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M E M O R A N D U M

To: Health & Welfare Fund Clients

From: Slevin & Hart, P.C.

Date: August 5, 2022

Re: Mallinckrodt plc Bankruptcy

This is in follow-up to our memorandum dated August 19, 2021 regarding the Chapter 11 bankruptcy plan ("Bankruptcy Plan") of Mallinckrodt plc and its affiliates ("Mallinckrodt"). In that memorandum, we notified you of the Fund's right to vote on the Bankruptcy Plan and that the Fund's action would not prevent it from submitting a claim form to receive proceeds if the Bankruptcy Plan was confirmed. The Bankruptcy Plan was confirmed on March 2, 2022 and became effective on June 16, 2022. This memorandum is to advise the Fund on how to submit a claim to receive proceeds from Mallinckrodt's bankruptcy to use for opioid abatement purposes. If the Fund is eligible and elects to submit a claim, its Claim Form and Form W-9 must be received no later than **December 13, 2022**. We note that submitting a claim in connection with Mallinckrodt's bankruptcy, in addition to prescription claims, will require information on treatment of Opioid Use Disorder ("OUD"), thus meaning that if the Fund submits a claim, this will require coordination of medical claims and may be more labor-intensive than other claims for class actions or bankruptcies associated with prescription drug manufacturers.

Pursuant to the Bankruptcy Plan, a trust (the "TPP Trust") has been established to pay certain proceeds to third-party payors ("TPPs"), like the Fund, that paid for Mallinckrodt's prescription opioid drugs on behalf of participants and beneficiaries. It is anticipated that, over time, a total of $89,091,000 will be paid into the TPP Trust. Additional information on the TPP Trust is available at http://www.mallinckrodttpptrust.com.

As explained more fully below, among the action items for the Fund in deciding whether to submit a Claim Form in Mallinckrodt's bankruptcy, include that the Fund should:

1. Request claims data from its PBM and medical network provider; and
2. Determine whether the Fund has approved opioid abatement purposes on which it could spend any distributions received from the TPP Trust; and
3. Decide whether to submit a Claim Form.

Eligibility

To qualify to receive proceeds from the TPP Trust, the Fund must submit the Claim Form (attached as Tab 1) and, as explained in the Claim Form and the document titled "Maximum Eligible Amount Calculation Methodology" (attached as Tab 2), identify the maximum amount of the Fund's claim, which depends on the Fund's expenditures on: (a) prescription opioid drugs manufactured by Mallinckrodt and (b) treatment for OUD for participants and beneficiaries who were prescribed opioid drugs manufactured by Mallinckrodt.

Submission of Claim

In order to receive proceeds from the TPP Trust, the Fund must submit the attached Claim Form to the TPP Trust. As the Claim Form explains, in addition to certain information identifying the Fund and where any payments should be sent, the Fund must provide: (1) the total number of the Fund's participants and beneficiaries who were prescribed any of the drugs using the National Drug Codes ("NDC") listed on Appendix A to the Claim Form (the "NDC List") between January 1, 2008 and December 31, 2020;[1] (2) the total number of such prescriptions paid; (3) the total dollars spent on such prescriptions; (4) the total number of participants and beneficiaries who received such prescriptions that were diagnosed with OUD; (5) for those participants and beneficiaries who received such prescriptions and were diagnosed with OUD, the total dollar amount spent for treatment of such OUD, including treatment codes; and (6) the total number of participants and beneficiaries (not just those who received such prescriptions and/or were diagnosed with OUD) as of January 1, 2021. The NDC List for items 1-3 above is Appendix A to the Claim Form. The list of qualifying diagnoses of OUD for item 4 above is Appendix B to the Claim Form. The list of qualifying OUD treatment codes for item 5 above is Appendix C to the Claim Form.

As explained more fully in the Claim Form (attached as Tab 1) and the "Maximum Eligible Amount Calculation Methodology" document (attached as Tab 2), the Maximum Eligible Amount of the Fund's claim is calculated by adding item 3 (the total dollar amount spent by the Fund on the prescription drugs identified on the NDC List) and item 5 (the total dollar amount spent by the Fund for treatment of OUD for participants and beneficiaries who were prescribed drugs on the NDC List). Please note that, although the Fund is not required to submit supporting data with its claim, the TPP Trust may request supporting documentation and data. Consequently, the Fund should request the supporting data from its PBM and medical claims processor so that the Fund has it if it is requested.

Both the completed Claim Form and IRS Form W-9 must be received by the TPP Trust no later than **December 13, 2022**. The Claim Form may be submitted electronically at https://tinyurl.com/MallinckrodtClaims. Alternatively, the Claim Form provides instructions for submitting it by mail or hand delivery. A Claim Form and Form W-9 sent by mail must be received, and not merely postmarked, by December 13, 2022. Please note that the Claim Form may not be submitted by email – it must be submitted by the website, mail, or hand delivery.

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[1] Each participant or beneficiary that was prescribed any of the drugs identified on the NDC List should only be counted one time, regardless of the number of prescriptions they had.

The Fund's Use of Proceeds

There will be three annual distributions from the TPP Trust to qualifying payors. The first distribution is not expected until approximately Spring 2024. Any distributions that the Fund receives from the TPP Trust may be used only for specified opioid abatement purposes, which include the Fund's attorneys' fees and costs incurred in connection with Mallinckrodt's bankruptcy, including those incurred in connection with submitting any opioid claims like these TPP claims. However, we are advised by the TPP Trustee that any distributions received from the TPP Trust could not be spent on fees and costs incurred in connection with any non-opioid claims.

TPPs that are self-funded health plans must spend at least 50% of any distributions on the Approved Uses/Programs listed on Tab 4, which focus on providing treatment of OUD and/or any Substance Use Disorder or Mental Health ("SUD/MH"). Moreover, the Fund must spend all such distributions on: (a) the Approved Medication-Assisted Treatment ("MAT") Expenses listed on Tab 3; (b) the Approved Uses/Programs listed on Tab 4; and/or (c) attorneys' fees and costs as described in the prior paragraph (collectively, "Approved Abatement Purposes"). To the extent that the Fund uses any distributions on Approved MAT Expenses, as listed on Tab 3, there are 361 approved such expenses. With respect to the Approved Uses/Programs listed on Tab 4, for which the Fund must spend at least 50% of any distributions that it receives, that document details an array of programs that qualify, including programs that: (a) increase the availability or quality of treatment for OUD and/or SUD/MH conditions or are designed to prevent OUD; (b) decrease the cost to the patient of treatment for OUD and/or any SUD/MH conditions; and/or (c) provide grants to any organizations whose mission is to provide, expand access to, and/or improve the delivery of treatment for OUD and/or any SUD/MH conditions through evidence-based or evidence-informed strategies. Specific examples of qualifying programs for which distributions may be spent or organizations to whom grants may be made are listed on Tab 4. The Fund should coordinate with their PBM and medical network provider to see if the provider has an existing program or is developing a new program that will meet the requirements. The ease with which the Fund can implement such a program should affect the decision of whether the Fund elects to file a Claim Form.

The Fund will be required to certify that it spent amounts at least equal to any distributions that it received from the TPP Trust on specified opioid abatement purposes. Each distribution made by the TPP Trust to the Fund will have a "Distribution Period" of 12 months from the date of the distribution. The Fund will have 90 days from the end of the Distribution Period to submit a certification to the TPP Trust as to whether it satisfied the minimum spending requirements on Approved Abatement Purposes. For example, if the TPP Trust made its first distribution to the Fund on April 1, 2024, that Distribution Period would end on April 1, 2025 and a certification would be due by June 30, 2025. If the Fund has not met the minimum spending requirement on Approved Abatement Purposes, then it may carry over the unused funds each year until it meets the relevant spending requirements. However, in that case, additional annual certifications must be submitted until the spending requirements are satisfied. There is no penalty for failing to meet the minimum spending requirements in Distribution Period. However, the TPP Trust retains the right to seek return by legal means of any expenditures which fail to comply with the requirements of the TPP Trust Distribution Procedures, which are enclosed at Tab 5.

The TPP Trust has the right to audit the Fund to determine whether the Fund's expenditures meet the spending requirements and the Fund is required to provide supporting documentation if requested. If the TPP Trustee finds a material misstatement, the Trustee may allow the Fund up to 30 days to resubmit its Claim Form or certification with supporting documentation or revisions. Failure to timely correct a misstatement in a form acceptable to the Trustee may result in a forfeiture of all or part of the Fund's right to qualify as a TPP claimant and/or to receive distributions from the TPP Trust.

Please do not hesitate to contact us if you have any questions or concerns or if you would like to discuss this further.

Enclosures

cc: Co-Counsel (if any)

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TAB 1

THIRD-PARTY PAYOR ABATEMENT CLAIM FORM

This form is only for holders of Third-Party Payor Opioid Claims, as defined in the *Fourth Amended Joint Plan of Reorganization (With Technical Modifications) of Mallinckrodt Plc and Its Debtor Affiliates under Chapter 11 of the Bankruptcy Code* (as modified, amended or supplemented from time to time, and together with all exhibits and schedules thereto, the "Plan").

If you are a Third-Party Payor Opioid Claimant and want to have your Third-Party Payor Opioid Claims considered by the Mallinckrodt TPP Trust that came into existence upon the Effective Date of the Plan, you or your authorized representative must complete and submit this Third-Party Payor Abatement Claim Form (also referred to as the "TPP Abatement Claim Form") so that it is received on or before December 13, 2022 (the "TPP Abatement Claim Deadline"). You may file your TPP Abatement Claim Form using any of the following methods:

If by E-Submission:	**If by mail or hand delivery:**
Go to www.MallinckrodtTPPTrust.com and click on the "Submit a Third-Party Payor Abatement Claim" link	Mallinckrodt/TPP Opioid Claims c/o Kroll Restructuring Administration LLC 850 3rd Avenue, Suite 412 Brooklyn, NY 11232 If you plan to hand deliver your Claim Form to Kroll's office, please email MallinckrodtTPPTrust@ra.kroll.com at least one business day in advance to arrange delivery.

Instructions regarding how to calculate your claim are attached to this TPP Abatement Claim Form.

For questions regarding this TPP Abatement Claim Form, please call (844) 627-8452 (toll-free), +1 (646) 561-3224 (international), email MallinckrodtTPPTrust@ra.kroll.com or visit www.MallinckrodtTPPTrust.com.

FAILURE TO SUBMIT THIS THIRD-PARTY PAYOR ABATEMENT CLAIM FORM BY THE TPP ABATEMENT CLAIM DEADLINE WILL RESULT IN THE AUTOMATIC DISALLOWANCE OF YOUR THIRD-PARTY PAYOR OPIOID CLAIM(S) AND MEAN THAT YOU ARE NOT ENTITLED TO ANY DISTRIBUTION FROM THE DEBTORS OR THE TPP TRUST ON ACCOUNT OF SUCH THIRD-PARTY PAYOR OPIOID CLAIM(S), REGARDLESS OF WHETHER OR NOT YOU HAVE PREVIOUSLY FILED A PROOF OF CLAIM IN THESE BANKRUPTCY CASES.

PURSUANT TO THE PLAN, ALL THIRD-PARTY PAYOR OPIOID CLAIMS AGAINST THE DEBTORS IN THESE BANKRUPTCY CASES WILL BE CHANNELED TO THE TPP TRUST UPON THE PLAN EFFECTIVE DATE, AND THE ONLY POTENTIAL SOURCE OF DISTRIBUTIONS ON ACCOUNT OF SUCH CLAIMS WILL BE DISTRIBUTIONS FROM THE TPP TRUST. AS SET FORTH IN THE PLAN AND THE TPP TRUST DISTRIBUTION PROCEDURES WHICH HAVE BEEN FILED WITH THE BANKRUPTCY COURT, DISTRIBUTIONS TO HOLDERS OF THIRD-PARTY PAYOR OPIOID CLAIMS BY THE TPP TRUST MUST BE USED FOR AUTHORIZED ABATEMENT PURPOSES.

Part 1:	**Identify the Claim**
1. Who is the current creditor?	_____ Name of the entity to be paid for this claim (including other names the creditor used with the debtor, including d/b/a)
2. Proof of Claim number of previously filed claim, if any, that is superseded by this claim?	Claim number: _____
3. Has anyone else filed a claim on behalf of this creditor?	☐ Yes ☐ No If yes, please provide the filer and claim number Filer: _____ Claim number: _____
4. Last 4 digits of creditor's federal tax identification number (FEIN)?	FEIN: ___ ___ ___ ___

Part 2:	**Contact Info for Notices and Distributions**
1. Who should receive notice?	Name: _____ First name Middle name Last name Title: _____ Company: _____ Identify the corporate servicer as the company if the authorized agent is a servicer Address: _____ Number Street _____ City State Zip code Phone Number: _____ E-mail Address: _____ (required)
2. Where should distributions be sent?	Name: _____ First name Middle name Last name Title: _____ Company: _____ Identify the corporate servicer as the company if the authorized agent is a servicer Address: _____ Number Street _____ City State Zip code Phone Number: _____ E-mail Address: _____ (required)

Part 3:	**Amount of TPP Abatement Claim**
1. Total amount of the claim, as calculated by the instructions that begin on page 6 herein.	Claim Amount: $_____
2. Components of TPP Abatement Claim, per instructions for calculation.	a. Number of creditor's plan members, subscribers, or covered dependents prescribed drugs identified on NDC List on Appendix A between January 1, 2008 and December 31, 2020. (Note: Count each member only once regardless of the number of prescriptions they had): _____ b. Number of prescriptions paid by creditor for drugs in item a: _____ c. Total dollars paid by creditor for such prescriptions_____ d. Number of plan members in item a who were diagnosed with Opioid Use Disorder (Appendix B):_____ e. For members in item d, dollar amount of medical claims with ICD, CPT or HCPS codes (Appendix C):_____ f. The total number of members, subscribers, and covered dependents covered by your plan or administered by your plan as of January 1, 2021:_____
3. If any of the amounts provided in response to Questions 1 or 2 hereof require an explanation, please provide here.	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Part 4:	**Sign Below**
The person completing this TPP Abatement Claim must sign and date it. **If you file this claim electronically, FRBP 5005(a)(2) establishes a local rule specifying what a signature is.** **A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**	*Check the appropriate box:* □ I am the creditor □ I am the creditor's attorney or authorized agent I understand that an authorized signature on this *Third-Party Payor Abatement Claim Form* serves as an acknowledgement and certification that when calculating the amount of the claim, the Third-Party Payor on whose behalf the form is submitted has complied with the TPP Claim Calculation Methodology[1] set forth in the Instructions. I have examined the information in this *Third-Party Payor Abatement Claim Form* and have a reasonable belief that the information is true and correct. I declare under penalty of perjury that the foregoing is true and correct. _____ Signature **Print the name of the person who is completing and signing this form** Name: _____ First name Middle name Last name Title: _____ Company: _____ Identify the corporate servicer as the company if the authorized agent is a servicer Address: _____ Number Street _____ City State Zip code E-mail: _____

[1] This is alternatively referred to as the Maximum Eligible Amount Calculation Methodology.

INSTRUCTIONS FOR THIRD-PARTY PAYOR ABATEMENT CLAIM FORM

How to Calculate Your Abatement Claim, or "Opioid Spend"

Each TPP Claimant (also referred to as "You" or "Your" throughout) shall provide information responsive to the questions set forth below, which shall set forth, *inter alia*, the total amount of Your Mallinckrodt-Related Opioid Spend, certifying that You used the TPP Claim Calculation Methodology, as set forth below, to arrive at the amount. Each TPP Claimant, if and when requested by the TPP Trust Trustee, shall provide supporting documentation and data, in the requested format, underlying the TPP Claimant's calculation of its Mallinckrodt-Related Opioid Spend, sufficient to enable confirmation of the amount.

