

In re: Valsartan, Losartan, and Irbesartan Products Liability Litigation (MDL No. 2875)

(U.S. District Court for the District of New Jersey)

Aurobindo Irbesartan Consumer Claim Form Instructions For Consumer Economic Loss Only Deadline for Submission is June 2, 2026

General Eligibility Information

This Claim Form is for the economic loss class action lawsuit against Aurobindo Pharma Ltd., Aurobindo Pharma USA, Inc., and Aurolife Pharma LLC (collectively, the “Aurobindo Defendants”), related to Aurobindo finished dose products sold on or after January 1, 2016. The settlement is part of a larger lawsuit called *In re: Valsartan, Losartan, and Irbesartan Products Liability Litigation*, Case No. 1:19-md-02875 (MDL No. 2875) (the “Lawsuit”) and is currently pending in the United States District Court for the District of New Jersey (“the Court”). **Your claim must be submitted online, or mailed and postmarked, on or before June 2, 2026.**

Additional information, including Settlement summary notices and detailed notices, as well as information about the overall Lawsuit, is available at www.SartanMedicationSettlement.com.

Who is included in the Settlement and can submit a Claim Form?

You are a member of the Consumer Settlement Class if you are an individual in the United States and its territories and possessions who, from January 1, 2016 to the present, paid any amount of money for retail purchases of irbesartan finished drug formulations manufactured using Aurobindo irbesartan API that was manufactured using Aurobindo’s IC Route of Synthesis (“IC ROS Irbesartan”).

Who is excluded from the Settlement and not eligible to receive benefits from the Settlement?

- a) Any judge or magistrate presiding over this action, and the members of their families;
- b) The Aurobindo Defendants and affiliated entities and their officers and directors;
- c) The Aurobindo Defendants’ counsel of record, assigns and successors;
- d) All federal and state governmental entities except for cities, towns, municipalities, or counties with self-funded prescription drug plans;
- e) Pharmacy Benefit Managers (“PBM”);
- f) Plaintiffs’ counsel of record, assigns, and successors;
- g) All persons or entities who properly execute and file a timely request for exclusion from any Court-approved class.

Release of Claims

By signing, dating and submitting the Claim Form, you are agreeing to and affirming the following statements:

Plaintiffs shall fully and forever release the Aurobindo Defendants and all other entities that were involved in the manufacturing, supply, distribution, marketing, or sale of Aurobindo Irbesartan from all claims and liability in any way pertaining to Aurobindo Irbesartan, whether known or unknown, arising prior to preliminary approval of the Settlement (the “Released Claims”). Upon final approval of this Settlement Agreement, Plaintiffs shall (1) dismiss with prejudice any and all economic loss class claims against the Aurobindo Defendants and any manufacturer, supplier, wholesaler, distributor, retailer, and/or pharmacy defendants in any way relating to Aurobindo Irbesartan; and (2) fully and forever release from liability for economic losses in any way pertaining to Aurobindo Irbesartan any and all entities involved in the manufacturing, supply, distribution, marketing, or sale of Aurobindo Irbesartan that (a) were named in, but have been dismissed from, the MDL, or (b) could have been but have not been named as a defendant in the MDL. In addition to the Aurobindo Defendants, these entities include, to the best of the knowledge and belief of the Parties, the following manufacturers, suppliers, wholesalers, distributors, retailers, and pharmacies identified in Plaintiffs’ irbesartan economic loss master complaints, as well as their parent entities, affiliates, and subsidiaries: Albertsons Companies, LLC; Amerisource Bergen Corporation; Cardinal Health, Inc.; CVS Health Corporation; Cigna Corporation; Express Scripts Holding Company; Express Scripts, Inc.; Golden State Medical Supply Inc.; Humana, Inc.; Humana Pharmacy, Inc.; The

Kroger Co.; McKesson Corporation; Optum, Inc.; Optum Rx; Red Oak Sourcing, LLC; Rite Aid Corporation; ScieGen Pharmaceuticals, Inc.; UnitedHealth Group; Walgreen Boots Alliance, Inc.; Walgreen Co.; Wal-Mart, Inc.; Westminster Pharmaceuticals, LLC; and any Doe Defendants. For the avoidance of doubt, this release provision is intended to and shall achieve a global, complete, and final resolution of all claims against the Aurobindo Defendants and all other entities with respect to Aurobindo Irbesartan.

