

Exhibit D

EXPTY

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

FINAL NOTICE OF INELIGIBILITY

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*.

Based on our review, your Claim is ineligible for recovery because the purchases are excluded from this settlement.

Possible exclusions that would prevent your claim from being eligible are as follows, but are not limited to:

- Purchase is for medication not included in this settlement, and/or
- Your out-of-pocket responsibility is \$0 and is not eligible for reimbursement,
- Purchase was made outside Class Period dates,
- Purchases made in Ohio and Indiana are excluded from this settlement.

If you agree with this determination, you do not need to do anything in response to this letter.

If you want to have your claim reconsidered for eligibility, you will need to provide by the Response Deadline valid purchase documentation that can be verified for further review, that shows you paid for Suboxone and/or its generic Buprenorphine Hydrochloride-Nalaxone compound in a qualifying state. Examples of valid documentation are an EOB ("explanation of benefits") from your insurer, or records directly from your pharmacy. This must be received by the Response Deadline above, to be considered timely.

Should you send any documentation that is late, please know there are no considerations for late documentation at this time, but should there be a determination in the future that your claim may be eligible for payment, you will receive notification either by email or post. Please know it will be several months before any determinations on late submissions are considered.

If you have any questions about 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

FRAUD

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


{NameAndAddress}

FINAL NOTICE OF INELIGIBILITY

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

Dear Claimant:

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

Based on our review of your claim, we determined that the information you provided is either invalid or contains material inconsistencies that render your claim ineligible to receive a distribution payment. Your claim has been rejected.

If you agree with this determination, you do not need to do anything in response to this letter.

If you disagree with this determination, you may request that the Court review your claim. To request Court review, you must send the Settlement Administrator a signed, written statement that (a) states your reasons for contesting the rejection, (b) specifically states that you “request that the Court review the determination regarding this claim”, and (c) includes a copy of your valid state identification. You must include all documentation supporting your argument(s). Your request must be postmarked and mailed to the address above, or submitted by email to info@SuboxAntitrust.com, no later than the Response Deadline above. The Settlement Administrator and Co-Lead Counsel will present the dispute to the Court for review, which may include public filing with the Court of your claim and the supporting documentation. Any public filing need not include HIPPA-protected/personal information. **PLEASE NOTE: COURT REVIEW SHOULD ONLY BE SOUGHT IF YOU DISAGREE WITH THE SETTLEMENT ADMINISTRATOR’S DETERMINATION REGARDING YOUR CLAIM.**

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

INSUF

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



{NameAndAddress}

FINAL NOTICE OF INELIGIBILITY

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*.

The documentation you provided was missing information that would allow us to determine the out-of-pocket expenses you paid for Suboxone and its generic Buprenorphine Hydrochloride-Nalaxone compound. As a result, your claim is ineligible to receive a distribution payment. Possible missing items that would prevent your claim from being eligible are as follows, but are not limited to:

- Missing prescription identification information, and/or
- Missing patient payment/responsibility,
- Name discrepancy on documentation that varies from the filer,
- No patient/claimant out-of-pocket expenses provided.

If you agree with this determination, you do not need to do anything in response to this letter.

If you want to have your claim reconsidered for eligibility, you will need to provide by the Response Deadline valid purchase documentation that can be verified for further review, such as an EOB (“explanation of benefits”) from your insurer, or records directly from your pharmacy, showing that you paid for Suboxone and/or its generic Buprenorphine Hydrochloride-Nalaxone compound.

Should there be a determination in the future that your claim may be eligible for payment, you will receive notification either by email or post. Please know it will be several months before any determinations on late submissions are considered.

INSUF

If you have any questions about 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