Consolidated Claims

For those claims that are being submitted on a consolidated basis for multiple TPP Claimants, the filer shall provide aggregate information in Part 3 of the claim form, and attach to the completed claim form a chart identifying the TPP Claimants included in the consolidated claim. For each TPP Claimant included in the consolidated claim, the chart shall provide: (i) the name of the claimant (or unique identifier if the claim is being submitted as an e-filing and the names of the claimants are confidential); (ii) the last four digits of that claimant's federal tax identification number (FEIN); (iii) responses to each of questions 1 through 6 in these instructions, and (iv) the amount of that TPP Claimant's claim, as calculated pursuant to the instructions below.

Filers of consolidated claims that provide unique identifiers rather than the names of the TPP Claimants on the charts that accompany the claims that are e-filed on the TPP Trust website are required to simultaneously submit charts with the names of the claimants that correspond to the unique identifiers directly to the TPP Trust by emailing such charts to MallinckrodtTPPTrust@ra.kroll.com. The names of such TPP Claimants shall not appear on the TPP website.

TPP Claim Calculation Methodology

For the period of January 1, 2008 through December 31, 2020, You must provide the following:

a. The number of unique members who were prescribed one or more of the drugs identified on the NDC List, attached as Appendix A.
b. The number of unique prescriptions paid, all or in part, by Your plan for the drugs identified on the NDC List, attached as Appendix A.
c. The total final dollars paid by Your plan for the prescriptions for the drugs identified in b above.
d. The number of unique members identified in a above who were diagnosed with an Opioid Use Disorder, using one or more of the codes on the OUD ICD 9 and 10 List, attached as Appendix B.
e. For the members identified in d above, the total dollar amount of medical claims with the ICD, CPT, or HCPS codes on the OUD Medical Claims Codes List, attached as Appendix C, paid for those members.
f. The total number of members, subscribers and covered dependents covered by your plan or administered by your plan as of January 1, 2021.

The amount of Your Mallinckrodt-Related Opioid Spend (Part 3, question 1 of the Third-Party Payor Abatement Claim Form) should be calculated by adding the answers to questions 2.c. and 2.e. of Part 3 of the Third-Party Payor Abatement Claim Form.

You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. You shall supplement Your responses if You learn that they are incomplete or incorrect in any material respect. You may append one or more pages to

provide or supplement your responses hereto.

You must leave out or redact information that is entitled to privacy on this form or on any attached documents.

The documents that support your calculations need not be submitted with this Third-Party Payor Abatement Claim Form. However, the TPP Trustee shall have the right to require that you provide such documentation promptly upon request.

Confirmation that the Third-Party Payor Abatement Claim Form has been filed

If you are submitting your claim by hand or by mail and want to receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this completed form. In addition, once your claim has been received (whether submitted electronically, by hand or by mail) and you have received a password for the non-public TPP Trust website, you may view a list of filed Third-Party Payor Abatement Claims by visiting that website. A password-protected link to the non-public TPP Trust website is available at www.MallinckrodtTPPTrust.com.

Information that is entitled to privacy. The Claim Form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the TPP Trustee so requests or someone else objects to the claim.

Redaction of information-- masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Third- Party Payor Abatement Claim Form and any attached documents.

APPENDIX A: NDC LIST

NDC	Drug_Name	GPI_Drug_Name	RouteAdmin	DosageForm		Manufacture	GPI
00406012301	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406012305	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406012310	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406012312	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406012323	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406012330	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406012362	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406012401	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100358
00406012405	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100358
00406012410	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100358
00406012412	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100358
00406012423	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100358
00406012462	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100358
00406012501	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406012505	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406012510	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406012512	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406012523	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406012560	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406012562	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406035701	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310
00406035705	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310
00406035709	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310
00406035710	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310
00406035723	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310
00406035733	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310
00406035762	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310
00406035763	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310
00406035791	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310

00406035801	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100325
00406035805	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100325
00406035823	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100325
00406035833	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100325
00406035862	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100325
00406035863	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100325
00406035891	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100325
00406035901	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100340
00406035905	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100340
00406035910	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100340
00406036001	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-750 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100350
00406036005	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-750 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100350
00406036009	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-750 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100350
00406036010	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-750 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100350
00406036091	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-750 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100350
00406036101	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100345
00406036105	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100345
00406036162	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100345
00406036191	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100345
00406036201	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-660 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100346
00406036301	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100327
00406036305	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100327
00406036323	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100327
00406036362	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100327
00406036363	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100327
00406036391	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100327
00406036401	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-750 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100353
00406036501	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406036505	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406036523	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406036562	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100356
00406036601	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100358
00406036605	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100358

00406036623	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100358
00406036662	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100358
00406036701	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406036705	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406036723	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406036762	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406036791	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100305
00406037516	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML	Oral	Solution		MALLINCKRODT PHARM	65991702102020
00406037601	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-300 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100309
00406037605	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 5-300 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100309
00406037701	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-300 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100322
00406037705	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 7.5-300 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100322
00406037801	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-300 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100375
00406037805	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Tab 10-300 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100375
00406048301	Acetaminophen-Codeine #2	Acetaminophen w/ Codeine Tab 300-15 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050310
00406048310	Acetaminophen-Codeine #2	Acetaminophen w/ Codeine Tab 300-15 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050310
00406048401	Acetaminophen-Codeine #3	Acetaminophen w/ Codeine Tab 300-30 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050315
00406048403	Acetaminophen-Codeine #3	Acetaminophen w/ Codeine Tab 300-30 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050315
00406048410	Acetaminophen-Codeine #3	Acetaminophen w/ Codeine Tab 300-30 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050315
00406048420	Acetaminophen-Codeine #3	Acetaminophen w/ Codeine Tab 300-30 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050315
00406048423	Acetaminophen-Codeine #3	Acetaminophen w/ Codeine Tab 300-30 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050315
00406048433	Acetaminophen-Codeine #3	Acetaminophen w/ Codeine Tab 300-30 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050315
00406048450	Acetaminophen-Codeine #3	Acetaminophen w/ Codeine Tab 300-30 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050315
00406048462	Acetaminophen-Codeine #3	Acetaminophen w/ Codeine Tab 300-30 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050315
00406048501	Acetaminophen-Codeine #4	Acetaminophen w/ Codeine Tab 300-60 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050320
00406048505	Acetaminophen-Codeine #4	Acetaminophen w/ Codeine Tab 300-60 MG	Oral	Tablet		MALLINCKRODT PHARM	65991002050320
00406051201	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200310
00406051205	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200310
00406051223	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200310
00406051232	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200310
00406051262	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200310
00406051291	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200310
00406052201	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200327

00406052205	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200327
00406052223	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200327
00406052262	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200327
00406052301	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200335
00406052305	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200335
00406052323	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200335
00406052362	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 10-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200335
00406052705	Methadose	Methadone HCl Conc 10 MG/ML	Oral	Concentrate		MALLINCKRODT PHARM	65100050101310
00406052710	Methadose	Methadone HCl Conc 10 MG/ML	Oral	Concentrate		MALLINCKRODT PHARM	65100050101310
00406053201	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Cap 5-500 MG	Oral	Capsule		MALLINCKRODT PHARM	65990002200120
00406053205	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Cap 5-500 MG	Oral	Capsule		MALLINCKRODT PHARM	65990002200120
00406054034	Methadose	Methadone HCl Tab For Oral Susp 40 MG	Oral	Tablet Soluble		MALLINCKRODT PHARM	65100050107320
00406055201	oxyCODONE HCl	Oxycodone HCl Tab 5 MG	Oral	Tablet		MALLINCKRODT PHARM	65100075100310
00406055223	oxyCODONE HCl	Oxycodone HCl Tab 5 MG	Oral	Tablet		MALLINCKRODT PHARM	65100075100310
00406055232	oxyCODONE HCl	Oxycodone HCl Tab 5 MG	Oral	Tablet		MALLINCKRODT PHARM	65100075100310
00406055262	oxyCODONE HCl	Oxycodone HCl Tab 5 MG	Oral	Tablet		MALLINCKRODT PHARM	65100075100310
00406055401	oxyCODONE HCl	Oxycodone HCl Cap 5 MG	Oral	Capsule		MALLINCKRODT PHARM	65100075100110
00406056201	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 10-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200340
00406058201	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 7.5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200330
00406058262	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 7.5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200330
00406059301	oxyCODONE HCl ER	Oxycodone HCl Tab ER 12HR 10 MG	Oral	Tablet Extended Release 12 Hour		MALLINCKRODT PHARM	65100075107410
00406059401	oxyCODONE HCl ER	Oxycodone HCl Tab ER 12HR 20 MG	Oral	Tablet Extended Release 12 Hour		MALLINCKRODT PHARM	65100075107420
00406059501	oxyCODONE HCl ER	Oxycodone HCl Tab ER 12HR 40 MG	Oral	Tablet Extended Release 12 Hour		MALLINCKRODT PHARM	65100075107440
00406059601	oxyCODONE HCl ER	Oxycodone HCl Tab ER 12HR 80 MG	Oral	Tablet Extended Release 12 Hour		MALLINCKRODT PHARM	65100075107480
00406066252	fentaNYL Citrate	Fentanyl Citrate Powder	Does not apply	Powder		MALLINCKRODT SPEC CHEM	65100025102900
00406067252	SUFentanil Citrate	Sufentanil Citrate Powder	Does not apply	Powder		MALLINCKRODT PHARM	96788222102900
00406073552	Levorphanol Tartrate	Levorphanol Tartrate (Bulk) Powder	Does not apply	Powder		MALLINCKRODT PHARM	96645072752900
00406082903	MORPHINE SULFATE		ORAL	SOLN	2	MALLINCKRODT SPEC CHEM	6510005510
00406082912	MORPHINE SULFATE		ORAL	SOLN	2	MALLINCKRODT SPEC CHEM	6510005510
00406082915	MORPHINE SULFATE		ORAL	SOLN	2	MALLINCKRODT SPEC CHEM	6510005510
00406082924	MORPHINE SULFATE		ORAL	SOLN	2	MALLINCKRODT SPEC CHEM	6510005510
00406083012	Morphine Sulfate (Concentrate)	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	Oral	Solution		MALLINCKRODT PHARM	65100055102090

00406083015	Morphine Sulfate (Concentrate)	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	Oral	Solution		MALLINCKRODT PHARM	65100055102090
00406083024	Morphine Sulfate (Concentrate)	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	Oral	Solution		MALLINCKRODT PHARM	65100055102090
00406083030	Morphine Sulfate (Concentrate)	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	Oral	Solution		MALLINCKRODT PHARM	65100055102090
00406100901	oxyMORphone HCl	Oxymorphone HCl Tab 5 MG	Oral	Tablet		MALLINCKRODT PHARM	65100080100305
00406101001	oxyMORphone HCl	Oxymorphone HCl Tab 10 MG	Oral	Tablet		MALLINCKRODT PHARM	65100080100310
00406113052	fentaNYL Citrate	Fentanyl Citrate Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100025102900
00406128355	Propoxyphene Napsylate	Propoxyphene Napsylate (Bulk) Powder	Does not apply	Powder		MALLINCKRODT PHARM	96727648302900
00406128356	Propoxyphene Napsylate	Propoxyphene Napsylate (Bulk) Powder	Does not apply	Powder		MALLINCKRODT PHARM	96727648302900
00406128357	Propoxyphene Napsylate	Propoxyphene Napsylate (Bulk) Powder	Does not apply	Powder		MALLINCKRODT PHARM	96727648302900
00406151056	Methadone HCl	Methadone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100050102900
00406151057	Methadone HCl	Methadone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100050102900
00406151059	Methadone HCl	Methadone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100050102900
00406152153	Morphine Sulfate	Morphine Sulfate Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100055102900
00406152155	Morphine Sulfate	Morphine Sulfate Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100055102900
00406152156	Morphine Sulfate	Morphine Sulfate Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100055102900
00406152157	Morphine Sulfate	Morphine Sulfate Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100055102900
00406154832	Codeine Phosphate	Codeine Phosphate Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100020102900
00406154835	Codeine Phosphate	Codeine Phosphate Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100020102900
00406157155	Methylphenidate HCl	Methylphenidate HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	96665070102900
00406158253	HYDROcodone Bitartrate	Hydrocodone Bitartrate (Bulk) Crystals	Does not apply	Crystals		MALLINCKRODT PHARM	96568875503800
00406158257	HYDROcodone Bitartrate	Hydrocodone Bitartrate (Bulk) Crystals	Does not apply	Crystals		MALLINCKRODT PHARM	96568875503800
00406158555	Meperidine HCl	Meperidine HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100045102900
00406172101	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406172105	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406172110	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406172191	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406177201	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406177203	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320

00406177205	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406177210	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406177212	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406177233	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406177260	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406177262	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406177290	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406177291	Propoxyphene N-Acetaminophen	Propoxyphene-N w/ Acetaminophen Tab 100-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65992002400320
00406192303	Buprenorphine HCl-Naloxone HCl	Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	Sublingual	Tablet Sublingual		MALLINCKRODT PHARM	65200010200720
00406192403	Buprenorphine HCl-Naloxone HCl	Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	Sublingual	Tablet Sublingual		MALLINCKRODT PHARM	65200010200740
00406222401	Levorphanol Tartrate Tablets		Oral	Tablet		SPECGX	
00406254001	Methadone HCl	Methadone HCl Tab For Oral Susp 40 MG	Oral	Tablet Soluble		MALLINCKRODT PHARM	65100050107320
00406311801	Pentazocine-Naloxone HCl	Pentazocine w/ Naloxone Tab 50-0.5 MG	Oral	Tablet		MALLINCKRODT PHARM	65200040300310
00406322252	HYDROmorphone HCl	Hydromorphone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100035102900
00406322257	HYDROmorphone HCl	Hydromorphone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100035102900
00406324301	HYDROmorphone HCl	Hydromorphone HCl Tab 2 MG	Oral	Tablet		MALLINCKRODT PHARM	65100035100310
00406324401	HYDROmorphone HCl	Hydromorphone HCl Tab 4 MG	Oral	Tablet		MALLINCKRODT PHARM	65100035100320
00406324552	HYDROmorphone HCl	Hydromorphone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100035102900
00406324557	HYDROmorphone HCl	Hydromorphone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100035102900
00406324901	HYDROmorphone HCl	Hydromorphone HCl Tab 8 MG	Oral	Tablet		MALLINCKRODT PHARM	65100035100330
00406330801	HYDROmorphone HCl ER	Hydromorphone HCl Tab ER 24HR Deter 8 MG	Oral	Tablet ER 24 Hour Abuse-Deterrent		MALLINCKRODT PHARM	6510003510A820
00406331201	HYDROmorphone HCl ER	Hydromorphone HCl Tab ER 24HR Deter 12 MG	Oral	Tablet ER 24 Hour Abuse-Deterrent		MALLINCKRODT PHARM	6510003510A830
00406331601	HYDROmorphone HCl ER	Hydromorphone HCl Tab ER 24HR Deter 16 MG	Oral	Tablet ER 24 Hour Abuse-Deterrent		MALLINCKRODT PHARM	6510003510A840
00406333201	HYDROmorphone HCl ER	Hydromorphone HCl Tab ER 24HR Deter 32 MG	Oral	Tablet ER 24 Hour Abuse-Deterrent		MALLINCKRODT PHARM	6510003510A855
00406345434	Methadose	Methadone HCl Tab 10 MG	Oral	Tablet		MALLINCKRODT PHARM	65100050100310
00406435701	HYDROcodone-Acetaminophen	Hydrocodone-Acetaminophen Cap 5-500 MG	Oral	Capsule		MALLINCKRODT PHARM	65991702100110

