



**Must be Postmarked
No Later Than
April 1, 2010**

In re Vytorin/Zetia Marketing, Sales Practices,
and Products Liability Litigation
Master Docket No. 08-0285 (DMC)
U.S. District Court for the District of New Jersey

For Official Use Only

THIRD-PARTY PAYOR 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 Claims Administrator at **1-800-760-4686**.

A TPP Class Member or an Authorized Agent can complete this Claim Form. If both a Class Member and its Authorized Agent submit a Claim Form, the Claims Administrator will only consider the Class Member’s Claim Form. The Claims Administrator may request supporting documentation. The claim may be rejected if any requested documentation is not provided.

If one or more Class Members has authorized you to submit a Claim Form on its behalf, you must provide the information requested in Sections B and C in addition to the other information requested by this Claim Form. You may submit a separate Claim Form for each Class Member that has duly authorized you to do so, OR you may submit one Claim Form for all such Class Members that have authorized you to do so, as long as you provide the information required (as indicated below) for each Class Member on whose behalf you are submitting the form.

If you are submitting Claim Forms both on your own behalf as a Class Member AND on behalf of one or more Class Members that have authorized you to do so, you should submit one Claim Form for yourself and another Claim Form or forms for the other Class Member(s). **Do not submit a Claim Form on behalf of any Class Member without obtaining and providing specific prior authorization from that Class Member.**

Your Claim Form must be postmarked no later than April 1, 2010 and mailed to the Claims Administrator at: Vytorin/Zetia Settlement, c/o Rust Consulting, Inc., P.O. Box 24785, West Palm Beach, FL 33416.

SECTION A – CLAIMANT IDENTIFICATION

Please indicate whether you are claiming on your own behalf as a Class Member or as the Authorized Agent of one or more Class Members by placing an “X” in the appropriate space below. If you wish to make a claim as a Class Member *and also* as the Authorized Agent of other Class Members, please complete one Claim Form for your claim as a Class Member and a separate Claim Form for those Class Members for whom you are authorized to submit a claim:

- I am the Class Member
- I am filing as the Authorized Agent of a Class Member**

** As Authorized Agent, please check how your relationship with the Class Member is best described:

- Third Party Administrator (other than a Pharmacy Benefits Manager)
- Pharmacy Benefits Manager
- Other (Explain):





SECTION B – CLASS MEMBER OR AGENT INFORMATION

Class Member's/Authorized Agent's Name

Street Address

Floor/Suite

City

State

Zip Code

Area Code – Telephone Number

Area Code – Fax Number

Class Member's/Authorized Agent's Tax Identification Number

If you file as a Class Member, list other names by which you have been known or other Federal Employer Identification Numbers ("FEINs") you have used from November 1, 2002 through September 17, 2009.

If you are filing as the Class Member, check the term below that best describes your company/entity:

- Health Insurance Company/HMO
- Self-Insured Employee Health Plan
- Self-Insured Union Health & Welfare Fund
- Other (Explain):

SECTION C – CLAIM BY AUTHORIZED AGENT

Please list the name and FEIN of every Class Member for whom you have been duly authorized to submit this Claim Form (attach additional sheets to this Claim Form as necessary). Alternatively, you may submit the requested list of Class Member names and FEINs in an acceptable electronic format. Please contact the Claims Administrator to determine what formats are acceptable.



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SECTION D – TOTAL AMOUNT OF VYTORIN/ZETIA REIMBURSEMENTS

For all Class Members on whose behalf you are submitting a claim, state the total and final amount paid or reimbursed for Vytorin and/or Zetia with a date of service or date of fill from November 1, 2002 to September 17, 2009, net of co-pays, deductibles and co-insurance. The final amount paid or reimbursed may include the ingredient costs and dispensing fees paid by the Class Member.

Note that this Settlement does not apply to claims relating to any purchase of Vytorin/Zetia to the extent the purchase is paid for with funds from Medicare, Medicaid, and/or any other federal or state health care program, state pharmaceutical assistance program, or other state or federal program or plan that may assert, or be entitled to assert, any claim, lien, or right to payment with respect to any Settlement funds. This does not exclude private entities who provide prescription drug benefits on a capitated basis to governmental programs (such as Medicare Part D and some Medicaid programs), or to private entities who provide prescription drug benefits on an insured basis to any federal or state employee benefit plan, to the extent the governmental entity for whom the private entity provides such benefits does not possess a claim for reimbursement to any such Settlement funds. This also does not exclude private entities that provide prescription drug benefits to self-funded state employee health benefit plans.

