. | F11.151 | Opioid abuse with opioid-induced psychotic disorder with hallucinations |
| 132. | F11.159 | Opioid abuse with opioid-induced psychotic disorder, unspecified |
| 133. | F11.18 | Opioid abuse with other opioid-induced disorder |
| 134. | F11.181 | Opioid abuse with opioid-induced sexual dysfunction |
| 135. | F11.182 | Opioid abuse with opioid-induced sleep disorder |
| 136. | F11.188 | Opioid abuse with other opioid-induced disorder |
| 137. | F11.19 | Opioid abuse with unspecified opioid-induced disorder |
| 138. | T40.0X1 | Poisoning by opium, accidental (unintentional) |
| 139. | T40.0X1A | Poisoning by opium, accidental (unintentional), initial encounter |

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| 140. | T40.0X1D | Poisoning by opium, accidental (unintentional), subsequent encounter |
| 141. | T40.0X1S | Poisoning by opium, accidental (unintentional), sequela |
| 142. | T40.0X2 | Poisoning by opium, intentional self-harm |
| 143. | T40.0X2A | Poisoning by opium, intentional self-harm, initial encounter |
| 144. | T40.0X2D | Poisoning by opium, intentional self-harm, subsequent encounter |
| 145. | T40.0X2S | Poisoning by opium, intentional self-harm, sequela |
| 146. | T40.0X3 | Poisoning by opium, assault |
| 147. | T40.0X3A | Poisoning by opium, assault, initial encounter |
| 148. | T40.0X3D | Poisoning by opium, assault, subsequent encounter |
| 149. | T40.0X3S | Poisoning by opium, assault, sequela |
| 150. | T40.0X4 | Poisoning by opium, undetermined |
| 151. | T40.0X4A | Poisoning by opium, undetermined, initial encounter |
| 152. | T40.0X4D | Poisoning by opium, undetermined, subsequent encounter |
| 153. | T40.0X4S | Poisoning by opium, undetermined, sequela |
| 154. | T40.1 | Poisoning by and adverse effect of heroin |
| 155. | T40.1X | Poisoning by and adverse effect of heroin |
| 156. | T40.1X1 | Poisoning by heroin, accidental (unintentional) |
| 157. | T40.1X1A | Poisoning by heroin, accidental (unintentional), initial encounter |
| 158. | T40.1X1D | Poisoning by heroin, accidental (unintentional), subsequent encounter |
| 159. | T40.1X1S | Poisoning by heroin, accidental (unintentional), sequela |
| 160. | T40.1X2 | Poisoning by heroin, intentional self-harm |
| 161. | T40.1X2A | Poisoning by heroin, intentional self-harm, initial encounter |
| 162. | T40.1X2D | Poisoning by heroin, intentional self-harm, subsequent encounter |
| 163. | T40.1X2S | Poisoning by heroin, intentional self-harm, sequela |
| 164. | T40.1X3 | Poisoning by heroin, assault |
| 165. | T40.1X3A | Poisoning by heroin, assault, initial encounter |
| 166. | T40.1X3D | Poisoning by heroin, assault, subsequent encounter |
| 167. | T40.1X3S | Poisoning by heroin, assault, sequela |
| 168. | T40.1X4 | Poisoning by heroin, undetermined |
| 169. | T40.1X4A | Poisoning by heroin, undetermined, initial encounter |
| 170. | T40.1X4D | Poisoning by heroin, undetermined, subsequent encounter |
| 171. | T40.1X4S | Poisoning by heroin, undetermined, sequela |
| 172. | T40.1X5 | Adverse effect of heroin |
| 173. | T40.1X5A | Adverse effect of heroin, initial encounter |
| 174. | T40.1X5D | Adverse effect of heroin, subsequent encounter |
| 175. | T40.1X5S | Adverse effect of heroin, sequela |
| 176. | T40.1X6 | Underdosing of heroin |