00406536101	Anexsia	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310
00406536105	Anexsia	Hydrocodone-Acetaminophen Tab 5-500 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100310
00406536201	Anexsia	Hydrocodone-Acetaminophen Tab 7.5-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100340
00406536205	Anexsia	Hydrocodone-Acetaminophen Tab 7.5-650 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100340
00406536301	Anexsia	Hydrocodone-Acetaminophen Tab 10-660 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100346
00406536305	Anexsia	Hydrocodone-Acetaminophen Tab 10-660 MG	Oral	Tablet		MALLINCKRODT PHARM	65991702100346
00406575501	Methadone HCl	Methadone HCl Tab 5 MG	Oral	Tablet		MALLINCKRODT PHARM	65100050100305
00406575523	Methadone HCl	Methadone HCl Tab 5 MG	Oral	Tablet		MALLINCKRODT PHARM	65100050100305
00406575562	Methadone HCl	Methadone HCl Tab 5 MG	Oral	Tablet		MALLINCKRODT PHARM	65100050100305
00406577101	Methadone HCl	Methadone HCl Tab 10 MG	Oral	Tablet		MALLINCKRODT PHARM	65100050100310
00406577123	Methadone HCl	Methadone HCl Tab 10 MG	Oral	Tablet		MALLINCKRODT PHARM	65100050100310
00406577162	Methadone HCl	Methadone HCl Tab 10 MG	Oral	Tablet		MALLINCKRODT PHARM	65100050100310
00406697434	Methadose	Methadone HCl Tab 5 MG	Oral	Tablet		MALLINCKRODT PHARM	65100050100305
00406711301	Meperidine HCl	Meperidine HCl Tab 50 MG	Oral	Tablet		MALLINCKRODT PHARM	65100045100305
00406711501	Meperidine HCl	Meperidine HCl Tab 100 MG	Oral	Tablet		MALLINCKRODT PHARM	65100045100310
00406717101	traMADol HCl	Tramadol HCl Tab 50 MG	Oral	Tablet		MALLINCKRODT PHARM	65100095100320
00406717105	traMADol HCl	Tramadol HCl Tab 50 MG	Oral	Tablet		MALLINCKRODT PHARM	65100095100320
00406717110	traMADol HCl	Tramadol HCl Tab 50 MG	Oral	Tablet		MALLINCKRODT PHARM	65100095100320
00406717133	traMADol HCl	Tramadol HCl Tab 50 MG	Oral	Tablet		MALLINCKRODT PHARM	65100095100320
00406717162	traMADol HCl	Tramadol HCl Tab 50 MG	Oral	Tablet		MALLINCKRODT PHARM	65100095100320
00406717191	traMADol HCl	Tramadol HCl Tab 50 MG	Oral	Tablet		MALLINCKRODT PHARM	65100095100320
00406800312	Morphine Sulfate (Concentrate)	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	Oral	Solution		MALLINCKRODT PHARM	65100055102090
00406800315	Morphine Sulfate (Concentrate)	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	Oral	Solution		MALLINCKRODT PHARM	65100055102090
00406800324	Morphine Sulfate (Concentrate)	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	Oral	Solution		MALLINCKRODT PHARM	65100055102090
00406800330	Morphine Sulfate (Concentrate)	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	Oral	Solution		MALLINCKRODT PHARM	65100055102090
00406800503	Buprenorphine HCl-Naloxone HCl	Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	Sublingual	Tablet Sublingual		SPECGX	65200010200720
00406802003	Buprenorphine HCl-Naloxone HCl	Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	Sublingual	Tablet Sublingual		SPECGX	65200010200740
00406831501	Morphine Sulfate ER	Morphine Sulfate Tab ER 15 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100415
00406831505	Morphine Sulfate ER	Morphine Sulfate Tab ER 15 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100415
00406831523	Morphine Sulfate ER	Morphine Sulfate Tab ER 15 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100415

00406831532	Morphine Sulfate ER	Morphine Sulfate Tab ER 15 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100415
00406831562	Morphine Sulfate ER	Morphine Sulfate Tab ER 15 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100415
00406832001	Morphine Sulfate ER	Morphine Sulfate Tab ER 200 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100480
00406833001	Morphine Sulfate ER	Morphine Sulfate Tab ER 30 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100432
00406833005	Morphine Sulfate ER	Morphine Sulfate Tab ER 30 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100432
00406833023	Morphine Sulfate ER	Morphine Sulfate Tab ER 30 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100432
00406833032	Morphine Sulfate ER	Morphine Sulfate Tab ER 30 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100432
00406833062	Morphine Sulfate ER	Morphine Sulfate Tab ER 30 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100432
00406838001	Morphine Sulfate ER	Morphine Sulfate Tab ER 60 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100445
00406838005	Morphine Sulfate ER	Morphine Sulfate Tab ER 60 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100445
00406838023	Morphine Sulfate ER	Morphine Sulfate Tab ER 60 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100445
00406838032	Morphine Sulfate ER	Morphine Sulfate Tab ER 60 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100445
00406838062	Morphine Sulfate ER	Morphine Sulfate Tab ER 60 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100445
00406839001	Morphine Sulfate ER	Morphine Sulfate Tab ER 100 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100460
00406839005	Morphine Sulfate ER	Morphine Sulfate Tab ER 100 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100460
00406839023	Morphine Sulfate ER	Morphine Sulfate Tab ER 100 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100460
00406839062	Morphine Sulfate ER	Morphine Sulfate Tab ER 100 MG	Oral	Tablet Extended Release		MALLINCKRODT PHARM	65100055100460
00406851501	oxyCODONE HCl	Oxycodone HCl Tab 15 MG	Oral	Tablet		MALLINCKRODT PHARM	65100075100325
00406851523	oxyCODONE HCl	Oxycodone HCl Tab 15 MG	Oral	Tablet		MALLINCKRODT PHARM	65100075100325
00406851562	oxyCODONE HCl	Oxycodone HCl Tab 15 MG	Oral	Tablet		MALLINCKRODT PHARM	65100075100325
00406853001	oxyCODONE HCl	Oxycodone HCl Tab 30 MG	Oral	Tablet		MALLINCKRODT PHARM	65100075100340
00406853023	oxyCODONE HCl	Oxycodone HCl Tab 30 MG	Oral	Tablet		MALLINCKRODT PHARM	65100075100340
00406853062	oxyCODONE HCl	Oxycodone HCl Tab 30 MG	Oral	Tablet		MALLINCKRODT PHARM	65100075100340
00406855350	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Soln 5-325 MG/5ML	Oral	Solution		SPECGX	65990002202005
00406855550	oxyCODONE HCl	Oxycodone HCl Soln 5 MG/5ML	Oral	Solution		MALLINCKRODT PHARM	65100075102005
00406855605	oxyCODONE HCl	Oxycodone HCl Soln 5 MG/5ML	Oral	Solution		MALLINCKRODT PHARM	65100075102005
00406855730	oxyCODONE HCl	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	Oral	Concentrate		MALLINCKRODT PHARM	65100075101320
00406855830	oxyCODONE HCl	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	Oral	Concentrate		MALLINCKRODT PHARM	65100075101320
00406866830	oxyCODONE HCl	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	Oral	Concentrate		MALLINCKRODT PHARM	65100075101320
00406872510	Methadose Sugar-Free	Methadone HCl Conc 10 MG/ML	Oral	Concentrate		MALLINCKRODT PHARM	65100050101310
00406886553	oxyCODONE HCl	Oxycodone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100075102900
00406886557	oxyCODONE HCl	Oxycodone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100075102900
00406887353	oxyCODONE HCl	Oxycodone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100075102900

00406887357	oxyCODONE HCl	Oxycodone HCl Powder	Does not apply	Powder		MALLINCKRODT PHARM	65100075102900
00406900076	fentaNYL	Fentanyl TD Patch 72HR 100 MCG/HR	Transdermal	Patch 72 Hour		MALLINCKRODT PHARM	65100025008650
00406901276	fentaNYL	Fentanyl TD Patch 72HR 12 MCG/HR	Transdermal	Patch 72 Hour		MALLINCKRODT PHARM	65100025008610
00406902576	fentaNYL	Fentanyl TD Patch 72HR 25 MCG/HR	Transdermal	Patch 72 Hour		MALLINCKRODT PHARM	65100025008620
00406905076	fentaNYL	Fentanyl TD Patch 72HR 50 MCG/HR	Transdermal	Patch 72 Hour		MALLINCKRODT PHARM	65100025008630
00406907576	fentaNYL	Fentanyl TD Patch 72HR 75 MCG/HR	Transdermal	Patch 72 Hour		MALLINCKRODT PHARM	65100025008640
00406920230	fentaNYL Citrate	Fentanyl Citrate Lozenge on a Handle 200 MCG	Buccal	Lozenge on a Handle		MALLINCKRODT PHARM	65100025108450
00406920430	fentaNYL Citrate	Fentanyl Citrate Lozenge on a Handle 400 MCG	Buccal	Lozenge on a Handle		MALLINCKRODT PHARM	65100025108455
00406920630	fentaNYL Citrate	Fentanyl Citrate Lozenge on a Handle 600 MCG	Buccal	Lozenge on a Handle		MALLINCKRODT PHARM	65100025108460
00406920830	fentaNYL Citrate	Fentanyl Citrate Lozenge on a Handle 800 MCG	Buccal	Lozenge on a Handle		MALLINCKRODT PHARM	65100025108465
00406921230	fentaNYL Citrate	Fentanyl Citrate Lozenge on a Handle 1200 MCG	Buccal	Lozenge on a Handle		MALLINCKRODT PHARM	65100025108475
00406921630	fentaNYL Citrate	Fentanyl Citrate Lozenge on a Handle 1600 MCG	Buccal	Lozenge on a Handle		MALLINCKRODT PHARM	65100025108485
00879051201	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200310
00879051205	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200310
66479058025	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 5-325 MG	Oral	Tablet		MALLINCKRODT PHARM	65990002200310
23635005401	TUSSICAPS		ORAL	CP12	2	ECR PHARMACEUTICALS	4399520236
23635005420	TUSSICAPS		ORAL	CP12	3	ECR PHARMACEUTICALS	4399520236
23635010516	Liquicet	Hydrocodone-Acetaminophen Soln 10-500 MG/15ML	Oral	Solution		SPECGX	65991702102030
23635010801	TUSSICAPS		ORAL	CP12	2	ECR PHARMACEUTICALS	4399520236
23635010820	TUSSICAPS		ORAL	CP12	2	ECR PHARMACEUTICALS	4399520236
23635011501	Xartemis XR	Oxycodone w/ Acetaminophen Tab ER 7.5-325 MG	Oral	Tablet Extended Release		SPECGX	65990002200430
23635040801	Exalgo	Hydromorphone HCl Tab ER 24HR Deter 8 MG	Oral	Tablet ER 24 Hour Abuse-Deterrent		SPECGX	6510003510A820
23635041201	Exalgo	Hydromorphone HCl Tab ER 24HR Deter 12 MG	Oral	Tablet ER 24 Hour Abuse-Deterrent		SPECGX	6510003510A830
23635041601	Exalgo	Hydromorphone HCl Tab ER 24HR Deter 16 MG	Oral	Tablet ER 24 Hour Abuse-Deterrent		SPECGX	6510003510A840
23635043201	Exalgo	Hydromorphone HCl Tab ER 24HR Deter 32 MG	Oral	Tablet ER 24 Hour Abuse-Deterrent		SPECGX	6510003510A855
23635058010	Roxicodone	Oxycodone HCl Tab 5 MG	Oral	Tablet		SPECGX	65100075100310
23635058110	Roxicodone	Oxycodone HCl Tab 15 MG	Oral	Tablet		SPECGX	65100075100325
23635058210	Roxicodone	Oxycodone HCl Tab 30 MG	Oral	Tablet		SPECGX	65100075100340
23635099101	Magnacet	Oxycodone w/ Acetaminophen Tab 2.5-400 MG	Oral	Tablet		VICTORY PHARMA	65990002200306

23635099201	Magnacet	Oxycodone w/ Acetaminophen Tab 5-400 MG	Oral	Tablet		SHIONOGI PHARMA	65990002200315
23635099301	Magnacet	Oxycodone w/ Acetaminophen Tab 7.5-400 MG	Oral	Tablet		SHIONOGI PHARMA	65990002200328
23635099401	Magnacet	Oxycodone w/ Acetaminophen Tab 10-400 MG	Oral	Tablet		SHIONOGI PHARMA	65990002200336
00879051252	oxyCODONE-Acetaminophen	Oxycodone w/ Acetaminophen Tab 5-325 MG			99872	MALLINCKRODT PHARM	
66479058010	Roxicodone	Oxycodone HCl Tab 5 MG			23635	SPECGX	
66479058110	Roxicodone	Oxycodone HCl Tab 15 MG			23635	SPECGX	
66479058210	Roxicodone	Oxycodone HCl Tab 30 MG			23635	SPECGX	

APPENDIX B: OUD ICD 9 AND 10 LIST

ICD 9 Codes for OUD:

304.00 OPIOID DEPENDENCE-UNSPECIFIED
304.01 OPIOID DEPENDENCE-CONTINUOUS
304.02 OPIOID DEPENDENCE-EPISODIC
304.03 OPIOID DEPENDENCE, IN REMISSION
304.70 OPIOID OTHER DEP-UNSPECIFIED
304.71 OPIOID OTHER DEP-CONTINUOUS
304.72 OPIOID OTHER DEP-EPISODIC
304.73 OPIOID OTHER DEP-IN REMISSION
305.50 OPIOID ABUSE-UNSPECIFIED
305.51 OPIOID ABUSE-CONTINUOUS
305.52 OPIOID ABUSE-EPISODIC
305.53 OPIOID ABUSE-IN REMISSION

ICD 10 Codes for OUD:

F11.1 Opioid abuse
F11.10 Opioid abuse, uncomplicated
F11.11 Opioid abuse, in remission
F11.12 Opioid abuse with intoxication
F11.120 Opioid abuse with intoxication, uncomplicated
F11.121 Opioid abuse with intoxication delirium
F11.122 Opioid abuse with intoxication with perceptual disturbance
F11.129 Opioid abuse with intoxication, unspecified
F11.13 Opioid abuse with withdrawal
F11.14 Opioid abuse with opioid-induced mood disorder
F11.15 Opioid abuse with opioid-induced psychotic disorder
F11.150 Opioid abuse with opioid-induced psychotic disorder with delusions
F11.151 Opioid abuse with opioid-induced psychotic disorder with hallucinations
F11.159 Opioid abuse with opioid-induced psychotic disorder, unspecified
F11.18 Opioid abuse with other opioid-induced disorder
F11.181 Opioid abuse with opioid-induced sexual dysfunction
F11.182 Opioid abuse with opioid-induced sleep disorder
F11.188 Opioid abuse with other opioid-induced disorder
F11.19 Opioid abuse with unspecified opioid-induced disorder
F11.20 Opioid Dependence uncomplicated
F11.21 Opioid Dependence in remission
F11.22 Opioid dependence with intoxication
F11.220 Opioid Dependence uncomplicated
F11.221 Opioid Dependence delirium
F11.222 Opioid dependence w intoxication with perceptual disturbance
F11.229 Opioid Dependence unspecified
F11.23 Opioid Dependence with withdrawal
F11.24 Opioid Dependence with opioid-induced mood disorder
F11.25 Opioid Dependence with opioid-induced psychotic disorder
F11.250 Opioid Dependence with delusions
F11.251 Opioid Dependence with hallucinations
F11.259 Opioid Dependence unspecified
F11.28 Opioid Dependence with other opioid-induced disorder
F11.281 Opioid Dependence with opioid-induced sexual dysfunction
F11.282 Opioid Dependence with opioid-induced sleep disorder
F11.288 Opioid Dependence with other opioid-induced disorder