Total Amount Paid for Vytorin:

Total Amount Paid for Zetia:

If you are claiming more than \$300,000 combined for both Vytorin and Zetia, you will need to provide additional claims data and information as provided in Section F below.

Claimant certifies that the figures are true and accurate and are based upon actual records maintained by or otherwise available to the claimant.

SECTION E – JURISDICTION OF THE COURT, CERTIFICATION AND INDEMNIFICATION

Duplicate the entire Section E and submit it for each TPP Class Member on whose behalf you are submitting a claim.

By signing below, I hereby swear and affirm 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 TPP Settlement Pool to such Class Member; (2) each entity on whose behalf I have submitted a claim is a TPP 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 District of New Jersey (the "Court") for all purposes associated with this Claim Form and the proposed Settlement, including resolution of disputes relating to this Claim Form; (5) I have read and agree to the Release quoted in Section H below; (6) in the event that amounts from the TPP Settlement Pool 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 Claims Administrator harmless with respect to any claims made by said Class Member; and (7) the Class Member shall indemnify, defend, and hold harmless the Defendants to the extent such Class Member receives settlement funds for which a governmental entity later asserts a claim based on this Settlement, or any payments thereunder (each Class Member's liability is limited to the amount allocated to that Class Member for purchases made on behalf of the government entity asserting a claim against Defendants based on this Settlement.)

Signature

Position

Print Name

Month/Day/Year





The following additional information is to be provided by the Individual that signs and certifies this Claim Form: I am filing this Claim Form as the authorized employee of the following Class Member or Authorized Agent for a Class Member:

Name of Individual's Employer

Business Address

Floor/Suite

City

State

Zip Code

Area Code – Telephone Number

Area Code – Fax Number

Email Address

Mail the completed Claim Form to the address listed on page 1, postmarked no later than **APRIL 1, 2010**.

SECTION F – CLAIM DOCUMENTATION INSTRUCTIONS

Please provide data and information with your Claim Form sufficient to show your purchases of Vytorin/Zetia during the period November 1, 2002 to September 17, 2009, net of co-pays, deductibles, and/or co-insurance. It is mandatory that you provide the data indicated for categories 4, 12, 13, 14, and 17 below. The information called for by all other categories may be produced if you can do so using your reasonable best efforts. Pursuant to order of the Court, this information must be kept confidential by the Claims Administrator and shall be used for the sole purpose of determining Settlement payment amounts to consumer co-payers.

Pursuant to order of the Court, TPPs who provide this information will fall within the safe harbor of the Health Insurance Portability and Accountability Act for court-ordered production of personal health information, 45 C.F.R. § 164.512(e)(1)(i), and TPPs shall have no liability under HIPAA or any state confidentiality statute, regulation, or other requirement, for supplying such member information to the Claims Administrator. Further, TPPs will not be deemed to be guarantors for the completeness or accuracy of the data they provide. TPPs shall not be liable in any way to any party, class member, member, or any other person or entity for any claim related to the completeness or accuracy of any data provided, or for any other liability of any kind.

The categories of information are set forth below. For your convenience, a mock spreadsheet is attached at the end of this Claim Form. For your convenience, a downloadable template is available on the Settlement website, www.VytorinZetiaSettlement.com. Please download the spreadsheet template, populate the spreadsheet with your data, and send your completed spreadsheet to the Claims Administrator as requested under Section G below.

1. **Patient First Name - The first name of the patient.**
Mary
2. **Patient Middle Name – The middle name, if any, of the patient.**
Jane
3. **Patient Last Name - The last name of the patient.**
Doe
4. **Patient Social Security Number or unique patient identification number or code.**
999-99-9999
5. **Patient Date of Birth - The date of birth of the patient. Formatted mm/dd/yyyy**
01/01/1900
6. **Patient Address: Street Number- The street number of the patient.**
100
7. **Patient Address: Street 1 - The street name for the home residence of the patient.**
Fake Street