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| 177. | T40.1X6A | Underdosing of heroin, initial encounter |
| 178. | T40.1X6D | Underdosing of heroin, subsequent encounter |
| 179. | T40.1X6S | Underdosing of heroin, sequela |
| 180. | T40.2X1 | Poisoning by other opioids, accidental (unintentional) |
| 181. | T40.2X1A | Poisoning by other opioids, accidental (unintentional), initial encounter |
| 182. | T40.2X1D | Poisoning by other opioids, accidental (unintentional), subsequent encounter |
| 183. | T40.2X1S | Poisoning by other opioids, accidental (unintentional), sequela |
| 184. | T40.2X2 | Poisoning by other opioids, intentional self-harm |
| 185. | T40.2X2A | Poisoning by other opioids, intentional self-harm, initial encounter |
| 186. | T40.2X2D | Poisoning by other opioids, intentional self-harm, subsequent encounter |
| 187. | T40.2X2S | Poisoning by other opioids, intentional self-harm, sequela |
| 188. | T40.2X3 | Poisoning by other opioids, assault |
| 189. | T40.2X3A | Poisoning by other opioids, assault, initial encounter |
| 190. | T40.2X3D | Poisoning by other opioids, assault, subsequent encounter |
| 191. | T40.2X3S | Poisoning by other opioids, assault, sequela |
| 192. | T40.2X4 | Poisoning by other opioids, undetermined |
| 193. | T40.2X4A | Poisoning by other opioids, undetermined, initial encounter |
| 194. | T40.2X4D | Poisoning by other opioids, undetermined, subsequent encounter |
| 195. | T40.2X4S | Poisoning by other opioids, undetermined, sequela |
| 196. | T40.3X1 | Poisoning by methadone, accidental (unintentional) |
| 197. | T40.3X1A | Poisoning by methadone, accidental (unintentional), initial encounter |
| 198. | T40.3X1D | Poisoning by methadone, accidental (unintentional), subsequent encounter |
| 199. | T40.3X1S | Poisoning by methadone, accidental (unintentional), sequela |
| 200. | T40.3X2 | Poisoning by methadone, intentional self-harm |
| 201. | T40.3X2A | Poisoning by methadone, intentional self-harm, initial encounter |
| 202. | T40.3X2D | Poisoning by methadone, intentional self-harm, subsequent encounter |
| 203. | T40.3X2S | Poisoning by methadone, intentional self-harm, sequela |
| 204. | T40.3X3 | Poisoning by methadone, assault |
| 205. | T40.3X3A | Poisoning by methadone, assault, initial encounter |
| 206. | T40.3X3D | Poisoning by methadone, assault, subsequent encounter |
| 207. | T40.3X3S | Poisoning by methadone, assault, sequela |
| 208. | T40.3X4 | Poisoning by methadone, undetermined |
| 209. | T40.3X4A | Poisoning by methadone, undetermined, initial encounter |
| 210. | T40.3X4D | Poisoning by methadone, undetermined, subsequent encounter |

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| 211. | T40.3X4S | Poisoning by methadone, undetermined, sequela |
| 212. | T40.4 | Poisoning by, adverse effect of and underdosing of other synthetic narcotics |
| 213. | T40.41 | Poisoning by, adverse effect of and underdosing of fentanyl or fentanyl analogs |
| 214. | T40.411 | Poisoning by fentanyl or fentanyl analogs, accidental (unintentional) |
| 215. | T40.411A | Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter |
| 216. | T40.411D | Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter |
| 217. | T40.411S | Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela |
| 218. | T40.412 | Poisoning by fentanyl or fentanyl analogs, intentional self-harm |
| 219. | T40.412A | Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter |
| 220. | T40.412D | Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter |
| 221. | T40.412S | Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela |
| 222. | T40.413 | Poisoning by fentanyl or fentanyl analogs, assault |
| 223. | T40.413A | Poisoning by fentanyl or fentanyl analogs, assault, initial encounter |
| 224. | T40.413D | Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter |
| 225. | T40.413S | Poisoning by fentanyl or fentanyl analogs, assault, sequela |
| 226. | T40.414 | Poisoning by fentanyl or fentanyl analogs, undetermined |
| 227. | T40.414A | Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter |
| 228. | T40.414D | Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter |
| 229. | T40.414S | Poisoning by fentanyl or fentanyl analogs, undetermined, sequela |
| 230. | T40.415 | Adverse effect of fentanyl or fentanyl analogs |
| 231. | T40.415A | Adverse effect of fentanyl or fentanyl analogs, initial encounter |
| 232. | T40.415D | Adverse effect of fentanyl or fentanyl analogs, subsequent encounter |
| 233. | T40.415S | Adverse effect of fentanyl or fentanyl analogs, sequela |
| 234. | T40.416 | Underdosing of fentanyl or fentanyl analogs |
| 235. | T40.416A | Underdosing of fentanyl or fentanyl analogs, initial encounter |
| 236. | T40.416D | Underdosing of fentanyl or fentanyl analogs, subsequent encounter |
| 237. | T40.416S | Underdosing of fentanyl or fentanyl analogs, sequela |
| 238. | T40.42 | Poisoning by, adverse effect of and underdosing of tramadol |
| 239. | T40.421 | Poisoning by tramadol, accidental (unintentional) |
| 240. | T40.421A | Poisoning by tramadol, accidental (unintentional), initial encounter |

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| 241. | T40.421D | Poisoning by tramadol, accidental (unintentional), subsequent encounter |
| 242. | T40.421S | Poisoning by tramadol, accidental (unintentional), sequela |
| 243. | T40.422 | Poisoning by tramadol, intentional self-harm |
| 244. | T40.422A | Poisoning by tramadol, intentional self-harm, initial encounter |
| 245. | T40.422D | Poisoning by tramadol, intentional self-harm, subsequent encounter |
| 246. | T40.422S | Poisoning by tramadol, intentional self-harm, sequela |
| 247. | T40.423 | Poisoning by tramadol, assault |
| 248. | T40.423A | Poisoning by tramadol, assault, initial encounter |
| 249. | T40.423D | Poisoning by tramadol, assault, subsequent encounter |
| 250. | T40.423S | Poisoning by tramadol, assault, sequela |
| 251. | T40.424 | Poisoning by tramadol, undetermined |
| 252. | T40.424A | Poisoning by tramadol, undetermined, initial encounter |
| 253. | T40.424D | Poisoning by tramadol, undetermined, subsequent encounter |
| 254. | T40.424S | Poisoning by tramadol, undetermined, sequela |
| 255. | T40.425 | Adverse effect of tramadol |
| 256. | T40.425A | Adverse effect of tramadol, initial encounter |
| 257. | T40.425D | Adverse effect of tramadol, subsequent encounter |
| 258. | T40.425S | Adverse effect of tramadol, sequela |
| 259. | T40.426 | Underdosing of tramadol |
| 260. | T40.426A | Underdosing of tramadol, initial encounter |
| 261. | T40.426D | Underdosing of tramadol, subsequent encounter |
| 262. | T40.426S | Underdosing of tramadol, sequela |
| 263. | T40.49 | Poisoning by, adverse effect of and underdosing of other synthetic narcotics |
| 264. | T40.491 | Poisoning by other synthetic narcotics, accidental (unintentional) |
| 265. | T40.491A | Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter |
| 266. | T40.491D | Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter |
| 267. | T40.491S | Poisoning by other synthetic narcotics, accidental (unintentional), sequela |
| 268. | T40.492 | Poisoning by other synthetic narcotics, intentional self-harm |
| 269. | T40.492A | Poisoning by other synthetic narcotics, intentional self-harm, initial encounter |
| 270. | T40.492D | Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter |
| 271. | T40.492S | Poisoning by other synthetic narcotics, intentional self-harm, sequela |
| 272. | T40.493 | Poisoning by other synthetic narcotics, assault |