APPENDIX C: OUD MEDICAL CLAIMS CODES LIST

1. Medication Assisted Treatment (MAT): Assigned ICD-10 code F11.20 (convert to ICD-9 304.00, 304.01, and 304.02) for opioid dependence.
2. Visit type: Adult Wellness Visit (AWV) or acute visit for Opioid Use Disorder/Dependence Comprehensive evaluation of new patient or established patient for suitableness for buprenorphine treatment.
3. New Patient: code 99205, 99201
4. Established Patient: code 9921199215
5. Visit type: MAT medication induction.
6. Established Patient E/M: 99211–99215
7. Patient Consult: 99241-45(*)[2]
8. Telephonic: 99241 can only be used as telephonic prescriber-to-prescriber consultation regarding a patient. Patient cannot be present.
9. Prolonged visits codes (99354, 99355) (*)
10. 30-74 minutes: 99354(*)
11. 75-104 minutes: 99355(*)
12. 105+ minutes: 99354+99355x2(*)
13. Visit type: MAT medication/maintenance. Acute visit for OUD/opioid dependence.
14. Established Patient: 99212-15
15. SBIRT substance abuse and structured screening and brief intervention services: 99408 (can be offered and billed for naloxone education.)
16. CPT/Prof HCPC/FAC
17. 99214 – E/M office visit/G0480 – UDT definitive
18. 99213 – E/M office visit/H0015 - IOP
19. 99285 – E/M ER visit/H2035 – drug treatment program per hour
20. 99215 – E/M office visit/G0481 – UDT definitive
21. 80307 – UDT presumptive/H0010 – acute/subacute detox
22. 99232 – E/M inpatient visit/H2036 - drug treatment program per diem
23. 99233 – E/M inpatient visit/G0463 – outpatient clinic visit
24. 99223 – E/M inpatient visit/H0011 - acute/subacute detox
25. 99284 – E/M ER visit/H0007 outpatient crisis intervention
26. 99204 – E/M office visit/G0482 – UDT definitive
27. 99231 – E/M inpatient visit/G0483 – UDT definitive
28. 99205 – E/M office visit/H0001 – alcohol and/or drug treatment assessment
29. 99220 – E/M observation/H0020 – alcohol and/or drug treatment – methadone administration
30. 99443 – E/M telephone service/H0050 – alcohol and/or drug treatment, brief intervention
31. 99283 – E/M ER visit/G0396 - alcohol and/or substance abuse structured assessment and brief intervention (15 to 30 mins)

[2] Codes followed by an asterisk (*) have been identified as frequently subject to abuse and are being reviewed.

32. 99212 – E/M office visit/G0397 - alcohol and/or substance abuse structured assessment and brief intervention (more than 30 mins)

33. 96372 - Therapeutic, prophylactic, or diagnostic injection (specify material injected); subcutaneous or intramuscular

34. J2315 - Injection, naltrexone, depot form, 1 mg

35. 3E023GC - Introduction of other therapeutic substance into muscle, percutaneous approach

36. 96372 - Therapeutic, prophylactic, or diagnostic injection (specify material injected); subcutaneous or intramuscular (same as Vivitrol)

37. Q9991 – Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg

38. Q9992 – Injection, buprenorphine extended-release (Sublocade), greater than 100 mg

39. G2067 Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)

40. G2068 Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)

41. G2069 – Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/ or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)

42. G2070 Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)

43. G2071 Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare enrolled Opioid Treatment Program)

44. G2072 Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare enrolled Opioid Treatment Program)

45. G2073 Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)

46. G2074 – Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology (provision of the services by a Medicare-enrolled opioid treatment program)

47. G2075 Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)

48. G2076 Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and

the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program)

49. G2077 Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program)

50. G2078 Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program)

51. G2079 Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program)

52. G2080 Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program)

53. G2086 –Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month

54. G2087 – Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month

55. G0516 – Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)

56. G0517 – Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)

57. G0518 – Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)

58. G2215 – Take home supply of nasal naxolone (provision of the services by a Medicare enrolled opioid treatment program)

59. G2216 – Take home supply of injectable naxolone (provision of the services by a Medicare enrolled opioid treatment program)

60. 11981 – Insertion of single non-biodegradable implant

61. 11982 – Removal of single non-biodegradable implant

62. 11983 – Removal and re-insertion of single nonbiodegradable implant

63. 17999 – unlisted procedure, skin, mucous mem

64. S9475 –Ambulatory setting substance abuse treatment or detoxification services

65. H0020 ALCOHL &OR RX SRVC; METHADONE ADMIN &OR SERVICE

66. H0033 ORAL MEDICATION ADMIN DIRECT OBSERVATION

67. J3490 - Buprenorphine extended-release injection, for subcutaneous use (Sublocade)

68. J0570 – Buprenorphine implant, 74.2 mg; Physician office and Outpatient

69. J0571 BUPRENORPHINE ORAL 1 MG

70. J0572 BUPRENORPHINE/NALOXONE ORAL </=TO 3 MG BPN

71. J0573 BUPRENORPHNE/NALOXONE ORAL >3 MG BUT </=6 MG BPN

72. J0574 BUPRENORPHINE/NLX ORAL >6 MG BUT </=TO 10 MG BPN

73. J0575 BUPRENORPHINE/NALOXONE ORAL >10 MG BUPRENORPHINE
74. J1230 Methadone
75. J2315 INJECTION NALTREXONE DEPOT FORM 1 MG
76. S0109 METHADONE ORAL 5MG
77. Rev Code 900 + H0020 (methadone)
78. Rev Code 900 + H0001 or H0004 or H0005 or H0006
79. Bunavail (buprenorphine with naloxone) Buccal Film; Buprenorphine with naloxone Sublingual Tablet/Film; Cassipa (buprenorphine with naloxone) Sublingual Film; Suboxone (buprenorphine with naloxone) Sublingual Film; Probuphine (buprenorphine); Subutex (buprenorphine); Sublocade (buprenorphine extended-release) injection; Zubsolv (buprenorphine with naloxone) Sublingual Tablet; Vivitrol (naltrexone for extended-release); Methadone]
80. 65200010100760 BUPRENORPHIN SUB 2MG
81. 65200010100760 BUPRENORPHINE 2 MG TABLET SL
82. 65200010100760 SUBUTEX SUB 2MG
83. 65200010100780 BUPRENORPHIN SUB 8MG
84. 65200010100780 BUPRENORPHINE 8 MG TABLET SL
85. 65200010100780 SUBUTEX SUB 8MG
86. 65200010102320 PROBUPHINE IMP KIT 74.2
87. 65200010200710 ZUBSOLV SUB 0.7-0.18
88. 65200010200715 ZUBSOLV SUB 1.4-0.36
89. 65200010200720 BUPREN/NALOX SUB 2-0.5MG
90. 65200010200720 BUPRENORPHN-NALOXN 2-0.5 MG SL
91. 65200010200720 SUBOXONE SUB 2-0.5MG
92. 65200010200720 SUBOXONE SUB 2MG
93. 65200010200725 ZUBSOLV 2.9-0.71 MG TABLET SL
94. 65200010200732 ZUBSOLV SUB 5.7-1.4
95. 65200010200740 BUPREN/NALOX SUB 8-2MG
96. 65200010200740 BUPRENORPHIN-NALOXON 8-2 MG SL
97. 65200010200740 SUBOXONE SUB 8-2MG
98. 65200010200740 SUBOXONE SUB 8MG
99. 65200010200745 ZUBSOLV SUB 8.6-2.1
100. 65200010200760 ZUBSOLV 11.4-2.9 MG TABLET SL
101. 65200010208220 BUPREN/NALOX MIS 2-0.5MG
102. 65200010208220 SUBOXONE MIS 2-0.5MG
103. 65200010208230 BUPREN/NALOX MIS 4-1MG
104. 65200010208230 SUBOXONE MIS 4-1MG
105. 65200010208240 BUPREN/NALOX MIS 8-2MG
106. 65200010208240 SUBOXONE MIS 8-2MG
107. 65200010208250 BUPREN/NALOX MIS 12-3MG

108.	65200010208250	SUBOXONE MIS 12-3MG
109.	65200010208260	BUNAVAIL MIS 2.1-0.3
110.	65200010208270	BUNAVAIL MIS 4.2-0.7
111.	65200010208280	BUNAVAIL MIS 6.3-1MG
112.	93400030001920	VIVITROL INJ 380MG
113.	93400030100305	DEPADE TAB 50MG
114.	93400030100305	NALTREXONE TAB 50MG
115.	93400030100305	REVIA TAB 50MG
116.	93409902502320	NALTREXONE IMP
117.	6520001000E520	SUBLOCADE INJ 100/0.5
118.	6520001000E530	SUBLOCADE INJ 300/1.5
119.	F11.1	Opioid abuse
120.	F11.10	Opioid abuse, uncomplicated
121.	F11.11	Opioid abuse, in remission
122.	F11.12	Opioid abuse with intoxication
123.	F11.120	Opioid abuse with intoxication, uncomplicated
124.	F11.121	Opioid abuse with intoxication delirium
125.	F11.122	Opioid abuse with intoxication with perceptual disturbance
126.	F11.129	Opioid abuse with intoxication, unspecified
127.	F11.13	Opioid abuse with withdrawal
128.	F11.14	Opioid abuse with opioid-induced mood disorder
129.	F11.15	Opioid abuse with opioid-induced psychotic disorder
130.	F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions
131.	F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations
132.	F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
133.	F11.18	Opioid abuse with other opioid-induced disorder
134.	F11.181	Opioid abuse with opioid-induced sexual dysfunction
135.	F11.182	Opioid abuse with opioid-induced sleep disorder
136.	F11.188	Opioid abuse with other opioid-induced disorder
137.	F11.19	Opioid abuse with unspecified opioid-induced disorder
138.	T40.0X1	Poisoning by opium, accidental (unintentional)
139.	T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter
140.	T40.0X1D	Poisoning by opium, accidental (unintentional), subsequent encounter
141.	T40.0X1S	Poisoning by opium, accidental (unintentional), sequela
142.	T40.0X2	Poisoning by opium, intentional self-harm
143.	T40.0X2A	Poisoning by opium, intentional self-harm, initial encounter
144.	T40.0X2D	Poisoning by opium, intentional self-harm, subsequent encounter

145.	T40.0X2S	Poisoning by opium, intentional self-harm, sequela
146.	T40.0X3	Poisoning by opium, assault
147.	T40.0X3A	Poisoning by opium, assault, initial encounter
148.	T40.0X3D	Poisoning by opium, assault, subsequent encounter
149.	T40.0X3S	Poisoning by opium, assault, sequela
150.	T40.0X4	Poisoning by opium, undetermined
151.	T40.0X4A	Poisoning by opium, undetermined, initial encounter
152.	T40.0X4D	Poisoning by opium, undetermined, subsequent encounter
153.	T40.0X4S	Poisoning by opium, undetermined, sequela
154.	T40.1	Poisoning by and adverse effect of heroin
155.	T40.1X	Poisoning by and adverse effect of heroin
156.	T40.1X1	Poisoning by heroin, accidental (unintentional)
157.	T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter
158.	T40.1X1D	Poisoning by heroin, accidental (unintentional), subsequent encounter
159.	T40.1X1S	Poisoning by heroin, accidental (unintentional), sequela
160.	T40.1X2	Poisoning by heroin, intentional self-harm
161.	T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter
162.	T40.1X2D	Poisoning by heroin, intentional self-harm, subsequent encounter
163.	T40.1X2S	Poisoning by heroin, intentional self-harm, sequela
164.	T40.1X3	Poisoning by heroin, assault
165.	T40.1X3A	Poisoning by heroin, assault, initial encounter
166.	T40.1X3D	Poisoning by heroin, assault, subsequent encounter
167.	T40.1X3S	Poisoning by heroin, assault, sequela
168.	T40.1X4	Poisoning by heroin, undetermined
169.	T40.1X4A	Poisoning by heroin, undetermined, initial encounter
170.	T40.1X4D	Poisoning by heroin, undetermined, subsequent encounter
171.	T40.1X4S	Poisoning by heroin, undetermined, sequela
172.	T40.1X5	Adverse effect of heroin
173.	T40.1X5A	Adverse effect of heroin, initial encounter
174.	T40.1X5D	Adverse effect of heroin, subsequent encounter
175.	T40.1X5S	Adverse effect of heroin, sequela
176.	T40.1X6	Underdosing of heroin
177.	T40.1X6A	Underdosing of heroin, initial encounter
178.	T40.1X6D	Underdosing of heroin, subsequent encounter
179.	T40.1X6S	Underdosing of heroin, sequela
180.	T40.2X1	Poisoning by other opioids, accidental (unintentional)
181.	T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter

182.	T40.2X1D	Poisoning by other opioids, accidental (unintentional), subsequent encounter
183.	T40.2X1S	Poisoning by other opioids, accidental (unintentional), sequela
184.	T40.2X2	Poisoning by other opioids, intentional self-harm
185.	T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter
186.	T40.2X2D	Poisoning by other opioids, intentional self-harm, subsequent encounter
187.	T40.2X2S	Poisoning by other opioids, intentional self-harm, sequela
188.	T40.2X3	Poisoning by other opioids, assault
189.	T40.2X3A	Poisoning by other opioids, assault, initial encounter
190.	T40.2X3D	Poisoning by other opioids, assault, subsequent encounter
191.	T40.2X3S	Poisoning by other opioids, assault, sequela
192.	T40.2X4	Poisoning by other opioids, undetermined
193.	T40.2X4A	Poisoning by other opioids, undetermined, initial encounter
194.	T40.2X4D	Poisoning by other opioids, undetermined, subsequent encounter
195.	T40.2X4S	Poisoning by other opioids, undetermined, sequela
196.	T40.3X1	Poisoning by methadone, accidental (unintentional)
197.	T40.3X1A	Poisoning by methadone, accidental (unintentional), initial encounter
198.	T40.3X1D	Poisoning by methadone, accidental (unintentional), subsequent encounter
199.	T40.3X1S	Poisoning by methadone, accidental (unintentional), sequela
200.	T40.3X2	Poisoning by methadone, intentional self-harm
201.	T40.3X2A	Poisoning by methadone, intentional self-harm, initial encounter
202.	T40.3X2D	Poisoning by methadone, intentional self-harm, subsequent encounter
203.	T40.3X2S	Poisoning by methadone, intentional self-harm, sequela
204.	T40.3X3	Poisoning by methadone, assault
205.	T40.3X3A	Poisoning by methadone, assault, initial encounter
206.	T40.3X3D	Poisoning by methadone, assault, subsequent encounter
207.	T40.3X3S	Poisoning by methadone, assault, sequela
208.	T40.3X4	Poisoning by methadone, undetermined
209.	T40.3X4A	Poisoning by methadone, undetermined, initial encounter
210.	T40.3X4D	Poisoning by methadone, undetermined, subsequent encounter
211.	T40.3X4S	Poisoning by methadone, undetermined, sequela
212.	T40.4	Poisoning by, adverse effect of and underdosing of other synthetic narcotics
213.	T40.41	Poisoning by, adverse effect of and underdosing of fentanylor fentanyl analogs
214.	T40.411	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional)
215.	T40.411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter

216.	T40.411D	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter
217.	T40.411S	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela
218.	T40.412	Poisoning by fentanyl or fentanyl analogs, intentional self-harm
219.	T40.412A	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter
220.	T40.412D	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter
221.	T40.412S	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela
222.	T40.413	Poisoning by fentanyl or fentanyl analogs, assault
223.	T40.413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter
224.	T40.413D	Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter
225.	T40.413S	Poisoning by fentanyl or fentanyl analogs, assault, sequela
226.	T40.414	Poisoning by fentanyl or fentanyl analogs, undetermined
227.	T40.414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
228.	T40.414D	Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter
229.	T40.414S	Poisoning by fentanyl or fentanyl analogs, undetermined, sequela
230.	T40.415	Adverse effect of fentanyl or fentanyl analogs
231.	T40.415A	Adverse effect of fentanyl or fentanyl analogs, initial encounter
232.	T40.415D	Adverse effect of fentanyl or fentanyl analogs, subsequent encounter
233.	T40.415S	Adverse effect of fentanyl or fentanyl analogs, sequela
234.	T40.416	Underdosing of fentanyl or fentanyl analogs
235.	T40.416A	Underdosing of fentanyl or fentanyl analogs, initial encounter
236.	T40.416D	Underdosing of fentanyl or fentanyl analogs, subsequent encounter
237.	T40.416S	Underdosing of fentanyl or fentanyl analogs, sequela
238.	T40.42	Poisoning by, adverse effect of and underdosing of tramadol
239.	T40.421	Poisoning by tramadol, accidental (unintentional)
240.	T40.421A	Poisoning by tramadol, accidental (unintentional), initial encounter
241.	T40.421D	Poisoning by tramadol, accidental (unintentional), subsequent encounter
242.	T40.421S	Poisoning by tramadol, accidental (unintentional), sequela
243.	T40.422	Poisoning by tramadol, intentional self-harm
244.	T40.422A	Poisoning by tramadol, intentional self-harm, initial encounter
245.	T40.422D	Poisoning by tramadol, intentional self-harm, subsequent encounter
246.	T40.422S	Poisoning by tramadol, intentional self-harm, sequela
247.	T40.423	Poisoning by tramadol, assault

248.	T40.423A	Poisoning by tramadol, assault, initial encounter
249.	T40.423D	Poisoning by tramadol, assault, subsequent encounter
250.	T40.423S	Poisoning by tramadol, assault, sequela
251.	T40.424	Poisoning by tramadol, undetermined
252.	T40.424A	Poisoning by tramadol, undetermined, initial encounter
253.	T40.424D	Poisoning by tramadol, undetermined, subsequent encounter
254.	T40.424S	Poisoning by tramadol, undetermined, sequela
255.	T40.425	Adverse effect of tramadol
256.	T40.425A	Adverse effect of tramadol, initial encounter
257.	T40.425D	Adverse effect of tramadol, subsequent encounter
258.	T40.425S	Adverse effect of tramadol, sequela
259.	T40.426	Underdosing of tramadol
260.	T40.426A	Underdosing of tramadol, initial encounter
261.	T40.426D	Underdosing of tramadol, subsequent encounter
262.	T40.426S	Underdosing of tramadol, sequela
263.	T40.49	Poisoning by, adverse effect of and underdosing of other synthetic narcotics
264.	T40.491	Poisoning by other synthetic narcotics, accidental (unintentional)
265.	T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
266.	T40.491D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
267.	T40.491S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
268.	T40.492	Poisoning by other synthetic narcotics, intentional self-harm
269.	T40.492A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
270.	T40.492D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
271.	T40.492S	Poisoning by other synthetic narcotics, intentional self-harm, sequela
272.	T40.493	Poisoning by other synthetic narcotics, assault
273.	T40.493A	Poisoning by other synthetic narcotics, assault, initial encounter
274.	T40.493D	Poisoning by other synthetic narcotics, assault, subsequent encounter
275.	T40.493S	Poisoning by other synthetic narcotics, assault, sequela
276.	T40.494	Poisoning by other synthetic narcotics, undetermined
277.	T40.494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
278.	T40.494D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
279.	T40.494S	Poisoning by other synthetic narcotics, undetermined, sequela
280.	T40.495	Adverse effect of other synthetic narcotics

281.	T40.495A	Adverse effect of other synthetic narcotics, initial encounter
282.	T40.495D	Adverse effect of other synthetic narcotics, subsequent encounter
283.	T40.495S	Adverse effect of other synthetic narcotics, sequela
284.	T40.496	Underdosing of other synthetic narcotics
285.	T40.496A	Underdosing of other synthetic narcotics, initial encounter
286.	T40.496D	Underdosing of other synthetic narcotics, subsequent encounter
287.	T40.496S	Underdosing of other synthetic narcotics, sequela
288.	T40.4X	Poisoning by, adverse effect of and underdosing of other synthetic narcotics
289.	T40.4X1	Poisoning by other synthetic narcotics, accidental (unintentional)
290.	T40.4X1A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
291.	T40.4X1D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
292.	T40.4X1S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
293.	T40.4X2	Poisoning by other synthetic narcotics, intentional self-harm
294.	T40.4X2A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
295.	T40.4X2D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
296.	T40.4X2S	Poisoning by other synthetic narcotics, intentional self-harm, sequela
297.	T40.4X3	Poisoning by other synthetic narcotics, assault
298.	T40.4X3A	Poisoning by other synthetic narcotics, assault, initial encounter
299.	T40.4X3D	Poisoning by other synthetic narcotics, assault, subsequent encounter
300.	T40.4X3S	Poisoning by other synthetic narcotics, assault, sequela
301.	T40.4X4	Poisoning by other synthetic narcotics, undetermined
302.	T40.4X4A	Poisoning by other synthetic narcotics, undetermined, initial encounter
303.	T40.4X4D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
304.	T40.4X4S	Poisoning by other synthetic narcotics, undetermined, sequela
305.	T40.4X5	Adverse effect of other synthetic narcotics
306.	T40.4X5A	Adverse effect of other synthetic narcotics, initial encounter
307.	T40.4X5D	Adverse effect of other synthetic narcotics, subsequent encounter
308.	T40.4X5S	Adverse effect of other synthetic narcotics, sequela
309.	T40.4X6	Underdosing of other synthetic narcotics
310.	T40.4X6A	Underdosing of other synthetic narcotics, initial encounter
311.	T40.4X6D	Underdosing of other synthetic narcotics, subsequent encounter
312.	T40.4X6S	Underdosing of other synthetic narcotics, sequela
313.	T40.601	Poisoning by unspecified narcotics, accidental (unintentional)

314.	T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
315.	T40.601D	Poisoning by unspecified narcotics, accidental (unintentional), subsequent encounter
316.	T40.601S	Poisoning by unspecified narcotics, accidental (unintentional), sequela
317.	T40.602	Poisoning by unspecified narcotics, intentional self-harm
318.	T40.602A	Poisoning by unspecified narcotics, intentional self-harm, initial encounter
319.	T40.602D	Poisoning by unspecified narcotics, intentional self-harm, subsequent encounter
320.	T40.602S	Poisoning by unspecified narcotics, intentional self-harm, sequela
321.	T40.603	Poisoning by unspecified narcotics, assault
322.	T40.603A	Poisoning by unspecified narcotics, assault, initial encounter
323.	T40.603D	Poisoning by unspecified narcotics, assault, subsequent encounter
324.	T40.603S	Poisoning by unspecified narcotics, assault, sequela
325.	T40.604	Poisoning by unspecified narcotics, undetermined
326.	T40.604A	Poisoning by unspecified narcotics, undetermined, initial encounter
327.	T40.604D	Poisoning by unspecified narcotics, undetermined, subsequent encounter
328.	T40.604S	Poisoning by unspecified narcotics, undetermined, sequela
329.	T40.691	Poisoning by other narcotics, accidental (unintentional)
330.	T40.691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
331.	T40.691D	Poisoning by other narcotics, accidental (unintentional), subsequent encounter
332.	T40.691S	Poisoning by other narcotics, accidental (unintentional), sequela
333.	T40.692	Poisoning by other narcotics, intentional self-harm
334.	T40.692A	Poisoning by other narcotics, intentional self-harm, initial encounter
335.	T40.692D	Poisoning by other narcotics, intentional self-harm, subsequent encounter
336.	T40.692S	Poisoning by other narcotics, intentional self-harm, sequela
337.	T40.693	Poisoning by other narcotics, assault
338.	T40.693A	Poisoning by other narcotics, assault, initial encounter
339.	T40.693D	Poisoning by other narcotics, assault, subsequent encounter
340.	T40.693S	Poisoning by other narcotics, assault, sequela
341.	T40.694	Poisoning by other narcotics, undetermined
342.	T40.694A	Poisoning by other narcotics, undetermined, initial encounter
343.	T40.694D	Poisoning by other narcotics, undetermined, subsequent encounter
344.	T40.694S	Poisoning by other narcotics, undetermined, sequela
345.	F11.20	Opioid Dependence uncomplicated
346.	F11.21	Opioid Dependence in remission

347.	F11.22	Opioid dependence with intoxication
348.	F11.220	Opioid Dependence uncomplicated
349.	F11.221	Opioid Dependence delirium
350.	F11.222	Opioid dependence w intoxication with perceptual disturbance
351.	F11.229	Opioid Dependence unspecified
352.	F11.23	Opioid Dependence with withdrawal
353.	F11.24	Opioid Dependence with opioid-induced mood disorder
354.	F11.25	Opioid Dependence with opioid-induced psychotic disorder
355.	F11.250	Opioid Dependence with delusions
356.	F11.251	Opioid Dependence with hallucinations
357.	F11.259	Opioid Dependence unspecified
358.	F11.28	Opioid Dependence with other opioid-induced disorder
359.	F11.281	Opioid Dependence with opioid-induced sexual dysfunction
360.	F11.282	Opioid Dependence with opioid-induced sleep disorder
361.	F11.288	Opioid Dependence with other opioid-induced disorder

TAB 2

EXHIBIT 2: Maximum Eligible Amount Calculation Methodology

Note: These instructions as to how to calculate your Mallinckrodt-Related Opioid Spend also appear at the end of the TPP Abatement Claim Form, which is Exhibit 1 to the Trust Distribution Procedures.

Third-Party Payor Opioid Claimants shall use the following methodology for calculating the Maximum EligibleAmount distributable to them:

For the period of January 1, 2008 through December 31, 2020, you must provide the following:

a. The number of unique members who were prescribed one or more of the drugs identified on the NDC List, attached as Appendix A to the TPP Abatement Claim Form.
b. The number of unique prescriptions paid, all or in part, by your plan for the drugs identified on the NDC List.
c. The total final dollars paid by your plan for the prescriptions for the drugs identified in b above.
d. The number of unique members identified in a above who were diagnosed with an Opioid Use Disorder, using one or more of the codes on the OUD ICD 9 and 10 List, attached as Appendix B to the TPP Abatement Claim Form.
e. For the members identified in d above, the total dollar amount of medical claims with the ICD, CPT, or HCPS codes on the OUD Medical Claims Codes List, attached as Appendix C TPP Abatement Claim Form, paid for those members.
f. The total number of members, subscribers and covered dependents covered by your plan or administered by your plan as of January 1, 2021.

The amount of your abatement claim (Part 3, question 1 of the TPP Abatement Claim Form) should be calculated by adding the answers to questions c and e above.

TAB 3

EXHIBIT 3: Approved MAT Expenses

Approved MAT Expenses. All or part of the expenses incurred by TPP Authorized Recipients for Allowed MAT Therapy, defined as claims paid for the following therapies or under the following ICD/CPT/HCPS codes:

1. Medication Assisted Treatment (MAT): Assigned ICD-10 code F11.20 (convert to ICD-9 304.00, 304.01, and 304.02) for opioid dependence.

2. Visit type: Adult Wellness Visit (AWV) or acute visit for Opioid Use Disorder/Dependence Comprehensive evaluation of new patient or established patient for suitableness for buprenorphine treatment.

3. New Patient: code 99205, 99201

4. Established Patient: code 99211-99215

5. Visit type: MAT medication induction.

6. Established Patient E/M: 99211–99215

7. Patient Consult: 99241-45(*)[18]

8. Telephonic: 99241 can only be used as telephonic prescriber-to-prescriber consultation regarding a patient. Patient cannot be present.

9. Prolonged visits codes (99354, 99355) (*)

10. 30-74 minutes: 99354(*)

11. 75-104 minutes: 99355(*)

12. 105+ minutes: 99354+99355x2(*)

13. Visit type: MAT medication/maintenance. Acute visit for OUD/opioid dependence.

14. Established Patient: 99212-15

15. SBIRT substance abuse and structured screening and brief intervention services: 99408 (can be offered and billed for naloxone education.)

16. CPT/Prof HCPC/FAC

17. 99214 – E/M office visit/G0480 – UDT definitive

18. 99213 – E/M office visit/H0015 – IOP

[18] Codes followed by an asterisk (*) have been identified as frequently subject to abuse and are being reviewed.

19. 99285 – E/M ER visit/H2035 – drug treatment program per hour
20. 99215 – E/M office visit/G0481 – UDT definitive
21. 80307 – UDT presumptive/H0010 – acute/subacute detox
22. 99232 – E/M inpatient visit/H2036 - drug treatment program per diem
23. 99233 – E/M inpatient visit/G0463 – outpatient clinic visit
24. 99223 – E/M inpatient visit/H0011 - acute/subacute detox
25. 99284 – E/M ER visit/H0007 outpatient crisis intervention
26. 99204 – E/M office visit/G0482 – UDT definitive
27. 99231 – E/M inpatient visit/G0483 – UDT definitive
28. 99205 – E/M office visit/H0001 – alcohol and/or drug treatment assessment
29. 99220 – E/M observation/H0020 – alcohol and/or drug treatment – methadone administration
30. 99443 – E/M telephone service/H0050 – alcohol and/or drug treatment, brief intervention
31. 99283 – E/M ER visit/G0396 - alcohol and/or substance abuse structured assessmentand brief intervention (15 to 30 mins)
32. 99212 – E/M office visit/G0397 - alcohol and/or substance abuse structured assessmentand brief intervention (more than 30 mins)
33. 96372 - Therapeutic, prophylactic, or diagnostic injection (specify material injected);subcutaneous or intramuscular
34. J2315 - Injection, naltrexone, depot form, 1 mg
35. 3E023GC - Introduction of other therapeutic substance into muscle, percutaneous approach
36. 96372 - Therapeutic, prophylactic, or diagnostic injection (specify material injected);subcutaneous or intramuscular (same as Vivitrol)
37. Q9991 – Injection, buprenorphine extended-release (Sublocade), less than or equal to100 mg
38. Q9992 – Injection, buprenorphine extended-release (Sublocade), greater than 100 mg
39. G2067 Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
40. G2068 Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)

41. G2069 – Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/ or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
42. G2070 Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
43. G2071 Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare enrolled Opioid Treatment Program)
44. G2072 Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare enrolled Opioid Treatment Program)
45. G2073 Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
46. G2074 – Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology (provision of the services by a Medicare-enrolled opioid treatment program)
47. G2075 Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)
48. G2076 Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program)
49. G2077 Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program)
50. G2078 Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program)
51. G2079 Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program)
52. G2080 Each additional 30 minutes of counseling in a week of medication assisted

treatment, (provision of the services by a Medicare-enrolled opioid treatment program)

53. G2086 –Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
54. G2087 – Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
55. G0516 – Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
56. G0517 – Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
57. G0518 – Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
58. G2215 – Take home supply of nasal naxolone (provision of the services by a Medicare enrolled opioid treatment program)
59. G2216 – Take home supply of injectable naxolone (provision of the services by a Medicare enrolled opioid treatment program)
60. 11981 – Insertion of single non-biodegradable implant
61. 11982 – Removal of single non-biodegradable implant
62. 11983 – Removal and re-insertion of single nonbiodegradable implant
63. 17999 – unlisted procedure, skin, mucous mem
64. S9475 –Ambulatory setting substance abuse treatment or detoxification services
65. H0020 ALCOHL &OR RX SRVC; METHADONE ADMIN &OR SERVICE
66. H0033 ORAL MEDICATION ADMIN DIRECT OBSERVATION
67. J3490 - Buprenorphine extended-release injection, for subcutaneous use (Sublocade)
68. J0570 – Buprenorphine implant, 74.2 mg; Physician office and Outpatient
69. J0571 BUPRENORPHINE ORAL 1 MG
70. J0572 BUPRENORPHINE/NALOXONE ORAL </=TO 3 MG BPN
71. J0573 BUPRENORPHNE/NALOXONE ORAL >3 MG BUT </=6 MG BPN
72. J0574 BUPRENORPHINE/NLX ORAL >6 MG BUT </=TO 10 MG BPN
73. J0575 BUPRENORPHINE/NALOXONE ORAL >10 MG BUPRENORPHINE
74. J1230 Methadone
75. J2315 INJECTION NALTREXONE DEPOT FORM 1 MG
76. S0109 METHADONE ORAL 5MG
77. Rev Code 900 + H0020 (methadone)
78. Rev Code 900 + H0001 or H0004 or H0005 or H0006
79. Bunavail (buprenorphine with naloxone) Buccal Film; Buprenorphine with naloxone Sublingual Tablet/Film; Cassipa (buprenorphine with naloxone) Sublingual Film; Suboxone (buprenorphine with naloxone) Sublingual Film; Probuphine

(buprenorphine); Subutex (buprenorphine); Sublocade (buprenorphine extended-release) injection; Zubsolv (buprenorphine with naloxone) Sublingual Tablet; Vivitrol (naltrexone for extended-release); Methadone

80. 65200010100760 BUPRENORPHIN SUB 2MG
81. 65200010100760 BUPRENORPHINE 2 MG TABLET SL
82. 65200010100760 SUBUTEX SUB 2MG
83. 65200010100780 BUPRENORPHIN SUB 8MG
84. 65200010100780 BUPRENORPHINE 8 MG TABLET SL
85. 65200010100780 SUBUTEX SUB 8MG
86. 65200010102320 PROBUPHINE IMP KIT 74.2
87. 65200010200710 ZUBSOLV SUB 0.7-0.18
88. 65200010200715 ZUBSOLV SUB 1.4-0.36
89. 65200010200720 BUPREN/NALOX SUB 2-0.5MG
90. 65200010200720 BUPRENORPHN-NALOXN 2-0.5 MG SL
91. 65200010200720 SUBOXONE SUB 2-0.5MG
92. 65200010200720 SUBOXONE SUB 2MG
93. 65200010200725 ZUBSOLV 2.9-0.71 MG TABLET SL
94. 65200010200732 ZUBSOLV SUB 5.7-1.4
95. 65200010200740 BUPREN/NALOX SUB 8-2MG
96. 65200010200740 BUPRENORPHIN-NALOXON 8-2 MG SL
97. 65200010200740 SUBOXONE SUB 8-2MG
98. 65200010200740 SUBOXONE SUB 8MG
99. 65200010200745 ZUBSOLV SUB 8.6-2.1
100. 65200010200760 ZUBSOLV 11.4-2.9 MG TABLET SL
101. 65200010208220 BUPREN/NALOX MIS 2-0.5MG
102. 65200010208220 SUBOXONE MIS 2-0.5MG
103. 65200010208230 BUPREN/NALOX MIS 4-1MG
104. 65200010208230 SUBOXONE MIS 4-1MG
105. 65200010208240 BUPREN/NALOX MIS 8-2MG
106. 65200010208240 SUBOXONE MIS 8-2MG
107. 65200010208250 BUPREN/NALOX MIS 12-3MG

108.	65200010208250	SUBOXONE MIS 12-3MG
109.	65200010208260	BUNAVAIL MIS 2.1-0.3
110.	65200010208270	BUNAVAIL MIS 4.2-0.7
111.	65200010208280	BUNAVAIL MIS 6.3-1MG
112.	93400030001920	VIVITROL INJ 380MG
113.	93400030100305	DEPADE TAB 50MG
114.	93400030100305	NALTREXONE TAB 50MG
115.	93400030100305	REVIA TAB 50MG
116.	93409902502320	NALTREXONE IMP
117.	6520001000E520	SUBLOCADE INJ 100/0.5
118.	6520001000E530	SUBLOCADE INJ 300/1.5
119.	F11.1	Opioid abuse
120.	F11.10	Opioid abuse, uncomplicated
121.	F11.11	Opioid abuse, in remission
122.	F11.12	Opioid abuse with intoxication
123.	F11.120	Opioid abuse with intoxication, uncomplicated
124.	F11.121	Opioid abuse with intoxication delirium
125.	F11.122	Opioid abuse with intoxication with perceptual disturbance
126.	F11.129	Opioid abuse with intoxication, unspecified
127.	F11.13	Opioid abuse with withdrawal
128.	F11.14	Opioid abuse with opioid-induced mood disorder
129.	F11.15	Opioid abuse with opioid-induced psychotic disorder
130.	F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions
131.	F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations
132.	F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
133.	F11.18	Opioid abuse with other opioid-induced disorder
134.	F11.181	Opioid abuse with opioid-induced sexual dysfunction
135.	F11.182	Opioid abuse with opioid-induced sleep disorder
136.	F11.188	Opioid abuse with other opioid-induced disorder
137.	F11.19	Opioid abuse with unspecified opioid-induced disorder

138.	T40.0X1	Poisoning by opium, accidental (unintentional)
139.	T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter
140.	T40.0X1D	Poisoning by opium, accidental (unintentional), subsequent encounter
141.	T40.0X1S	Poisoning by opium, accidental (unintentional), sequela
142.	T40.0X2	Poisoning by opium, intentional self-harm
143.	T40.0X2A	Poisoning by opium, intentional self-harm, initial encounter
144.	T40.0X2D	Poisoning by opium, intentional self-harm, subsequent encounter
145.	T40.0X2S	Poisoning by opium, intentional self-harm, sequela
146.	T40.0X3	Poisoning by opium, assault
147.	T40.0X3A	Poisoning by opium, assault, initial encounter
148.	T40.0X3D	Poisoning by opium, assault, subsequent encounter
149.	T40.0X3S	Poisoning by opium, assault, sequela
150.	T40.0X4	Poisoning by opium, undetermined
151.	T40.0X4A	Poisoning by opium, undetermined, initial encounter
152.	T40.0X4D	Poisoning by opium, undetermined, subsequent encounter
153.	T40.0X4S	Poisoning by opium, undetermined, sequela
154.	T40.1	Poisoning by and adverse effect of heroin
155.	T40.1X	Poisoning by and adverse effect of heroin
156.	T40.1X1	Poisoning by heroin, accidental (unintentional)
157.	T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter
158.	T40.1X1D	Poisoning by heroin, accidental (unintentional), subsequent encounter
159.	T40.1X1S	Poisoning by heroin, accidental (unintentional), sequela
160.	T40.1X2	Poisoning by heroin, intentional self-harm
161.	T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter
162.	T40.1X2D	Poisoning by heroin, intentional self-harm, subsequent encounter
163.	T40.1X2S	Poisoning by heroin, intentional self-harm, sequela
164.	T40.1X3	Poisoning by heroin, assault
165.	T40.1X3A	Poisoning by heroin, assault, initial encounter
166.	T40.1X3D	Poisoning by heroin, assault, subsequent encounter

167.	T40.1X3S	Poisoning by heroin, assault, sequela
168.	T40.1X4	Poisoning by heroin, undetermined
169.	T40.1X4A	Poisoning by heroin, undetermined, initial encounter
170.	T40.1X4D	Poisoning by heroin, undetermined, subsequent encounter
171.	T40.1X4S	Poisoning by heroin, undetermined, sequela
172.	T40.1X5	Adverse effect of heroin
173.	T40.1X5A	Adverse effect of heroin, initial encounter
174.	T40.1X5D	Adverse effect of heroin, subsequent encounter
175.	T40.1X5S	Adverse effect of heroin, sequela
176.	T40.1X6	Underdosing of heroin
177.	T40.1X6A	Underdosing of heroin, initial encounter
178.	T40.1X6D	Underdosing of heroin, subsequent encounter
179.	T40.1X6S	Underdosing of heroin, sequela
180.	T40.2X1	Poisoning by other opioids, accidental (unintentional)
181.	T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter
182.	T40.2X1D	Poisoning by other opioids, accidental (unintentional), subsequent encounter
183.	T40.2X1S	Poisoning by other opioids, accidental (unintentional), sequela
184.	T40.2X2	Poisoning by other opioids, intentional self-harm
185.	T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter
186.	T40.2X2D	Poisoning by other opioids, intentional self-harm, subsequent encounter
187.	T40.2X2S	Poisoning by other opioids, intentional self-harm, sequela
188.	T40.2X3	Poisoning by other opioids, assault
189.	T40.2X3A	Poisoning by other opioids, assault, initial encounter
190.	T40.2X3D	Poisoning by other opioids, assault, subsequent encounter
191.	T40.2X3S	Poisoning by other opioids, assault, sequela
192.	T40.2X4	Poisoning by other opioids, undetermined
193.	T40.2X4A	Poisoning by other opioids, undetermined, initial encounter
194.	T40.2X4D	Poisoning by other opioids, undetermined, subsequent encounter
195.	T40.2X4S	Poisoning by other opioids, undetermined, sequela

196.	T40.3X1	Poisoning by methadone, accidental (unintentional)
197.	T40.3X1A	Poisoning by methadone, accidental (unintentional), initial encounter
198.	T40.3X1D	Poisoning by methadone, accidental (unintentional), subsequent encounter
199.	T40.3X1S	Poisoning by methadone, accidental (unintentional), sequela
200.	T40.3X2	Poisoning by methadone, intentional self-harm
201.	T40.3X2A	Poisoning by methadone, intentional self-harm, initial encounter
202.	T40.3X2D	Poisoning by methadone, intentional self-harm, subsequent encounter
203.	T40.3X2S	Poisoning by methadone, intentional self-harm, sequela
204.	T40.3X3	Poisoning by methadone, assault
205.	T40.3X3A	Poisoning by methadone, assault, initial encounter
206.	T40.3X3D	Poisoning by methadone, assault, subsequent encounter
207.	T40.3X3S	Poisoning by methadone, assault, sequela
208.	T40.3X4	Poisoning by methadone, undetermined
209.	T40.3X4A	Poisoning by methadone, undetermined, initial encounter
210.	T40.3X4D	Poisoning by methadone, undetermined, subsequent encounter
211.	T40.3X4S	Poisoning by methadone, undetermined, sequela
212.	T40.4	Poisoning by, adverse effect of and underdosing of other synthetic narcotics
213.	T40.41	Poisoning by, adverse effect of and underdosing of fentanylor fentanyl analogs
214.	T40.411	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional)
215.	T40.411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
216.	T40.411D	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter
217.	T40.411S	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela
218.	T40.412	Poisoning by fentanyl or fentanyl analogs, intentional self-harm
219.	T40.412A	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter
220.	T40.412D	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter

221.	T40.412S	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela
222.	T40.413	Poisoning by fentanyl or fentanyl analogs, assault
223.	T40.413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter
224.	T40.413D	Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter
225.	T40.413S	Poisoning by fentanyl or fentanyl analogs, assault, sequela
226.	T40.414	Poisoning by fentanyl or fentanyl analogs, undetermined
227.	T40.414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
228.	T40.414D	Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter
229.	T40.414S	Poisoning by fentanyl or fentanyl analogs, undetermined, sequela
230.	T40.415	Adverse effect of fentanyl or fentanyl analogs
231.	T40.415A	Adverse effect of fentanyl or fentanyl analogs, initial encounter
232.	T40.415D	Adverse effect of fentanyl or fentanyl analogs, subsequent encounter
233.	T40.415S	Adverse effect of fentanyl or fentanyl analogs, sequela
234.	T40.416	Underdosing of fentanyl or fentanyl analogs
235.	T40.416A	Underdosing of fentanyl or fentanyl analogs, initial encounter
236.	T40.416D	Underdosing of fentanyl or fentanyl analogs, subsequent encounter
237.	T40.416S	Underdosing of fentanyl or fentanyl analogs, sequela
238.	T40.42	Poisoning by, adverse effect of and underdosing of tramadol
239.	T40.421	Poisoning by tramadol, accidental (unintentional)
240.	T40.421A	Poisoning by tramadol, accidental (unintentional), initial encounter
241.	T40.421D	Poisoning by tramadol, accidental (unintentional), subsequent encounter
242.	T40.421S	Poisoning by tramadol, accidental (unintentional), sequela
243.	T40.422	Poisoning by tramadol, intentional self-harm
244.	T40.422A	Poisoning by tramadol, intentional self-harm, initial encounter
245.	T40.422D	Poisoning by tramadol, intentional self-harm, subsequent encounter

246.	T40.422S	Poisoning by tramadol, intentional self-harm, sequela
247.	T40.423	Poisoning by tramadol, assault
248.	T40.423A	Poisoning by tramadol, assault, initial encounter
249.	T40.423D	Poisoning by tramadol, assault, subsequent encounter
250.	T40.423S	Poisoning by tramadol, assault, sequela
251.	T40.424	Poisoning by tramadol, undetermined
252.	T40.424A	Poisoning by tramadol, undetermined, initial encounter
253.	T40.424D	Poisoning by tramadol, undetermined, subsequent encounter
254.	T40.424S	Poisoning by tramadol, undetermined, sequela
255.	T40.425	Adverse effect of tramadol
256.	T40.425A	Adverse effect of tramadol, initial encounter
257.	T40.425D	Adverse effect of tramadol, subsequent encounter
258.	T40.425S	Adverse effect of tramadol, sequela
259.	T40.426	Underdosing of tramadol
260.	T40.426A	Underdosing of tramadol, initial encounter
261.	T40.426D	Underdosing of tramadol, subsequent encounter
262.	T40.426S	Underdosing of tramadol, sequela
263.	T40.49	Poisoning by, adverse effect of and underdosing of other synthetic narcotics
264.	T40.491	Poisoning by other synthetic narcotics, accidental (unintentional)
265.	T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
266.	T40.491D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
267.	T40.491S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
268.	T40.492	Poisoning by other synthetic narcotics, intentional self-harm
269.	T40.492A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
270.	T40.492D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
271.	T40.492S	Poisoning by other synthetic narcotics, intentional self-harm, sequela
272.	T40.493	Poisoning by other synthetic narcotics, assault