8. **Patient Address: Street 2– Any additional identifier of the street location for the home residence of the patient, such as apartment number.**
Apt. #3
9. **Patient City - The city of residence of the patient.**
Springfield
10. **Patient State – The two character abbreviation of the current state of residence of the patient.**
NY
11. **Patient Zip Code – The zip code of the patient.**
10003
12. **NDC Code (a list of NDC Codes is included with this Claim Form)**
00000-0000
13. **Fill Date**
01/01/2004
14. **Amount Billed (not including dispensing fee)**
100.00
15. **Amount paid by patient: co-payment.**
20.00
16. **Amount paid by patient: co-insurance.**
20.00
17. **Amount Paid by TPP net of co-pays, deductibles and co-insurance.**
80.00

SECTION G – INSTRUCTIONS FOR DATA SUBMISSION AND ENCRYPTION

OPTION 1: Secure Website Upload

- a) Open your browser and navigate to www.VytorinZetiaSettlement.com
 - Supported Browsers include:
 - R Internet Explorer 6/7/8
 - R Firefox 3+
 - R Opera 9+;
- b) Select the link for “Upload Claim File”;
- c) Complete the fields for FEIN, Contact Name, Contact Email, Contact Phone and the text from the “Security Image”;
- d) Click on the Browse button, select your spreadsheet and press OK. Press the Submit button;
- e) You will receive an email to the Contact Email address when the upload starts;
- f) When the upload has completed, print two copies of the confirmation page with your confirmation number, one to include with the Claim Form and one for your records. This information will also be sent to the Contact Email address;
- g) Mail your completed Claim Form along with the printed confirmation page to Vytorin/Zetia Settlement, c/o Rust Consulting, Inc. P.O. Box 24785, West Palm Beach, FL 33416, postmarked on or before April 1, 2010.

OPTION 2: Encrypted File on DVD

- NOTE: For all files above 1 gigabyte, Option 2 is recommended.
- a) Open your browser and navigate to www.VytorinZetiaSettlement.com;
 - b) Select the link for “Send Encrypted DVD”;
 - c) Complete the fields for FEIN, Contact Name, Contact Email and Contact Phone;
 - d) Download the public key from the link called “Vytorin Public PGP Key”;
 - e) Download the PDF file called “Detailed PGP File Submission Instructions”;
 - f) Complete the steps in the Detailed PGP File Submission Instructions;
 - g) Attach the private key generated in step f to an email and send to data@VytorinZetiaSettlement.com with your contact information;
 - h) Mail your completed Claim Form along with the DVD to the Claims Administrator via Registered Mail to Vytorin/Zetia Settlement, c/o Rust Consulting, Inc., P.O. Box 24785, West Palm Beach, FL 33416, postmarked no later than April 1, 2010.





SECTION H – THE RELEASE PROVIDED IN THE STIPULATION OF SETTLEMENT

Class Release and Covenant Not to Sue: Upon the Effective Date, the Class Representatives, on behalf of themselves and all Class Members, and their successors, heirs, and assigns, and anyone acting on their behalf, including in a representative or derivative capacity (collectively “Class Releasers”) shall release Defendants and their present and former parents, subsidiaries, divisions, joint venture partners, affiliates, stockholders, benefit plans, officers, directors, employees, agents, and any of their legal representatives, and the predecessors, heirs, executors, administrators, successors, and assigns of each of the foregoing (collectively the “Defendant Releasees”) from all claims, demands, actions, suits, causes of action, damages whenever incurred, liabilities of any nature whatsoever (including but not limited to costs, expenses, penalties, experts’ fees, and attorneys’ fees), known or unknown, suspected or unsuspected, in law or equity, that any Class Releaser ever had, now has, or hereafter can, shall, or may have, directly, indirectly, representatively, derivatively, or in any capacity, arising out of any conduct, events, or transactions alleged or that could have been alleged in any litigation relating to the purchase, price, payment, reimbursement, use, prescription, marketing, manufacture, distribution, sale, promotion, research, design, development, supply, and/or ingestion of ZETIA or VYTORIN, including but not limited to any claims relating to the efficacy and/or safety of ZETIA or VYTORIN (“Released Claims”). Defendant Releasees agree that the Released Claims do not include claims arising in the ordinary course of business between IRHPs and the Class Releasers that arise out of conduct or events wholly independent of those alleged in the Litigation such as claims for product liability, breach of warranty, or breach of contract not related to the claims alleged in the Litigation. Defendant Releasees agree that the Released Claims do not cover, and that they will not assert the Released Claims and covenant not to sue as a defense to any claim arising from personal (i.e., bodily) injury or wrongful death.

