

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

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

**Vivimed Losartan Third Party Payor Claim Form Instructions
For Third Party Payor Claims Only – Not for Consumers/Individuals
Deadline for Submission is June 2, 2026**

General Eligibility Information

This Claim Form is for the economic loss class action lawsuit against Life Sciences Pvt Ltd and Strides Pharma Science Limited (collectively, “Vivimed”). 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.TPP.SartanMedicationSettlement.com.

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

You are a member of the Third Party Payor Settlement Class if you are a third-party payor in the United States and its territories and possessions who paid any amount of money for retail purchases of Vivimed Losartan finished drug formulations sold under the following impacted National Drug Codes (“NDCs”): 23155-644-09; 23155-644-10; 23155-645-03; 23155-645-09; 23155-645-10; 23155-646-03; 23155-646-09; and 23155-646-10 (“Impacted NDCs”).

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

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

Release, Indemnification and Hold Harmless

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

1. Each Representative Plaintiff and Settlement Class Member unconditionally, knowingly, and voluntarily releases, remises, acquits, and forever discharges Vivimed and the Released Parties from the Claims and Liabilities.
2. The Representative Plaintiffs and Settlement Class Members agree to indemnify and hold harmless Vivimed and the Released Parties from any claim or cross-claim asserted by any other party for indemnification or contribution as a result of a settlement or judgment against another party who asserts such a claim or cross-claim against Vivimed and/or Heritage arising from Plaintiffs’ economic loss claims in the Action related to the Vivimed Losartan.

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Frequently Asked Questions (FAQs)

Which prescriptions should I include on my Claim Form?

You should include all retail purchases of Vivimed Losartan finished drug formulations sold under the following impacted National Drug Codes (“NDCs”): 23155-644-09; 23155-644-10; 23155-645-03; 23155-645-09; 23155-645-10; 23155-646-03; 23155-646-09; and 23155-646-10 (“Impacted NDCs”).

Do I need to provide documentation to support my claim?

Yes, you must provide documentation to support your claim. Your documentation must be sufficient to substantiate the total dollars paid as indicated on your Claim Form. The documentation must include:

- a) Unique patient identification number or code;
- b) NDC Number;
- c) Fill Date;
- d) State of Prescription Service Fill;
- e) Amount Billed (not including dispensing fee); and
- f) Amount Paid by TPP (net of co-pays, deductibles, and co-insurance).

A preferred format for submission of supporting documentation is available at the Settlement Website.

How do I register as an Authorized Agent?

Email the Settlement Administrator at info@SartanMedicationSettlement.com to register as an Authorized Agent. You will be asked to provide basic contact information, information about your agency, and to provide documentation supporting your authorization. You will be provided an Authorized Agent ID to include on each Claim Form. This will allow the underlying claimant to be associated with your agency.

Are there any limitations on the number of claim submissions?

Class members are limited to one claim per Class Member. Related companies such as corporate subsidiaries or affiliates may file claims either separately or combined. In no event shall more than one Class Member assert a claim for the same payments.

How can I get assistance in completing my Claim Form?

If you need help completing the Claim Form or in determining your eligibility, you can visit the Settlement Website at www.TPP.SartanMedicationSettlement.com and answer a few simple questions. You can also call 1-866-875-9644 or email info@SartanMedicationSettlement.com for more information.

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.TPP.SartanMedicationSettlement.com

OR

Settlement Administrator
P.O. 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. If required, 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.

Valsartan, Losartan, and Irbesartan Purchaser Claim Form
For Third Party Payor Claims Only - Not for Consumers/Individuals
Deadline for Submission is June 2, 2026

Part 1: Claimant Information			
Contact First Name		Contact Last Name	
Company/Firm/Health Plan Name		Contact Title	
Mailing Address: Number and Street or P.O. Box		Phone Number	
Address 2		Email Address	
City		State	Zip Code
Class Member ID, if known	Tax Identification Number	Authorized Agent ID*	<i>*If you are acting as an authorized agent, filing this claim on behalf of another, please contact the Settlement Administrator.</i>
If your company/health plan operated under any other names/Tax IDs in the Class Period, please list them below.			

Part 2: Prescription Information			
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.			
Prescription 1	Drug Purchased	NDC Code	Total Dollars Paid
Prescription 2	Drug Purchased	NDC Code	Total Dollars Paid
Prescription 3	Drug Purchased	NDC Code	Total Dollars Paid
For more information on which prescriptions to include, how to provide supporting documentation, and what certification is required, please review the Claim Form Instructions . You can also visit the Settlement Website www.TPP.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 Representative	Date (MM/DD/YYYY)
Print Name	Title