273.	T40.493A	Poisoning by other synthetic narcotics, assault, initial encounter
274.	T40.493D	Poisoning by other synthetic narcotics, assault, subsequent encounter
275.	T40.493S	Poisoning by other synthetic narcotics, assault, sequela
276.	T40.494	Poisoning by other synthetic narcotics, undetermined
277.	T40.494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
278.	T40.494D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
279.	T40.494S	Poisoning by other synthetic narcotics, undetermined, sequela
280.	T40.495	Adverse effect of other synthetic narcotics
281.	T40.495A	Adverse effect of other synthetic narcotics, initial encounter
282.	T40.495D	Adverse effect of other synthetic narcotics, subsequent encounter
283.	T40.495S	Adverse effect of other synthetic narcotics, sequela
284.	T40.496	Underdosing of other synthetic narcotics
285.	T40.496A	Underdosing of other synthetic narcotics, initial encounter
286.	T40.496D	Underdosing of other synthetic narcotics, subsequent encounter
287.	T40.496S	Underdosing of other synthetic narcotics, sequela
288.	T40.4X	Poisoning by, adverse effect of and underdosing of other synthetic narcotics
289.	T40.4X1	Poisoning by other synthetic narcotics, accidental (unintentional)
290.	T40.4X1A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
291.	T40.4X1D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
292.	T40.4X1S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
293.	T40.4X2	Poisoning by other synthetic narcotics, intentional self-harm
294.	T40.4X2A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
295.	T40.4X2D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
296.	T40.4X2S	Poisoning by other synthetic narcotics, intentional self-harm, sequela

297.	T40.4X3	Poisoning by other synthetic narcotics, assault
298.	T40.4X3A	Poisoning by other synthetic narcotics, assault, initial encounter
299.	T40.4X3D	Poisoning by other synthetic narcotics, assault, subsequent encounter
300.	T40.4X3S	Poisoning by other synthetic narcotics, assault, sequela
301.	T40.4X4	Poisoning by other synthetic narcotics, undetermined
302.	T40.4X4A	Poisoning by other synthetic narcotics, undetermined, initial encounter
303.	T40.4X4D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
304.	T40.4X4S	Poisoning by other synthetic narcotics, undetermined, sequela
305.	T40.4X5	Adverse effect of other synthetic narcotics
306.	T40.4X5A	Adverse effect of other synthetic narcotics, initial encounter
307.	T40.4X5D	Adverse effect of other synthetic narcotics, subsequent encounter
308.	T40.4X5S	Adverse effect of other synthetic narcotics, sequela
309.	T40.4X6	Underdosing of other synthetic narcotics
310.	T40.4X6A	Underdosing of other synthetic narcotics, initial encounter
311.	T40.4X6D	Underdosing of other synthetic narcotics, subsequent encounter
312.	T40.4X6S	Underdosing of other synthetic narcotics, sequela
313.	T40.601	Poisoning by unspecified narcotics, accidental (unintentional)
314.	T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
315.	T40.601D	Poisoning by unspecified narcotics, accidental (unintentional), subsequent encounter
316.	T40.601S	Poisoning by unspecified narcotics, accidental (unintentional), sequela
317.	T40.602	Poisoning by unspecified narcotics, intentional self-harm
318.	T40.602A	Poisoning by unspecified narcotics, intentional self-harm, initial encounter
319.	T40.602D	Poisoning by unspecified narcotics, intentional self-harm, subsequent encounter
320.	T40.602S	Poisoning by unspecified narcotics, intentional self-harm, sequela
321.	T40.603	Poisoning by unspecified narcotics, assault

322.	T40.603A	Poisoning by unspecified narcotics, assault, initial encounter
323.	T40.603D	Poisoning by unspecified narcotics, assault, subsequent encounter
324.	T40.603S	Poisoning by unspecified narcotics, assault, sequela
325.	T40.604	Poisoning by unspecified narcotics, undetermined
326.	T40.604A	Poisoning by unspecified narcotics, undetermined, initial encounter
327.	T40.604D	Poisoning by unspecified narcotics, undetermined, subsequent encounter
328.	T40.604S	Poisoning by unspecified narcotics, undetermined, sequela
329.	T40.691	Poisoning by other narcotics, accidental (unintentional)
330.	T40.691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
331.	T40.691D	Poisoning by other narcotics, accidental (unintentional), subsequent encounter
332.	T40.691S	Poisoning by other narcotics, accidental (unintentional), sequela
333.	T40.692	Poisoning by other narcotics, intentional self-harm
334.	T40.692A	Poisoning by other narcotics, intentional self-harm, initial encounter
335.	T40.692D	Poisoning by other narcotics, intentional self-harm, subsequent encounter
336.	T40.692S	Poisoning by other narcotics, intentional self-harm, sequela
337.	T40.693	Poisoning by other narcotics, assault
338.	T40.693A	Poisoning by other narcotics, assault, initial encounter
339.	T40.693D	Poisoning by other narcotics, assault, subsequent encounter
340.	T40.693S	Poisoning by other narcotics, assault, sequela
341.	T40.694	Poisoning by other narcotics, undetermined
342.	T40.694A	Poisoning by other narcotics, undetermined, initial encounter
343.	T40.694D	Poisoning by other narcotics, undetermined, subsequent encounter
344.	T40.694S	Poisoning by other narcotics, undetermined, sequela
345.	F11.20	Opioid Dependence uncomplicated
346.	F11.21	Opioid Dependence in remission
347.	F11.22	Opioid dependence with intoxication
348.	F11.220	Opioid Dependence uncomplicated

349.	F11.221	Opioid Dependence delirium
350.	F11.222	Opioid dependence w intoxication with perceptual disturbance
351.	F11.229	Opioid Dependence unspecified
352.	F11.23	Opioid Dependence with withdrawal
353.	F11.24	Opioid Dependence with opioid-induced mood disorder
354.	F11.25	Opioid Dependence with opioid-induced psychotic disorder
355.	F11.250	Opioid Dependence with delusions
356.	F11.251	Opioid Dependence with hallucinations
357.	F11.259	Opioid Dependence unspecified
358.	F11.28	Opioid Dependence with other opioid-induced disorder
359.	F11.281	Opioid Dependence with opioid-induced sexual dysfunction
360.	F11.282	Opioid Dependence with opioid-induced sleep disorder
361.	F11.288	Opioid Dependence with other opioid-induced disorder

END OF EXHIBIT 3

TAB 4

EXHIBIT 4: Approved Uses/Programs

Approved Uses/Programs. Approved Uses/Programs are those that satisfy the following criteria (the "Approved Uses/Programs Criteria"): they (a) focus on providing treatment of Opioid Use Disorder ("OUD") and/or any Substance Use Disorder or Mental Health ("SUD/MH") conditions, and/or grants to organizations focused on providing treatment of OUD and/or any SUD/MH conditions, (b) employ evidence-based or evidence-informed strategies, and (c) do not include reimbursements to health care providers or payments to covered persons under the plan of a TPP Opioid Authorized Recipient (or ASO, if applicable). Approved Uses/Programs follow:[19]

1. Support programs that increase the availability or quality of treatment for OUD and/or any SUD/MH conditions or are designed to prevent OUD, including, but not limited to:

    a. Expand telehealth networks and availability to increase access to treatment for OUD and/or any SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

    b. Support mobile, community-based crisis intervention services, including outpatient hospitals, community health centers, mental health centers and other clinics delivering mobile crisis intervention by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and/or any SUD/MH conditions and for persons who have experienced an opioid overdose. All supported services should make medications for opioid use disorder available through the mobile interventions.

    c. Train health care personnel to identify and treat trauma of individuals with OUD and/or SUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), including training of health care personnel supporting residential treatment, partial hospitalization, and intensive outpatient services.

    d. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("DATA 2000") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

    e. Support academic-led training on MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including tele-mentoring to assist community-based providers in rural or underserved areas.

[19] As used herein, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

f. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment and peer recovery and support specialists. These efforts should be based on research evidence of what works for stigma reduction and include an evaluation of efforts.

g. Support programs offering physical health and behavioral health services for members with OUD and/or any SUD/MH conditions, including but not limited to care management.

h. Support utilization management programs designed to prevent OUD.

i. Fund programs providing locations for safe and free disposal of opioids and other controlled substances.

j. Fund programs tailored to support patient adherence to MAT treatment.

k. Support educational programs on correct coding for OUD.

l. Fund programs to develop predictive modeling for earlier identification of OUD and SUD.

m. Support hospitals to deliver provision of MAT to patients.

2. Support programs that decrease the cost to the patient of treatment for OUD and/or any SUD/MH conditions.

    a. Waive co-payments and other non-covered (or unreimbursed) patient costs for treatment for opioid use disorder with buprenorphine and methadone.

    b. Provide or support transportation to treatment or recovery programs or services for persons with OUD and/or any SUD/MH conditions.

    c. Provide community support services, including social and legal services, to assist in the living conditions of persons with OUD and/or any SUD/MH conditions.

    d. Provide employment training or educational services for persons in treatment for or recovery from OUD and/or any SUD/MH conditions.

3. Grants to organizations whose mission is to provide, expand access to and/or improve the delivery of treatment for OUD and/or any SUD/MH conditions through evidence-based or evidence-informed strategies.

    Examples include:

    Liberation Programs Inc. (CT)

    Boston Medical Center (Grayken Center) (MA)

Institutes for Behavioral Resources - Reach Health Services (MD)

Montefiore Medical Center (opioid treatment programs) (NY)

Pennsylvania Psychiatric Institute: Advancement in Recovery (PA)

Evergreen Treatment Services (WA)

Shatterproof

The Alliance for Addiction Payment Reform

National Council for Behavioral Health

Faces and Voices of Recovery

National Alliance for Recovery Residences

Supportive Housing

National Association for Mental Illness

Mental Health of America

The Trustee can add to the list of Approved Uses/Programs in this Exhibit 4 such programs that satisfy the Approved Uses/Programs Criteria; *provided that* the Trustee provides each State Attorney General at least forty-five (45) days advance written notice that both identifies the program or programs to be added to this Exhibit 4 and explains how the program or programs to be added satisfy the Approved Uses/Programs Criteria.

TAB 5

Summary of Trust Distribution Procedures of Mallinckrodt Third-Party Payor Trust

[The complete Trust Distribution Procedures follow this summary.]

A. Overview

The Mallinckrodt Third-Party Payor Trust (the "TPP Trust") is an Abatement Trust[1] that is to be established in accordance with the Plan, the Confirmation Order, and the TPP Trust Documents to (a) assume all liability for Third-Party Payor Opioid Claims, (b) receive distributions made on account of the Third-Party Payor Opioid Claims Share in accordance with the Plan and the TPP Trust Documents, (c) administer Third-Party Payor Opioid Claims, and (d) make Abatement Distributions to TPP Authorized Recipients for Approved Uses, in accordance with the Third-Party Payor Trust Documents and the Plan.

The Third-Party Payor Trust Distribution Procedures (the "TPP TDP") set forth, among other things, the manner in which the TPP Trust shall make determinations about Third-Party Payor Opioid Claims and TPP Abatement Distributions to Third-Party Payor Opioid Claimants that satisfy the eligibility criteria for TPP Authorized Recipients set forth therein, including the timely filing of a TPP Abatement Claim Form. All Distributions in respect of Third-Party Payor Opioid Claims shall be exclusively in the form of TPP Abatement Distributions and may be used exclusively for the Authorized Abatement Purposes set forth in the Plan and the TPP TDP.

B. Funding of the TPP Trust

The TPP Trust will be funded with a total of $$89,091,000 over time, subject to adjustment in the event of the exercise of the Prepayment Option.[2]

The funds paid to the TPP Trust shall be used for the administration (including the payment of expenses) of the TPP Trust, and to make the TPP Abatement Distributions to TPP Authorized Recipients (as defined in the TPP TDP), subject to the assessments to the Common Benefit Escrow (and, later, the Common Benefit Fund) of 5% of each distribution that would otherwise be made by the TPP Trust to TPP Authorized Recipients.

TPP AUTHORIZED RECIPIENTS ARE REQUIRED TO USE ALL FUNDS DISTRIBUTED TO THEM FROM THE TPP TRUST SOLELY AND EXCLUSIVELY FOR AUTHORIZED ABATEMENT PURPOSES.

C. Trust Administration

The trustee of the TPP Trust (the "Trustee") will be selected in accordance with the Plan in advance of the Effective Date by the Third-Party Payor Group in consultation with the Debtors. The Trustee shall have the power and authority to perform all functions on behalf of the TPP Trust, and shall

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[1] Terms used but not defined herein shall have the meaning ascribed to them in the Plan or in the TPP TDP, as applicable.

[2] In the event that the Opioid MDT II Trust exercises the Prepayment Option, the amount and schedule of paymentsmade be modified, as set forth in the Plan.

undertake all administrative responsibilities of the TPP Trust (whether directly or through professionals and agents engaged by the TPP Trust, including a claims administrator) as are provided in the Plan and the TPP Trust Documents. The Trustee shall be responsible for all decisions and duties with respect to the TPP Trust, as more fully set forth in the TPP Trust Agreement.

The Trustee shall have the exclusive authority to determine the eligibility of Third-Party Payor Opioid Claimants to be TPP Authorized Recipients, subject to the challenge rights set forth in the TPP TDP, as well as the amount of each claimant's maximum claim in accordance with the TPP TDP and the amounts of TPP Abatement Distributions to be made by the TPP Trust.

D. Eligibility for TPP Abatement Distributions

To qualify as a TPP Opioid Authorized Recipient to receive TPP Abatement Distributions from the TPP Trust, each Third-Party Payor Opioid Claimant must:

a. Timely submit a completed form (the "TPP Abatement Claim Form," (available at Exhibit 1) so that it is received by the TPP Trust by the TPP Abatement Claim Deadline, which **shall be no later than one hundred eighty (180) days after the Effective Date of the Plan (the "TPP Abatement Claim Deadline") in accordance with the instructions provided with the TPP Abatement Claim Form; and**

b. Have provided in connection with such TPP Abatement Claim Form, by or before the TPP Abatement Claim Deadline, a calculation of its Mallinckrodt-Related Opioid Spend (as described in the instructions that accompany the TPP Abatement Claim Form), utilizing the Maximum Eligible Amount Calculation Methodology.

To receive a TPP Abatement Distribution from the TPP Trust, a Third-Party Payor Opioid Claimant must also complete and return to the TPP Trust an IRS form W-9 or an IRS form W-8, as applicable, within 180 days of the Effective Date.

The TPP Abatement Claim Form shall be made available on the TPP Trust website [www.MallinckrodtTPPTrust.com,] The form will also be filed with the Bankruptcy Court and distributed by the Trustee (or an agent thereof) promptly after the Effective Date via email to the TPP notice parties [identified in Exhibit 6 to the TPP TDP].
IRS forms W-9 and W-8 are available on the official IRS website, at www.irs.gov, and there is also a link to the tax forms on the TPP Trust website. The TPP Abatement Claim Form may be filed electronically on the website, with the appropriate tax form included as an attachment. Alternatively, completed forms may be mailed to Mallinckrodt/TPP Opioid Claims, c/o Kroll Restructuring Administration LLC, 850 3rd Avenue, Suite 412, Brooklyn, NY 11232, and the appropriate tax form may be emailed to MallinckrodtTPPTrust@ra.kroll.com. The completed tax form, like the completed TPP Abatement Claim Form, must be received by the TPP Trust by or before December 13, 2022 (the "**Tax Form Deadline**").