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| 273. | T40.493A | Poisoning by other synthetic narcotics, assault, initial encounter |
| 274. | T40.493D | Poisoning by other synthetic narcotics, assault, subsequent encounter |
| 275. | T40.493S | Poisoning by other synthetic narcotics, assault, sequela |
| 276. | T40.494 | Poisoning by other synthetic narcotics, undetermined |
| 277. | T40.494A | Poisoning by other synthetic narcotics, undetermined, initial encounter |
| 278. | T40.494D | Poisoning by other synthetic narcotics, undetermined, subsequent encounter |
| 279. | T40.494S | Poisoning by other synthetic narcotics, undetermined, sequela |
| 280. | T40.495 | Adverse effect of other synthetic narcotics |
| 281. | T40.495A | Adverse effect of other synthetic narcotics, initial encounter |
| 282. | T40.495D | Adverse effect of other synthetic narcotics, subsequent encounter |
| 283. | T40.495S | Adverse effect of other synthetic narcotics, sequela |
| 284. | T40.496 | Underdosing of other synthetic narcotics |
| 285. | T40.496A | Underdosing of other synthetic narcotics, initial encounter |
| 286. | T40.496D | Underdosing of other synthetic narcotics, subsequent encounter |
| 287. | T40.496S | Underdosing of other synthetic narcotics, sequela |
| 288. | T40.4X | Poisoning by, adverse effect of and underdosing of other synthetic narcotics |
| 289. | T40.4X1 | Poisoning by other synthetic narcotics, accidental (unintentional) |
| 290. | T40.4X1A | Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter |
| 291. | T40.4X1D | Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter |
| 292. | T40.4X1S | Poisoning by other synthetic narcotics, accidental (unintentional), sequela |
| 293. | T40.4X2 | Poisoning by other synthetic narcotics, intentional self-harm |
| 294. | T40.4X2A | Poisoning by other synthetic narcotics, intentional self-harm, initial encounter |
| 295. | T40.4X2D | Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter |
| 296. | T40.4X2S | Poisoning by other synthetic narcotics, intentional self-harm, sequela |
| 297. | T40.4X3 | Poisoning by other synthetic narcotics, assault |
| 298. | T40.4X3A | Poisoning by other synthetic narcotics, assault, initial encounter |
| 299. | T40.4X3D | Poisoning by other synthetic narcotics, assault, subsequent encounter |
| 300. | T40.4X3S | Poisoning by other synthetic narcotics, assault, sequela |
| 301. | T40.4X4 | Poisoning by other synthetic narcotics, undetermined |
| 302. | T40.4X4A | Poisoning by other synthetic narcotics, undetermined, initial encounter |
| 303. | T40.4X4D | Poisoning by other synthetic narcotics, undetermined, subsequent encounter |
| 304. | T40.4X4S | Poisoning by other synthetic narcotics, undetermined, sequela |

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| 305. | T40.4X5 | Adverse effect of other synthetic narcotics |
| 306. | T40.4X5A | Adverse effect of other synthetic narcotics, initial encounter |
| 307. | T40.4X5D | Adverse effect of other synthetic narcotics, subsequent encounter |
| 308. | T40.4X5S | Adverse effect of other synthetic narcotics, sequela |
| 309. | T40.4X6 | Underdosing of other synthetic narcotics |
| 310. | T40.4X6A | Underdosing of other synthetic narcotics, initial encounter |
| 311. | T40.4X6D | Underdosing of other synthetic narcotics, subsequent encounter |
| 312. | T40.4X6S | Underdosing of other synthetic narcotics, sequela |
| 313. | T40.601 | Poisoning by unspecified narcotics, accidental (unintentional) |
| 314. | T40.601A | Poisoning by unspecified narcotics, accidental (unintentional), initial encounter |
| 315. | T40.601D | Poisoning by unspecified narcotics, accidental (unintentional), subsequent encounter |
| 316. | T40.601S | Poisoning by unspecified narcotics, accidental (unintentional), sequela |
| 317. | T40.602 | Poisoning by unspecified narcotics, intentional self-harm |
| 318. | T40.602A | Poisoning by unspecified narcotics, intentional self-harm, initial encounter |
| 319. | T40.602D | Poisoning by unspecified narcotics, intentional self-harm, subsequent encounter |
| 320. | T40.602S | Poisoning by unspecified narcotics, intentional self-harm, sequela |
| 321. | T40.603 | Poisoning by unspecified narcotics, assault |
| 322. | T40.603A | Poisoning by unspecified narcotics, assault, initial encounter |
| 323. | T40.603D | Poisoning by unspecified narcotics, assault, subsequent encounter |
| 324. | T40.603S | Poisoning by unspecified narcotics, assault, sequela |
| 325. | T40.604 | Poisoning by unspecified narcotics, undetermined |
| 326. | T40.604A | Poisoning by unspecified narcotics, undetermined, initial encounter |
| 327. | T40.604D | Poisoning by unspecified narcotics, undetermined, subsequent encounter |
| 328. | T40.604S | Poisoning by unspecified narcotics, undetermined, sequela |
| 329. | T40.691 | Poisoning by other narcotics, accidental (unintentional) |
| 330. | T40.691A | Poisoning by other narcotics, accidental (unintentional), initial encounter |
| 331. | T40.691D | Poisoning by other narcotics, accidental (unintentional), subsequent encounter |
| 332. | T40.691S | Poisoning by other narcotics, accidental (unintentional), sequela |
| 333. | T40.692 | Poisoning by other narcotics, intentional self-harm |
| 334. | T40.692A | Poisoning by other narcotics, intentional self-harm, initial encounter |
| 335. | T40.692D | Poisoning by other narcotics, intentional self-harm, subsequent encounter |
| 336. | T40.692S | Poisoning by other narcotics, intentional self-harm, sequela |

