

**Must be Postmarked
On or Before
May 31, 2013**

In re Wellbutrin XL Antitrust Litigation,
Case No. 2:08-cv-2433
U.S. District Court for the Eastern District of Pennsylvania

For Official Use Only

CONSUMER CLAIM FORM

The information you provide will be kept confidential and will be used only for administering this Proposed Settlement. If you have any questions please call the Settlement Administrator at **1-800-358-6980**.

You may participate in this settlement if, between December 14, 2006 and April 29, 2011, you:

(1) *Paid the full purchase price* for the 150mg and/or 300mg dosage of ***Generic Wellbutrin XL***, and bought the drug at a pharmacy (mail order or regular) located in California, Florida, Nevada, New York, Tennessee and/or Wisconsin.

- Paying the full purchase price means that you were responsible for the entire cost of the Generic Wellbutrin XL prescription, and did not receive reimbursement or otherwise share any portion of the cost with anyone, including a private health insurance company or government program.

AND/OR

(2) *Paid co-insurance* for the purchase for the 150mg and/or 300mg dosage of ***Generic Wellbutrin XL***, and bought the drug at a pharmacy (mail order or regular) located in California, Florida, Nevada, New York, Tennessee and/or Wisconsin.

- Co-insurance is a kind of health insurance that requires you to pay a percentage of the total purchase price for a prescription drug, with your employer, the Government or health insurer paying the other portion. For example, if you paid 20% of the purchase price of Generic Wellbutrin XL and your insurance company paid 80%, you paid co-insurance and are included in this settlement.
- Co-insurance does not include co-payments that remain the same regardless of the cost of the prescription purchased. For example, if you are required to pay a flat amount, such as \$10, for all generic drug purchases, you are not included in this settlement.

***Your claim form must be postmarked by May 31, 2013
and mailed to Wellbutrin XL Indirect Purchaser Claims Administrator, PO Box 973, London, KY 40743-0973***

Helpful Information for Completing this Claim Form

The 150 mg dosage of Generic Wellbutrin XL first became available on **May 29, 2008**

The 300 mg dosage of Generic Wellbutrin XL first became available on **December 14, 2006**

Pharmacies and insurance companies typically call Generic Wellbutrin XL Bupropion XL, Bupropion Hydrochloride XL, Budeprion XL, and/or Budeprion Hydrochloride XL.

Section A: Claimant Identification

Please indicate whether you are claiming for yourself as a Class Member or for someone else who is a Class Member. If you are submitting this Claim Form for yourself or for one or more Class Members that have authorized you to do so, you must file an individual claim for yourself and each Class Member. **Do not submit claims for more than one Class Member on this form.**

- I am a Class Member
- I am the spouse of a deceased Class Member
- I am the legal representative of a deceased Class Member's estate
- I am the legal representative of a minor Class Member

Section B: Contact Information

Class Member's Name:

Claimant's Name (if different):

Relationship to Class Member:

Class Member's Street Address:

City:

State:

Zip Code:

Section C: Purchase Information

- I paid the full purchase price for Generic Wellbutrin XL (either the 150mg or 300mg dosage) which I purchased at a pharmacy located in California, Florida, Nevada, New York, Tennessee, and/or Wisconsin, between December 14, 2006 and April 29, 2011.

The total amount I paid for these Generic Wellbutrin XL purchases is: \$_____.

- I paid co-insurance for Generic Wellbutrin XL (either the 150mg or 300mg dosage) which I purchased at a pharmacy located in California, Florida, Nevada, New York, Tennessee, and/or Wisconsin, between December 14, 2006 and April 29, 2011.

The total amount I paid for these Generic Wellbutrin XL purchases is \$_____.

Section D: Proof of Payment

If the total amount of your Generic Wellbutrin XL purchases identified in Section C is ***less than \$50***, no proof of payment is necessary. Please skip to Section E below.

If the total amount of your Generic Wellbutrin XL purchases in Section C ***exceeds \$50***, you must submit proof that you made a full cash or co-insurance payment for Generic Wellbutrin XL at a pharmacy in California, Florida, Nevada, New York, Tennessee, and/or Wisconsin between December 14, 2006 and April 29, 2011.

You do not have to provide proof of payment for each purchase reflected in Section C above; only one proof of either a cash or co-insurance payment during the relevant time is required. However, if you paid cash for some Generic Wellbutrin XL purchases and co-insurance for others, you must submit one proof of payment for each type of payment. The proof of payment must show that you paid the full purchase price or a percentage of it, and not a flat co-payment amount.