Notwithstanding the release and dismissal terms set forth above, the Settlement only applies to Aurobindo Irbesartan and nothing contained herein shall impact in any way or serve as a release, indemnification, or cause for dismissal of the Aurobindo Defendants, or any of their downstream defendants, listed herein or otherwise made defendant in this MDL, for the manufacture, distribution or sale of Aurobindo Valsartan or any other drug at issue in the Action other than Aurobindo Irbesartan.

Frequently Asked Questions (FAQs)

Which prescriptions should I include on my Claim Form?

You should include all retail purchases of irbesartan finished drug formulations manufactured using Aurobindo irbesartan API that was manufactured using Aurobindo's IC Route of Synthesis ("IC ROS Irbesartan") which was sold from January 1, 2016 to the present. These can be identified using the NDC Codes: 60429-640-90, 60429-641-30, 60429-641-90, 60429-642-30, 60429-642-90, 69367-119-01, 69367-119-03, 69367-120-01, 69367-120-03, 69367-121-01, 69367-121-03.

What is an NDC Code?

The NDC, or National Drug Code, is a unique 10-digit, 3-segment number. It is a universal product identifier for human drugs in the United States. The code is present on all nonprescription (OTC) and prescription medication packages and inserts in the US. As set forth on the Claim Form, you should list the NDC Code(s), if known, but it is not required that you do so in order to submit a valid claim.

How do I find my NDC Code?

If you were not sent a Class Member ID and you obtained your prescriptions from one of the following pharmacies: Albertson's LLC; CVS Pharmacy, Inc.; ESI Mail Pharmacy Service, Inc.; Express Scripts Pharmacy, Inc.; OptumRx, Inc.; Rite Aid Corporation; Walgreen Co.; and/or Walmart Inc., you may contact the Settlement Administrator for assistance in identifying your NDC code(s). If you did not obtain your prescription from one of the listed pharmacies, you may contact your pharmacy to obtain a list of the NDC codes associated with the irbesartan containing medication you took.

How do I determine what hypertension/blood pressure medication I was prescribed?

The best source of this information would be your pharmacy dispensing records. Pharmacies typically maintain those records for up to ten (10) years, and for many pharmacies, such records can be accessed online. Please contact your pharmacy or visit their website for further information on how to request access to your pharmacy records.

Do I need to provide documentation to support my claim?

Documentation is generally NOT REQUIRED to support your claim. However, for payment in excess of \$10.71 for any 30-day supply of qualifying Aurobindo Irbesartan, documentation is required (see next question for details). Your claim will be reviewed by the Settlement Administrator to determine if sufficient information is provided to approve your claim, or if additional documentation, such as supporting pharmacy records, is required. You may, if you so choose, provide such documentation with your Claim Form submission to prevent any possible delays in approving your claim.

How will claims be calculated?

Each valid Consumer member of the class shall generally receive from the Settlement Fund a distribution of no more than \$10.71 for each 30-day supply of qualifying Aurobindo Irbesartan purchased and no more than a total of \$128.52 per Consumer based on the quantity of purchases claimed. However, a Consumer member of the class may submit a claim in excess of \$10.71 for any 30-day supply of qualifying Aurobindo Irbesartan paid out of pocket by that Consumer, and may receive a payment in excess of \$10.71 for that 30-day supply without regard to the \$10.71 or \$128.52 caps. Total payments to Consumers will be capped at 70% of the net Aurobindo Economic Loss Class Settlement Fund. See the website for full details.

Instructions to Complete Your Claim Form

Please make sure that you:

1. Complete the entire Claim Form, including Part 1: Claimant Information and Part 2: Prescription Information;
2. Complete Part 3: Sign and Date Claim Form;
3. Submit your Claim Form on or before **June 2, 2026**, online or by mail to:

www.SartanMedicationSettlement.com **OR** Settlement Administrator PO Box 3376 Baton Rouge LA 70821

4. Return only the Claim Form, keep these instructions and a copy of the completed Claim Form for your records;
5. For any supporting documentation you provide (e.g., for claims above \$10.71 for each 30-day supply), submit copies of your purchase documentation with your completed and signed Claim Form.
6. We urge you to check the website above regularly for further developments in this lawsuit.

Need help?

www.SartanMedicationSettlement.com | 1-866-875-9644 | info@SartanMedicationSettlement.com

Valsartan, Losartan, and Irbesartan Consumer Claim Form

For purchases of Hetero Valsartan, and/or Vivimed Losartan, and/or Aurobindo Irbesartan

For Consumer Purchases Only
Deadline for Submission is June 2, 2026

Part 1: Claimant Information

First Name	M.I.	Last Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mailing Address: Number and Street or P.O. Box		
<input style="width: 95%;" type="text"/>		
City	State	Zip Code
<input style="width: 65%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 25%;" type="text"/>
Email Address	Phone Number	
<input style="width: 55%;" type="text"/>	<input style="width: 40%;" type="text"/>	
If you received a notice containing a Class Member ID, please enter below. If more than one was received, please list all.		
<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 50%;" type="text"/>

Part 2: Prescription Information

Please fill out the below information as best as you can. **Omitting certain fields (particularly, fields that include the statement "If Known") will NOT result in a denial of your claim.** However, the more information you are able to provide in this Claim Form, the more likely your claim will be approved. Before completing this Claim Form, review the Claim Form Instructions to determine which prescriptions are currently eligible for claims. Be sure to match the date and version number at the bottom of this Claim Form to the Claim Form Instructions.

Qualifying Hetero Valsartan Claims	Drug Purchased	Number of Pills in Prescription (30, 60, 90 Day)	Total Number of Prescriptions and Refills
NDC Code (If Known)	Estimated First Fill Date (MM/YY)	Estimated Last Fill Date (MM/YY)	List All Pharmacies
Did you pay more than \$40 out of pocket for any prescription, or more than \$120 total? (documentation is required)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Qualifying Aurobindo Irbesartan Claims	Drug Purchased	Number of Pills in Prescription (30, 60, 90 Day)	Total Number of Prescriptions and Refills
NDC Code (If Known)	Estimated First Fill Date (MM/YY)	Estimated Last Fill Date (MM/YY)	List All Pharmacies
Did you pay more than \$10.71 out of pocket for any prescription, or more than \$128.52 total? (documentation is required)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Qualifying Vivimed Losartan Claims	Drug Purchased	Number of Pills in Prescription (30, 60, 90 Day)	Total Number of Prescriptions and Refills
NDC Code (If Known)	Estimated First Fill Date (MM/YY)	Estimated Last Fill Date (MM/YY)	List All Pharmacies
Did you pay more than \$4.30 out of pocket for any prescription, or more than \$43 total? (documentation is required)			Yes <input type="checkbox"/> No <input type="checkbox"/>

As stated above, it is **NOT REQUIRED** that you know all of the above-requested information in order to submit a valid claim. For more information, please see the **Claim Form Instructions provided with this Claim Form**. You can also visit the Settlement Website www.SartanMedicationSettlement.com, email info@SartanMedicationSettlement.com, or call 1-866-875-9644 for help.

Part 3: Sign and Date Claim Form

I declare under penalty of perjury under the laws of the United States of America, that the information provided in this Claim Form is true and correct to the best of my knowledge and belief.

Signature of Class Member	Date (MM/DD/YYYY)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Print Name	
<input style="width: 95%;" type="text"/>	