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| 337. | T40.693 | Poisoning by other narcotics, assault |
| 338. | T40.693A | Poisoning by other narcotics, assault, initial encounter |
| 339. | T40.693D | Poisoning by other narcotics, assault, subsequent encounter |
| 340. | T40.693S | Poisoning by other narcotics, assault, sequela |
| 341. | T40.694 | Poisoning by other narcotics, undetermined |
| 342. | T40.694A | Poisoning by other narcotics, undetermined, initial encounter |
| 343. | T40.694D | Poisoning by other narcotics, undetermined, subsequent encounter |
| 344. | T40.694S | Poisoning by other narcotics, undetermined, sequela |
| 345. | F11.20 | Opioid Dependence uncomplicated |
| 346. | F11.21 | Opioid Dependence in remission |
| 347. | F11.22 | Opioid dependence with intoxication |
| 348. | F11.220 | Opioid Dependence uncomplicated |
| 349. | F11.221 | Opioid Dependence delirium |
| 350. | F11.222 | Opioid dependence w intoxication with perceptual disturbance |
| 351. | F11.229 | Opioid Dependence unspecified |
| 352. | F11.23 | Opioid Dependence with withdrawal |
| 353. | F11.24 | Opioid Dependence with opioid-induced mood disorder |
| 354. | F11.25 | Opioid Dependence with opioid-induced psychotic disorder |
| 355. | F11.250 | Opioid Dependence with delusions |
| 356. | F11.251 | Opioid Dependence with hallucinations |
| 357. | F11.259 | Opioid Dependence unspecified |
| 358. | F11.28 | Opioid Dependence with other opioid-induced disorder |
| 359. | F11.281 | Opioid Dependence with opioid-induced sexual dysfunction |
| 360. | F11.282 | Opioid Dependence with opioid-induced sleep disorder |
| 361. | F11.288 | Opioid Dependence with other opioid-induced disorder |

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**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

**PURDUE PHARMA L.P., et al.,
Debtors.¹**

Chapter 11

Case No. 19-23649 (SHL)

(Jointly Administered)

**NOTICE OF (I) THE APPOINTMENT OF THE TPP CLAIMS
ADMINISTRATOR, (II) THE DEADLINE FOR SUBMITTING THE NEW TPP
TRUST CLAIM FORM, (III) THE DEADLINE FOR SUBMITTING
IRS FORM W-9 AND (IV) OTHER INFORMATION
ABOUT THE PURDUE THIRD-PARTY PAYOR CLAIMS PROCESS**

**THE DEADLINE FOR SUBMISSION OF THE TPP TRUST CLAIM FORM
AND IRS FORM W-9 TO THE PURDUE THIRD-PARTY PAYOR CLAIMS
ADMINISTRATOR IS FOUR MONTHS FROM THE DATE OF THIS NOTICE:
[], 2025 (THE “TPP TRUST CLAIM DEADLINE”).**