Any one of the following is acceptable proof of payment:

1. Prescription records from a pharmacy in California, Florida, Nevada, New York, Tennessee, and/or Wisconsin reflecting your full cash or co-insurance payment for Generic Wellbutrin XL between December 14, 2006 and April 29, 2011;
2. A receipt reflecting the address of the pharmacy and your full cash or co-insurance payment for Generic Wellbutrin XL between December 14, 2006 and April 29, 2011;
3. Records from your health insurance provider(s), such as purchase records or an EOB (explanation of benefits) reflecting the address of the pharmacy and your full cash or co-insurance payment or payment obligation for Generic Wellbutrin XL between December 14, 2006 and April 29, 2011;
4. Any other record issued by a licensed pharmacy or your insurance company that adequately demonstrates proof of such payments.

Section E: Release

FULL RELEASE: Please read this information. It explains the claims you are releasing through your participation in this settlement.

Releases Applicable to Settling Plaintiffs other than Named Plaintiffs:

1. Valeant and its Affiliates, and Valeant's subsidiaries and their respective Affiliates, shall be released by all Settling Plaintiffs other than the Named Plaintiffs (and those class members' officers, directors, agents, representatives, parents, subsidiaries and affiliates) for all claims, regardless of legal theory, relating to the price of Wellbutrin XL and/or its generic versions purchased through the date of this agreement, that were or are related to those asserted in the Litigation, under the laws of California,

Florida, Nevada, New York, Tennessee and Wisconsin.

2. Valeant shall release the Settling Plaintiffs other than Named Plaintiffs (and their Affiliates) for all claims, regardless of legal theory, that would have been a compulsory or permissive counterclaim in the Litigation, under the laws of California, Florida, Nevada, New York, Tennessee and Wisconsin.
3. The foregoing releases shall not apply to claims (1) under Article II of the Uniform Commercial Code, (2) for indemnification, subrogation, reimbursement, contribution, and/or liability, under the law of products liability and/or personal injury, or (3) otherwise not contained in [the] Paragraphs 18A and 18B of the Settlement Agreement.

Section F: Jurisdiction of the Court and Certification and Sworn Statement Regarding Payments Made

By signing below, I hereby swear under the penalty of perjury that: (1) I have authority to submit this Claim Form either directly or on behalf of the Class Member or as its Authorized Agent, and, in turn, have been given the authority to submit this Claim Form by each Class Member identified in this Claim Form and in any attachments to it, and to receive on behalf of each such Class Member any and all amounts that may be allocated from the Settlement to such Class Member; (2) Each person on whose behalf I have submitted a claim is a Class Member, (3) the information contained in this Claim Form and any attachments hereto is true and accurate, based on records maintained by or otherwise available to me; (4) I, the Authorized Agent (if any), and the Class Member on whose behalf this Claim Form is submitted, hereby submit to the jurisdiction of the United States District Court for the Eastern District of Pennsylvania (the "Court") for all purposes associated with this Claim Form and the Proposed Settlement, including resolution of disputes relating to this Claim Form; (5) that I have read and agree to the Release quoted in Section G below; and (6) in the event that amounts from the Settlement are distributed to the Authorized Agent of a Class Member, and the Class Member later claims that the Authorized Agent did not have the authority to claim and receive such amounts on its behalf, the Authorized Agent, I and/or my employer will hold the Class, Counsel for the Class, Defendants, Counsel for Defendants, and the Settlement Administrator harmless with respect to any claims made by said Class Member.

I declare under the penalty of perjury that the information provided here is, to the best of my knowledge, correct. I also declare under penalty of perjury that I, or the person on whose behalf I am submitting this claim, made a full cash and/or co-insurance payment for Generic Wellbutrin XL at a pharmacy in California, Florida, Nevada, New York, Tennessee, and/or Wisconsin between December 14, 2006 and April 29, 2011.

If not submitting this for myself, I declare under the penalty of perjury that I am authorized to submit this form on behalf of the Class Member identified above because I am the spouse of a deceased Class Member or the legal representative of a deceased Class Member's estate or the legal representative of a minor Class Member.

Your signature on this Claim Form indicates that you declare, under penalty of perjury, that you (or someone on whose behalf you are acting) made the purchases identified above. As a result, providing false information on this Claim Form could constitute perjury.

Signature:

Date: