

Exhibit B

AUDIT

SETTLEMENT ADMINISTRATOR - 54388
 C/O A.B.DATA, LTD.
 P.O. BOX 173080
 MILWAUKEE, WI 53217



{NameAndAddress}

REQUEST FOR ADDITIONAL INFORMATION

DATE: {PostmarkDate}
RE: Suboxone End-Payor Antitrust Litigation - Consumer
CLAIM NUMBER: {ClaimNumber}
RESPONSE DEADLINE: {ResponseDeadline}

Dear Claimant:

We have processed the claim and any supporting documentation that you submitted in *In Re: Suboxone (Buprenorphine Hydrochloride and Nalaxone) Antitrust Litigation*.

Pursuant to Section D of the Consumer Claim Form, the Settlement Administrator may ask for additional claim documentation. Based on our review of your claim, we have determined additional information is necessary to validate the claim that you submitted. You must submit a written response with any required information as specified below, by mail to the address above, or submitted by email to info@SuboxAntitrust.com, no later than the Response Deadline above. **Failure to respond to this request with the required information by the Response Deadline will result in the disallowance of your Claim.**

1. You must provide proof of at least one purchase of co-Formulated Buprenorphine/Naloxone (Suboxone and/or its AB-rated generic equivalent) from December 22, 2011 through August 21, 2023 for use by yourself, or your family member(s), in Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and District of Columbia.

Examples of acceptable proofs of payment include:

- An EOB (explanation of benefits) from your insurer that shows you paid for Suboxone and its AB-rated generic equivalents, at least once ; or
- Records from your pharmacy showing that you paid Suboxone and its AB-rated generic equivalents, at least once ; or
- Copies of records showing prescriptions written for Suboxone and its AB-rated generic equivalents.

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2. You must provide additional information on how you calculated the amount that you paid for purchases Suboxone and its AB-rated generic equivalents from December 22, 2011 through August 21, 2023 (i.e. "I took Suboxone monthly from April 2012 through December 2015 and paid on average \$40 per prescription").

If you have any questions about this notice, or if you want to confirm the status of your claim after you submit a response to this notice, please contact us at 1-877-311-3735 or email us at info@SuboxAntitrust.com. Please reference the Claim Number listed above in any communication.

Sincerely yours,

A.B. DATA, LTD.
Settlement Administrator