**IF YOU WANT TO HAVE YOUR THIRD-PARTY PAYOR CLAIM CONSIDERED
AND (IF THE CLAIM IS ALLOWED) RECEIVE A DISTRIBUTION ON ACCOUNT OF
SUCH CLAIM, YOU SHOULD COMPLETE THE TPP TRUST CLAIM FORM AND
SUBMIT IT SO THAT IT IS RECEIVED BY THE TPP TRUST CLAIM DEADLINE
ABOVE. IF YOU DO NOT TIMELY SUBMIT THE TPP TRUST CLAIM FORM, YOU
MAY LOSE YOUR RIGHT TO RECEIVE ANY RECOVERY ON ACCOUNT OF YOUR
CLAIM AGAINST PURDUE, EVEN IF YOU TIMELY FILED A PROOF OF CLAIM BY
THE PURDUE BAR DATE.**

On _____, 2025, the United States Bankruptcy Court for the Southern District of New York entered an *Order Granting the Joint Motion for an Order (I) Appointing PI and TPP Claims Administrators; (II) Authorizing the Establishment of Claims Deadlines and Claims Objection Procedures; and (III) Granting Related Relief* (the “Motion”), which was filed by the above-captioned debtors (the “Debtors” or “Purdue”) and the Official Committee of Unsecured Creditors (“UCC”)[ECF No.7310]

¹ The Debtors in these cases, along with the last four digits of each Debtor’s registration number in the applicable jurisdiction, are as follows: Purdue Pharma L.P. (7484), Purdue Pharma Inc. (7486), Purdue Transdermal Technologies L.P. (1868), Purdue Pharma Manufacturing L.P. (3821), Purdue Pharmaceuticals L.P. (0034), Imbrium Therapeutics L.P. (8810), Adlon Therapeutics L.P. (6745), Greenfield BioVentures L.P. (6150), Seven Seas Hill Corp. (4591), Ophir Green Corp. (4594), Purdue Pharma of Puerto Rico (3925), Purdue Products L.P. (4140), Purdue Pharmaceutical Products L.P. (3902), Purdue Neuroscience Company (4712), Nayatt Cove Lifescience Inc. (7805), Button Land L.P. (7502), Rhodes Associates L.P. (N/A), Paul Land Inc. (7425), Quidnick Land L.P. (7584), Rhodes Pharmaceuticals L.P. (6166), Rhodes Technologies (7143), UDF LP (0495), SVC Pharma LP (5717), and SVC Pharma Inc. (4014). The Debtors’ corporate headquarters is located at One Stamford Forum, 201 Tresser Boulevard, Stamford, CT 06901.

The Motion was filed with the Bankruptcy Court² at or about the same time that Purdue filed its *Thirteenth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.L. and its Affiliated Debtors* [ECF No.7306] (as the same may be amended from time to time, the “Plan”) with the Court. The purpose of the Motion was to create a mechanism under which the claims process for Third-Party Payor Claims could begin, well in advance of the Effective Date of the Plan, which is the date when the Third-Party Payor Trust (the “TPP Trust”) comes into existence and the TPP Trustee is empowered to administer claims and ultimately make distributions to holders of Allowed Third-Party Payor Claims. The granting of the Motion and appointment of the TPP Claims Administrator will allow the Claims process to begin now and make it possible to complete the process much sooner than would be possible if the Claims process could not begin until the Effective Date of the Plan.

You are receiving this Notice because Purdue’s records show that you filed or were included in a Claim (each an “Earlier Claim”) that you designated as a Third-Party Payor Claim. If you want your Claim to be considered and to be eligible for a Distribution from the TPP Trust, you should file the TPP Trust Claim Form so that it is received on or before the TPP Trust Claim Deadline, which is _____. (Instructions for filing appear on the TPP Trust Claim Form.) If you do not complete and timely file the TPP Trust Claim Form your Claim may be objected to in its entirety, even if you timely filed a Claim by the general Bar Date established earlier in these cases. Subject to the next paragraph about the filing of master Claims, you are **not** required to provide back-up documents with your TPP Trust Claim Form, although the TPP Claims Administrator reserves the right to subsequently request such documents. (If you receive such a request from the TPP Claims Administrator and believe that you already provided such back-up documents in connection with your Earlier Claim, you should promptly notify the TPP Claims Administrator.)

Any Third-Party Payor that files a “master” Claim (a Claim on behalf of numerous Third-Party Payors) is required to submit an Excel spreadsheet in connection with that master claim, showing (i) the names or unique identifiers of the Third-Party Payors included in that master Claim and (ii) the dollar amount of each such Third-Party Payor’s Claim. Instructions for the filers of master Claims are included on the TPP Trust Claim Form, and supplemental instructions may be posted on the Kroll Purdue Pharma website. The link for that website is: [●].

