

5.2 Evidentiary Requirements for Opioid Product Identification.

(a) **List of Qualifying Opioid Products.** The following list sets forth the Qualifying Opioids as required to establish an Allowed PI Claim pursuant to section 4.2(c):

MLNK Qualifying Branded opioids:

Roxicodone, Exalgo, Methadose, Anexsia

MLNK Qualifying Generic Opioids:

| Compound | NDC (Labeler Prefix and Drug Code) |
|--|------------------------------------|
| Hydrocodone Bitartrate And Acetaminophen | 0406-0123 |
| Hydrocodone Bitartrate And Acetaminophen | 0406-0124 |
| Hydrocodone Bitartrate And Acetaminophen | 0406-0125 |
| Hydrocodone Bitartrate And Acetaminophen | 0406-0376 |
| Hydrocodone Bitartrate And Acetaminophen | 0406-0377 |
| Hydrocodone Bitartrate And Acetaminophen | 0406-0378 |
| Acetaminophen And Codeine Phosphate | 0406-0483 |
| Acetaminophen And Codeine Phosphate | 0406-0484 |
| Acetaminophen And Codeine Phosphate | 0406-0485 |
| Oxycodone and Acetaminophen | 0406-0512 |
| Oxycodone and Acetaminophen | 0406-0522 |
| Oxycodone and Acetaminophen | 0406-0523 |
| Methadone Hydrochloride (Methadose) | 0406-0527 |
| Methadone Hydrochloride (Methadose) | 0406-0540 |
| Oxycodone Hydrochloride | 0406-0552 |
| Oxycodone Hydrochloride | 0406-0595 |
| Oxymorphone Hydrochloride | 0406-1009 |
| Oxymorphone Hydrochloride | 0406-1010 |
| Methadone Hydrochloride | 0406-1510 |
| Methadone Hydrochloride | 0406-2540 |
| Methadone Hydrochloride | 0406-5755 |
| Methadone Hydrochloride | 0406-5771 |
| Buprenorphine and Naloxone | 0406-1923 |
| Buprenorphine and Naloxone | 0406-1924 |
| Buprenorphine and Naloxone | 0406-8020 |
| Hydromorphone Hydrochloride | 0406-3243 |
| Hydromorphone Hydrochloride | 0406-3244 |
| Hydromorphone Hydrochloride | 0406-3249 |
| Hydromorphone Hydrochloride | 0406-3308 |
| Hydromorphone Hydrochloride | 0406-3312 |
| Hydromorphone Hydrochloride | 0406-3316 |
| Hydromorphone Hydrochloride | 0406-3332 |

| Compound | NDC (Labeler Prefix and Drug Code) |
|------------------------------|------------------------------------|
| Morphine Sulfate | 0406-8003 |
| Morphine Sulfate | 0406-8315 |
| Morphine Sulfate | 0406-8320 |
| Morphine Sulfate | 0406-8330 |
| Morphine Sulfate | 0406-8380 |
| Morphine Sulfate | 0406-8390 |
| Oxycodone Hydrochloride | 0406-8515 |
| Oxycodone Hydrochloride | 0406-8530 |
| Oxycodone Hydrochloride | 0406-8556 |
| Oxycodone Hydrochloride | 0406-8557 |
| Methadose (sugar free) | 0406-8725 |
| Fentanyl (transdermal patch) | 0406-9000 |
| Fentanyl (transdermal patch) | 0406-9012 |
| Fentanyl (transdermal patch) | 0406-9025 |
| Fentanyl (transdermal patch) | 0406-9037 |
| Fentanyl (transdermal patch) | 0406-9050 |
| Fentanyl (transdermal patch) | 0406-9062 |
| Fentanyl (transdermal patch) | 0406-9075 |
| Fentanyl (transdermal patch) | 0406-9100 |
| Fentanyl (transdermal patch) | 0406-9112 |
| Fentanyl (transdermal patch) | 0406-9125 |
| Fentanyl (transdermal patch) | 0406-9150 |
| Fentanyl (transdermal patch) | 0406-9175 |
| Fentanyl Citrate | 0406-9202 |
| Fentanyl Citrate | 0406-9204 |
| Fentanyl Citrate | 0406-9206 |
| Fentanyl Citrate | 0406-9208 |
| Fentanyl Citrate | 0406-9212 |
| Fentanyl Citrate | 0406-9216 |

(b) Evidence of Qualifying Opioid Products. One of the following is required to demonstrate a Qualifying Opioid as listed in section (a):

(i) A PI Claimant who provides evidence of a prescription for brand name opioids Roxicodone, Exalgo, Methadose, or Anexsia, may rely on the name alone without the necessity of a corresponding NDC number.