All Class Releasers hereby covenant and agree that they shall not hereafter seek to establish liability against any Defendant Releasees based, in whole or in part, on any of the Released Claims.

In addition, each Class Releaser hereby expressly waives and releases, upon the Settlement Agreement becoming effective on the Effective Date, any and all provisions, rights and benefits conferred by § 1542 of the California Civil Code, which reads:

Section 1542. General Release; extent. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor;

or by any law of any State, Territory or Possession of the United States, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code.

Each Class Releaser may hereafter discover facts other than or different from those which he, she or it knows or believes to be true with respect to the claims which are the subject matter of this Litigation and the safety and/or efficacy of the Subject Drugs (including, but not limited, to facts that may emerge from the completion of the IMPROVE-IT study), but each Class Releaser hereby expressly waives and fully, finally and forever settles and releases, upon this Agreement becoming effective, any known or unknown, suspected or unsuspected, contingent or non-contingent Released Claims with respect to the subject matter of this Litigation without regard to the subsequent discovery or existence of such different or additional facts. The Class Releasers agree and understand that the Released Claims include claims for future purchases of VYTORIN and/or ZETIA, for lack of efficacy, to the extent based on the current label of those drugs.

OTHER INFORMATION

- A list of the NDCs for the different forms of Vytorin and Zetia is located on the following page.
- Finally, each TPP Class Member shall provide a list of all self-funded healthcare plans (“SFP’s”) or other entities for which it is authorized to make a claim, including the identity of each entity on whose behalf the TPP Class Member is authorized to act by name and by the Federal Employer Identification Number assigned to such entity by the United States Internal Revenue Service.
- If you are able, please provide units for each transaction.
- If you are not producing encrypted information, if possible, please provide the electronic data in either Microsoft Excel format or ASCII flat file pipe delimited “I” or fixed-width format.

Please contact the Claims Administrator at 1-800-760-4686 with any questions about the required claims data.



LIST OF EZETIMIBE/SIMVASTATIN, VYOTRIN®, EZETIMIBE AND ZETIA® NDC NUMBERS

NDC Numbers	Tablet Description	Package Size
Ezetimibe / Simvastatin		
60312036300	Tablet 10mg-10mg	DRUM
60312036400	Tablet 10mg-20mg	DRUM
60312036500	Tablet 10mg-40mg	DRUM
60312036600	Tablet 10mg-80mg	DRUM
61258336901	Tablet 10mg-10mg	DRUM
61258337000	Tablet 10mg-20mg	DRUM
61258337100	Tablet 10mg-40mg	DRUM
67317337301	Tablet 10mg-10mg	DRUM
67317337401	Tablet 10mg-20mg	DRUM
67317337501	Tablet 10mg-40mg	DRUM
67317337601	Tablet 10mg-80mg	DRUM
Vytorin		
12280018130	Tablet 10mg-40mg	30
12280018190	Tablet 10mg-40mg	90
12280038530	Tablet 10mg-20mg	30
12280038590	Tablet 10mg-20mg	90
12280038630	Tablet 10mg-10mg	30
17856031102	Tablet 10mg-10mg	100
17856031202	Tablet 10mg-20mg	100
17856031302	Tablet 10mg-40mg	100
17856031502	Tablet 10mg-80mg	100
49999095730	Tablet 10mg-20mg	30
49999095830	Tablet 10mg-40mg	30
51129354201	Tablet 10mg-20mg	29
51129354202	Tablet 10mg-20mg	30
51129377001	Tablet 10mg-80mg	29
51129377002	Tablet 10mg-80mg	30
54569564800	Tablet 10mg-40mg	30
54569576600	Tablet 10mg-20mg	30
54569576800	Tablet 10mg-10mg	30
54868518700	Tablet 10mg-20mg	30
54868518701	Tablet 10mg-20mg	90
54868518702	Tablet 10mg-20mg	15
54868518900	Tablet 10mg-40mg	30
54868518901	Tablet 10mg-40mg	90
54868525000	Tablet 10mg-10mg	30
54868525900	Tablet 10mg-80mg	30
54868525901	Tablet 10mg-80mg	90
55289028030	Tablet 10mg-20mg	30
55289052030	Tablet 10mg-80mg	30
55289098021	Tablet 10mg-20mg	21
55887033330	Tablet 10mg-40mg	30
55887088230	Tablet 10mg-20mg	30
60312031131	Tablet 10mg-10mg	30
61258031101	Tablet 10mg-10mg	30
61258031201	Tablet 10mg-20mg	28