If you require more time in which to prepare your TPP Trust Claim Form, you may contact the TPP Claims Administrator in writing in advance of the TPP Trust Claim Deadline. The TPP Claims Administrator has the discretion to grant extensions, but is not obligated to do so. Contact information for the TPP Claims Administrator appears later in this Notice. The TPP Claims Administrator also has the right, but not the obligation, to extend the TPP Trust Claims Deadline for up to two months for submission of all TPP Trust Claim Forms.³.

² A capitalized term that is used but not defined in this Notice has the meaning given to that term in the Plan.

³ The TPP Claims Administrator’s or the TPP Trustee’s, as applicable, time to review claims and post initial claims determinations will be the later of eight months from the TPP Trust Claim Deadline or sixty days after the Effective Date of the Plan. In the event that the TPP Trust Claims Deadline is extended by two months, the eight month period will run from the extended deadline. In making his claims determinations, the TPP Trustee will consider whether the eligibility requirements set forth in the Plan and the TPP TDP have been satisfied, including the requirement that the Claimant provide such additional information and documentation as requested by the TPP Trustee.

In the event that the Plan is approved and becomes effective, a Distribution from the TPP Trust on account of an Allowed Third-Party Payor Channeled Claim will be the only basis for recovery on account of Third-Party Payor Claims against Purdue.

The Claims Administrator is Alan D. Halperin. Mr. Halperin will become the TPP Trustee upon the Effective Date of the Plan, and Third-Party Payor Channeled Claims will continue to be addressed without interruption post-Effective Date.

TPP CLAIMS

The Plan contains the following important definitions:

[**“Third-Party Payor”** means a private health insurer, an employer-sponsored health plan, a union health and welfare fund or any other provider of healthcare benefits, and including any third-party administrator or agent on behalf thereof, that is not a Domestic Governmental Entity; provided, however, that California health districts acting as third-party payors that filed Third-Party Payor Proofs of Claim in such capacity by the Bar Date established by the Bar Date Order shall be included in this definition of “Third Party Payor.”]

“Third-Party Payor Claim” means any Claim against any Debtor that is held by a Third-Party Payor (including any Claim based on the subrogation rights of the Holder thereof that is not an Other Subordinated Claim) that is not a Domestic Governmental Entity; *provided* that Claims in respect of self-funded government plans that were and are asserted through private Third-Party Payors shall be included in this definition of “Third-Party Payor Claims.” For the avoidance of doubt, (i) Federal Government Unsecured Claims are not Third-Party Payor Claims, and (ii) claims of Third-Party Payors against Holders of PI Claims or Distributions payable to Holders of PI Claims are not claims against any Debtor and therefore are not included in this definition of “Third-Party Payor Claims.”

“Third-Party Payor Channeled Claim” means any (i) Third-Party Payor Claim or (ii) Released Claim or Shareholder Released Claim that is held by a Third-Party Payor (in the case of Shareholder Released Direct Claims, solely to the extent that such Third-Party Payor is a Settling Creditor) that is not a Domestic Governmental Entity. Third-Party Payor Channeled Claims shall be channeled to the TPP Trust in accordance with the Plan and Master TDP.

Plan, Article I. **The Plan is available for review on the website maintained by Kroll for Purdue Pharma.** _____

The claims review and objection process will be set forth in more detail in the TPP Trust Distribution Procedures which will be filed with the Bankruptcy Court by Purdue as part of a Plan Supplement, prior to the solicitation of votes on the Plan.

Please be aware that the TPP Trust addresses only the opioid-related claims of Third-Party Payors, and does not address the claims of individuals.