(ii) To qualify based on the use of one of the generic products listed in section (a) above, a PI Claimant must present either:

(A) The corresponding NDC number, which is set forth in the list in section (a) above;⁷ or

(B) A notation in the record that the product is manufactured or sold by Mallinckrodt or SpecGx.

(c) **Evidence Required for Qualifying Opioid Products.** All PI Claimants must demonstrate a prescription (which contains the name of the PI Claimant or Decedent, as applicable) and a Qualifying Opioid by submitting one of the following pieces of evidence:

(i) Pharmacy prescription records;

(ii) Prescription records, including without limitation:

(A) A visit note in which the prescribing physician lists a prescription for one of the Qualifying Opioids, or

(B) A signed prescription from a doctor for one of the Qualifying Opioids;

(iii) A historical reference⁸ to one of the Qualifying Opioids, including but not limited to:

(A) A reference in contemporaneous medical records to historical use of one of the Qualifying Opioids,

(B) A reference in contemporaneous substance abuse, rehabilitation, or mental health records to historical use of one of the Qualifying Opioids,

(C) A reference in contemporaneous law enforcement records to historical use of one of the Qualifying Opioids, or

(D) A reference in contemporaneous family law or other legal proceedings records to historical use of one of the Qualifying Opioids;

(iv) A photograph of the prescription bottle or packaging of one of the Qualifying Opioids with the name of the PI Claimant (or Decedent, as applicable) as the patient listed on the prescription label; or

(v) A certification supplied by a Debtor, any of its successors (including the Trust), or a third party at a Debtor's or one of its successors' request, indicating the customer loyalty programs, patient assistance programs (“PAPs”) copy

⁷ The list of NDC numbers may be supplemented as additional information becomes available.

⁸ For Voting Claims, the record must have been created prior to Petition Date only if the historical reference is self-reported by the PI Claimant.

assistance programs, or any other data otherwise available to the certifying entity reflects that the PI Claimant (or Decedent, as applicable) had at least one prescription for one of the Qualifying Opioids.

(vi) The PI Claimant must submit evidence that establishes that the PI Claimant holds a PI Claim based upon exposure to any opioid product or substance based on conduct of the Debtors occurring or existing on or before the Effective Date. The PI Trust shall have discretion to determine whether this requirements has been met so as to provide sufficient indicia of reliability that the PI Claimant or Decedent (as applicable) was prescribed and used Qualifying Opioids.

(vii) Whether the PI Claimant qualifies for Tier 1 or Tier 2 will be based on the length of use stated in the declaration.

(viii) Any PI Claimant who does not meet the requirements of sections 4.2, 5.2(a), 5.2(b), and 5.2(c)(i-vi), is not entitled to any payment from the Trust.

5.3 Award Determination. Allowed PI Claims held by PI Claimants who meet the Qualifying Opioid requirement shall be categorized⁹ as follows:

(a) Tier 1:

(i) PI Claimants must demonstrate use of a Qualifying Opioid for 6 or more months; however, the usage does not have to be consecutive.

(ii) **Tier 1 Level A Payment:** To qualify for an Award under Tier 1 Level A, a PI Claimant must meet the criteria of the Tier 1 Base Payment and demonstrate death caused by an opioid. If making a claim for a Tier 1 Level Award based on death, the death certificate of the Decedent as well as any toxicology reports or autopsy reports must be provided. The records do not have to coincide in time with the provided Qualifying Opioid use. No affidavits may be used to meet this requirement.

(b) Tier 2:

(i) Use of a Qualifying Opioid less than 6 months or otherwise not meeting the criteria of Tier 1 are entitled to no additional payments other than the Base Payment.

(ii) In the event a PI Claimant does not qualify for Tier 1, such PI Claimant will be eligible to receive the Tier 2 Base Payment and only the Tier 2 Base Payment.

⁹ PI Claimants who assert or allege Qualifying Opioid usage in their Claim Form for which they cannot produce corresponding evidence will not recover on account of such alleged opioid usage.