NDC Numbers	Tablet Description	Package Size
66582031101	Tablet 10mg-10mg	100
66582031128	Tablet 10mg-10mg	100
66582031131	Tablet 10mg-10mg	30
66582031154	Tablet 10mg-10mg	90
66582031182	Tablet 10mg-10mg	1000
66582031187	Tablet 10mg-10mg	10000
66582031201	Tablet 10mg-20mg	1
66582031227	Tablet 10mg-20mg	28
66582031228	Tablet 10mg-20mg	100
66582031230	Tablet 10mg-20mg	30
66582031231	Tablet 10mg-20mg	30
66582031254	Tablet 10mg-20mg	90
66582031282	Tablet 10mg-20mg	1000
66582031287	Tablet 10mg-20mg	10000
66582031301	Tablet 10mg-40mg	50
66582031327	Tablet 10mg-40mg	28
66582031331	Tablet 10mg-40mg	30
66582031352	Tablet 10mg-40mg	50
66582031354	Tablet 10mg-40mg	90
66582031374	Tablet 10mg-40mg	1000
66582031386	Tablet 10mg-40mg	5000
66582031501	Tablet 10mg-80mg	50
66582031531	Tablet 10mg-80mg	30
66582031552	Tablet 10mg-80mg	50
66582031554	Tablet 10mg-80mg	90
66582031566	Tablet 10mg-80mg	2500
66582031574	Tablet 10mg-80mg	500
67317031101	Tablet 10mg-10mg	100
67317031102	Tablet 10mg-10mg	30
67317031103	Tablet 10mg-10mg	90
67317031104	Tablet 10mg-10mg	100
67317031201	Tablet 10mg-20mg	100
67317031202	Tablet 10mg-20mg	30
67317031203	Tablet 10mg-20mg	90
67317031204	Tablet 10mg-20mg	28
67317031205	Tablet 10mg-20mg	30
67317031206	Tablet 10mg-20mg	1000
67317031301	Tablet 10mg-40mg	30
67317031302	Tablet 10mg-40mg	50
67317031303	Tablet 10mg-40mg	90
67317031304	Tablet 10mg-40mg	28
67317031305	Tablet 10mg-40mg	500
67317031306	Tablet 10mg-40mg	5000
67317031501	Tablet 10mg-80mg	30
67317031502	Tablet 10mg-80mg	50
67317031503	Tablet 10mg-80mg	90
67317031504	Tablet 10mg-80mg	500

NDC Numbers	Tablet Description	Package Size
67317031505	Tablet 10mg-80mg	2500
Ezetimibe		
23490764501	10mg Tablet	30
Zetia		
00006041415	10mg Tablet	7
00615654239	10mg Tablet	30
26053013801	10mg Tablet	1
49999048730	10mg Tablet	30
49999048790	10mg Tablet	90
49999078830	10mg Tablet	30
53922041401	10mg Tablet	30
53922041402	10mg Tablet	90
53922041403	10mg Tablet	500
53922041404	10mg Tablet	100
53922041405	10mg Tablet	7
53922041406	10mg Tablet	30
53922041409	10mg Tablet	1000
54569548900	10mg Tablet	30
54868471900	10mg Tablet	90
54868471901	10mg Tablet	30
55154503400	10mg Tablet	10
55289096615	10mg Tablet	15
55289096630	10mg Tablet	30
55887087830	10mg Tablet	30
58016057200	10mg Tablet	100
58016057230	10mg Tablet	30
58016057260	10mg Tablet	60
58016057290	10mg Tablet	90
58864088930	10mg Tablet	30
64176041401	10mg Tablet	30
64176041402	10mg Tablet	90
64176041403	10mg Tablet	500
66105097903	10mg Tablet	30
66582041415	10mg Tablet	7
66582041428	10mg Tablet	100
66582041429	10mg Tablet	1000
66582041430	10mg Tablet	30
66582041431	10mg Tablet	30
66582041454	10mg Tablet	90
66582041474	10mg Tablet	500
67544075715	10mg Tablet	15
67544075731	10mg Tablet	31
67544075760	10mg Tablet	90
68115082130	10mg Tablet	30
68258908401	10mg Tablet	100
66582-414-76	* Added April 2009	
TABLE A		