Eligibility for a Distribution from the TPP Trust

In order to be eligible for a distribution from the TPP Trust, a claimant will, among other things, be required to:

- (a) Be a Third-Party Payor and hold a Third-Party Payor Channeled Claim, as defined in the Plan and shown above.**
- (b) Have timely filed or been included in a timely filed “master” Claim on behalf of multiple Third-Party Payors that was filed by the Bar Date in the Chapter 11 cases, it being understood that a self-funded health plan that is solely pursuing its Third-Party Payor Claim through its third-party administrator shall be deemed to have timely filed a Proof of Claim if its third-party administrator timely filed a master Proof of Claim on behalf of self-funded health plans administered by that third-party administrator.**
- (c) Timely file a completed TPP Trust Claim Form, using the TPP Trust Claim Form and following the instructions that accompany that form, including but not limited to providing the following information:**
 - i.** Number of the claimant’s plan members, subscribers, or covered dependents prescribed drugs identified on NDC List on Appendix A to the TPP Trust Claim Form, between 1/1/2008 and 12/31/2019.(counting each member only once regardless of the number of prescriptions they had): _
 - ii.** Number of such prescriptions paid by the claimant;
 - iii.** Total dollar amount paid by the claimant for such prescriptions:
 - iv.** Number of plan members in item (i) above who were diagnosed with Opioid Use Disorder (Appendix B to the TPP Trust Distribution Procedures):__
 - v.** For members in item (iv), total dollar amount of medical claims with ICD, CPT or HCPS codes (Appendix C to the TPP Trust Distribution Procedures):__
 - vi.** The total number of members, subscribers, and covered dependents covered by the claimant’s plan or administered by the claimant’s plan as of January 1, 2020._

The amount of the TPP Claim will be the total of items (iii) and (v) above.

- (d) Timely file a completed IRS W-9 form by the TPP Trust Claim Deadline.**

THE COMPLETED TPP TRUST CLAIM FORM AND THE COMPLETED IRS W-9 FORM MUST BE ACTUALLY RECEIVED BY KROLL, THE CLAIMS AND

NOTICING AGENT IN THESE CASES, ON OR BEFORE THE TPP TRUST CLAIM DEADLINE.

INFORMATION ABOUT HOW TO ELECTRONICALLY SUBMIT OR OTHERWISE DELIVER THE COMPLETED DOCUMENTS IS PROVIDED ON THE TPP TRUST CLAIM FORM AND ON THE KROLL-PURDUE WEBSITE, WHICH CAN BE FOUND AT [●].

IN ADDITION, THE PLAN AND CERTAIN PLAN-RELATED DOCUMENTS CAN BE FOUND ON THE KROLL-PURDUE WEBSITE, BY USING THE QUICK LINK FOR “PLAN & DISCLOSURE STATEMENT” ON THE LEFT SIDE OF THE WEB PAGE.

CONTACT INFORMATION

PLEASE BE AWARE THAT NEITHER THE TPP CLAIMS ADMINISTRATOR NOR HIS COUNSEL, NOR COUNSEL TO THE UCC, CAN GIVE YOU LEGAL ADVICE. HOWEVER, IF YOU HAVE GENERAL QUESTIONS OR OTHERWISE NEED TO CONTACT THE TPP CLAIMS ADMINSTRATOR OR COUNSEL TO THE UCC, PLEASE USE THE CONTACT INFORMATION THAT APPEARS BELOW.

QUESTIONS ABOUT THE TPP TRUST CLAIM FORM AND THE RELATED DEADLINE SHOULD BE DIRECTED TO COUNSEL TO THE TPP CLAIMS ADMINISTRATOR, WHILE GENERAL QUESTIONS ABOUT THE CHAPTER 11 PROCESS AND/OR THE PROPOSED PLAN MAY BE DIRECTED TO COUNSEL TO THE UCC.

THE TPP CLAIMS ADMINISTRATOR CAN BE CONTACTED THROUGH HIS COUNSEL, AT:

HALPERIN BATTAGLIA BENZIJA, LLP
40 Wall Street, 37th floor
New York, New York 10005
212-765-9100
Christopher J. Battaglia, Esq.
cbattaglia@halperinlaw.net
Donna H. Lieberman, Esq.
dlieberman@halperinlaw.net

COUNSEL TO THE UCC CAN BE CONTACTED AT:

Arik Preis, Esq.
AKIN GUMP STRAUSS HAUER & FELD LLP
One Bryant Park
Bank of American Tower
New York, New York 10036-6745
212-872-1000
apreis@akingump.com