E. Determination of TPP Abatement Distributions

The Trustee shall review the timely submitted TPP Abatement Claim Forms and any supporting documentation and data, make determinations about the amount and validity of the Maximum

Eligible Amounts submitted by TPP Authorized Recipients, and eliminate any duplicative TPP Abatement Claim Forms.

No later than 270 days after the TPP Abatement Claim Deadline, the Trustee shall cause a password –protected section of the TPP Trust website [www. MallinckrodtTPPTrust.com] to be updated to reflect the TPP Trust's determination of the maximum amounts eligible to be distributed to TPP Authorized Recipients. A Third-Party Payor Opioid Claimant that has timely submitted a TPP Abatement Claim Form shall be provided with a password for the password-protected section of the TPP Trust website, and the Trustee will also notify by email each such Third-Party Payor Opioid Claimant that the website has been updated. TPP Authorized Recipients will have thirty (30) days from the date of such email notice to submit a letter or letters to the TPP Trust challenging the TPP Trust's determination. The procedures for challenging and associated deadlines are described in Section 5(b) of the TPP TDP.

F. Distributions on Account of Allowed Claims

There will be three annual distributions by the TPP Trust and the TPP Trust will provide a distribution report on the TPP Trust website in advance of each of the distributions. The first distribution report will be due twenty months after the Effective Date. The second and third distribution reports will be due one year and two years, respectively, after the date of the filing of the first distribution report.

Distributions to TPP Authorized Recipients with allowed claims will begin thirty (30) days after the filing of each distribution report

G. Authorized Abatement Purposes

TPP Authorized Recipients are required to use all net funds distributed to them from the TPP Trust solely and exclusively for TPP Authorized Abatement Purposes which consist of (i) Approved MAT Expenses and Approved Uses/Programs[3] and (ii) the payment of attorneys' fees and costs. Additional requirements regarding Approved MAT Expenses and Approved Uses/Programs are described in Section 8(a) of the TPP TDP.

[3] *See* Exhibits C and D to the TPP TDP.

MALLINCKRODT THIRD-PARTY PAYOR TRUST DISTRIBUTION PROCEDURES[4]

I. APPLICABILITY

Pursuant to the *Fourth Amended Joint Plan of Reorganization (With Technical Modifications) of Mallinckrodt Plc and Its Debtor Affiliates Under Chapter 11 of the Bankruptcy Code* (as the same may be further amended, the "Plan")[5] and the Opioid MDT II Documents, Third-Party Payor Opioid Claims shall be channeled to and liability therefor shall be assumed by the Mallinckrodt Third-Party Payor Trust (the "TPP Trust") as of the Effective Date of the Plan. Third-Party Payor Opioid Claims include any Opioid Claims against any of the Debtors that arose before the Effective Date and are held by Third-Party Payors (i.e., health insurers, employer-sponsored health plans, union health and welfare funds or any other provider of health care benefits, and any third-party administrator or agent on behalf thereof) including any Claims based on the subrogation rights of the holder thereof that are not Other Opioid Claims or No Recovery Opioid Claims and that are not held by a Governmental Unit; *provided that* Claims in respect of self-funded government plans that were and are asserted through private Third-Party Payors shall be included in the defined term Third-Party Payor Opioid Claims. Holders of such claims are "Third-Party Payor Opioid Claimants."[6]

Third-Party Payor Opioid Claims shall be administered, liquidated and discharged pursuant to the Third-Party Payor Trust Documents, and satisfied solely from funds held by the TPP Trust as and to the extent provided in these trust distribution procedures (this "TPP TDP"). This TPP TDP sets forth the manner in which the TPP Trust shall make Abatement Distributions to those Third-Party Payor Opioid Claimants that satisfy the eligibility criteria for TPP Opioid Authorized Recipients, including the timely filing of a TPP Abatement Claim Form, as both terms are defined in Section 4 herein (such Abatement Distributions, "TPP Abatement Distributions"). Third-Party Payor Opioid Claims shall be fully discharged pursuant to this TPP TDP. All Distributions in respect of Third-Party Payor Opioid Claims shall be exclusively in the form of TPP Abatement Distributions and may be used exclusively for the Authorized Abatement Purposes.

II. RECEIPT AND USE OF FUNDS BY THE TPP TRUST

The Plan contemplates that the TPP Trust will receive a total of $89,091,000 over time, subject to adjustment in the event of the exercise of the Prepayment Option (the amount shown is

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[4] These procedures are qualified by the terms of the Plan. Third-Party Payor Opioid Claimants are strongly advised to review the Plan as well as all of the TPP Trust Documents and the Debtors' Disclosure Statement for additional information on the terms of the Plan and the treatment of Third-Party Payor Opioid Claims.

[5] Terms used but not defined herein shall have the meaning ascribed to them in the Plan.

[6] For the avoidance of doubt, Claims of Third- Party Payors against Holders of PI Claims or Distributions payable to Holders of PI Claims are not claims against any Debtor and therefore are not included in the definition of "Third-Party Payor Opioid Claims."

net of the amounts payable to the U.S. Department of Justice pursuant to the Plan).[7] Payments shall be made to theTPP Trust by the Opioid MDT II Trust on the following schedule:

- Initial payment to TPP Trust: Payment of $1 million, no more than five (5) Business Days after the Effective Date;

- Payment five (5) Business Days after the date that is 180 days after the Effective Date, in an amount equal to one-third of the amount payable to the TPP Trust, net of the initial payment;

- Payment one year after the preceding payment, in an amount equal to one-third of the amount payable to the TPP Trust, net of the initial payment; and

- Final payment one year after the preceding payment, in an amount equal to one-third of the amount payable to the TPP Trust, net of the initial payment.

The funds paid to the TPP Trust shall be used for the administration (including the payment of expenses) of the TPP Trust[8], and to make the TPP Abatement Distributions to Third-Party Payor Opioid Claimants that qualify as TPP Authorized Recipients (as defined in section 4 below), subject to the assessments to the Common Benefit Escrow (and, later, the Common Benefit Fund) of 5% of each distribution that would otherwise be made by the TPP Trust to TPP Authorized Recipients. Such assessments are required by Article IV.X.8(A) of the Plan, which provides that on the Effective Date, a Common Benefit Escrow shall be established and funded by assessments of 5% of each TPP Abatement Distribution made by the TPP Trust and certain other creditor trusts. Such assessments will be paid by the TPP Trust in respect of TPP Abatement Distributions, initially to the Common Benefit Escrow and then, upon its establishment, directly to the Common Benefit Fund established by the MDL Court, on periodic schedules acceptable to the Third-Party Payor Group. The amounts in the Common Benefit Escrow shall be held in escrow until an order is entered by the MDL Court establishing a Common Benefit Fund, at which time the amounts held by the Common Benefit Escrow and all subsequent assessments of 5% of the TPP Abatement Distribution made by the TPP Trust shall be transferred to and distributed in accordance with the order of the MDL Court establishing the Common Benefit Fund.

TPP AUTHORIZED RECIPIENTS ARE REQUIRED TO USE ALL FUNDS DISTRIBUTED TO THEM FROM THE TPP TRUST SOLELY AND EXCLUSIVELY FOR AUTHORIZED ABATEMENT PURPOSES, WHICH MEANS (I) THE AUTHORIZED ABATEMENT PURPOSES SET FORTH HEREIN IN SECTION 8 AND EXHIBITS 3 AND 4 AND (II) THE PAYMENT OF ATTORNEYS' FEES AND COSTS OF TPP AUTHORIZED RECIPIENTS (INCLUDING ANY COUNSEL TO ANY AD HOC GROUP OR OTHER GROUP OF SUCH CLAIMANTS) (COLLECTIVELY, THE "TPP AUTHORIZED ABATEMENT PURPOSES"); *PROVIDED, THAT* A TPP AUTHORIZED RECIPIENT THAT MAKES THE CERTIFICATION REQUIRED UNDER SECTIONS 8 AND 9 REGARDING MINIMUM SPENDING REQUIREMENTS WILL BE DEEMED TO HAVE USED THE FUNDS RECEIVED

[7] In the event that the Opioid MDT II Trust exercises the Prepayment Option, the amount and schedule of paymentsmay be modified as set forth in the Plan.

[8] *See* Plan definition of Private Opioid Creditor Trust Deductions and Holdbacks, Article I, (A), 340.

AS A TPP ABATEMENT DISTRIBUTION FOR TPP AUTHORIZED ABATEMENT PURPOSES; *PROVIDED, FURTHER THAT* SUCH CERTIFICATION MAY BE SUBJECT TO AUDIT BY THE TPP TRUST.

CLAIMS THAT THIRD-PARTY PAYORS MAY HAVE AGAINST DISTRIBUTIONS PAYABLE TO HOLDERS OF PI CLAIMS (SUCH AS REIMBURSEMENT AND LIEN CLAIMS) ARE NOT BEING ADMINISTERED BY THE TPP TRUST AND ARE NOT SUBJECT TO THE PROCEDURES SET FORTH HEREIN OR TO THE REQUIREMENT THAT AMOUNTS RECEIVED ON ACCOUNT OF SUCH CLAIMS BE USED FOR AUTHORIZED ABATEMENT PURPOSES. THIRD-PARTY PAYORS MAY ELECT TO RESOLVE SUCH CLAIMS THROUGH A LIEN RESOLUTION PROGRAM ("LRP AGREEMENT").

III. ADMINISTRATION BY TRUSTEE

The trustee of the TPP Trust (the "Trustee") will be selected in accordance with the Plan in advance of the Effective Date by the Third-Party Payor Group, in consultation with the Debtors. Alan D. Halperin has been selected to serve as the Trustee.

The Trustee shall have the power and authority to perform all functions on behalf of the TPP Trust, and shall undertake all administrative responsibilities of the TPP Trust (whether directly or through professionals and agents engaged by the TPP Trust, including a claims administrator) as are provided in the Plan and the TPP Trust Documents.[9] The Trustee shall be responsible for all decisions and duties with respect to the TPP Trust, as more fully set forth in the TPP Trust Agreement.[10]

The Trustee shall have the exclusive authority to determine the eligibility of Third-Party Payor Opioid Claimants to be TPP Authorized Recipients, the amount of each claimant's maximum claim (subject to section 5 hereof) and the amounts of TPP Abatement Distributions to be made by the TPP Trust. To qualify as a TPP Opioid Authorized Recipient and be eligible to receive a TPP Abatement Distribution, Third-Party Payor Opioid Claimants must comply with the terms, provisions and procedures set forth herein, including the TPP Abatement Claim Deadline (defined below) and the timely submission of all forms required pursuant hereto. The Trustee may investigate any Third-Party Payor Opioid Claim, and may request information from any Third-Party Payor Opioid Claimant to ensure compliance with the terms set forth in this TPP TDP, the other TPP Trust Documents and the Plan.

Pursuant to section 1123(b)(3)(B) of the Bankruptcy Code and applicable state corporate law, the TPP Trust shall be and is appointed as the successor-in-interest to, and the representative

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[9] The Third-Party Payor Trust Agreement (the "TPP Trust Agreement") provides that the Trustee shall have the authority to, in his/her discretion, consult with and retain attorneys, financial advisors, accountants, or other professionals and employees, including any third-party claims administrators or claims and noticing agent, as the Trustee deems appropriate in the reasonable exercise of his/her discretion, and who the Trustee reasonably determines to have qualifications necessary to assist the Trustee in the proper administration of the TPP Trust. The TPP Trust Agreement defines such parties as Trust Professionals. The Trustee may pay the reasonable fees, costs and expenses of such persons (including to him/herself and his/her firm) out of the assets of the TPP Trust in the ordinary course of business, pursuant to the terms of the TPP Trust Agreement.

[10] The TPP Trust Agreement shall provide for the compensation of the Trustee. The Trustee shall not be required to post any bond or other form of surety or security unless otherwise ordered by the Bankruptcy Court.

of, the Debtors and their Estates for the retention, enforcement, settlement or adjustment of the Third- Party Payor Opioid Claims.

IV. ELIGIBILITY FOR TPP ABATEMENT DISTRIBUTIONS

To qualify as a TPP Opioid Authorized Recipient and be eligible to receive TPP Abatement Distributions from the TPP Trust, each Third-Party Payor Opioid Claimant must:

- **Timely submit a completed form (the "TPP Abatement Claim Form,"), available at Exhibit 1, so that it is received by the TPP Trust by the TPP Abatement Claim Deadline, which shall be no later than one hundred eighty (180) days after the Effective Date of the Plan (the "TPP Abatement Claim Deadline") in accordance with the instructions provided with the TPP Abatement Claim Form; and**

- **Have provided in connection with such TPP Abatement Claim Form, by or before the TPP Abatement Claim Deadline, a calculation of its Mallinckrodt-Related Opioid Spend (as described in the instructions that accompany the TPP Abatement Claim Form) and utilizing the calculation formula (the "Maximum Eligible Amount Calculation Methodology") set forth in Exhibit 2 to this TPP TDP.**

Any Third-Party Payor Opioid Claimant who meets the above criteria shall be a "**TPP Opioid Authorized Recipient**" **and shall qualify for TPP Abatement Distributions, subject to the limitations otherwise set forth herein. To receive a TPP Abatement Distribution from the TPP Trust, a Third-Party Payor Opioid Claimant must also complete and return to the TPP Trust an IRS form W-9 or an IRS form W-8, as applicable, within 180 days of the Effective Date (the "Tax Form Deadline"). A copy of form W-9 is available at Exhibit 5 to this TPP TDP, while non-U.S. TPPs are directed to the IRS website (www.irs.gov) for the various IRS W-8 forms. Links to the TPP Abatement Claim Form and the tax forms are also available on the TPP Trust website, which is at www.MallinckrodtTPPTrust.com,**

FOR AVOIDANCE OF DOUBT, FOR A THIRD-PARTY PAYOR OPIOID CLAIMANT TO QUALIFY AS A TPP OPIOID AUTHORIZED RECIPIENT AND BE ELIGIBLE TO RECEIVE A TPP ABATEMENT DISTRIBUTION, SUCH THIRD-PARTY PAYOR OPIOID CLAIMANT MUST TIMELY SUBMIT A TPP ABATEMENT CLAIM FORM BY OR BEFORE THE TPP ABATEMENT CLAIM DEADLINE (THAT IS, ONE HUNDRED EIGHTY (180) DAYS AFTER THE EFFECTIVE DATE OF THE PLAN, AS SET FORTH BELOW), USING THE MAXIMUM ELIGIBLE AMOUNT CALCULATION METHODOLOGY AND MUST TIMELY PROVIDE A COMPLETED IRS FORM W- 9 OR W-8 TO THE TPP TRUST BY OR BEFORE THE SAME DATE. MORE DETAIL ABOUT EACH OF THESE POINTS IS PROVIDED BELOW.

a) TPP Abatement Claim Deadline and Other Deadlines

All Third-Party Payor Opioid Claimants shall be required to submit (i) a TPP Abatement Claim Form by the TPP Abatement Claim Deadline and (ii) a completed form W-9 or W-8 by the Tax Form Deadline. Any Third-Party Payor Opioid Claimant that does not submit a TPP Abatement

Claim Form shall not qualify as a TPP Opioid Authorized Recipient, and any Third-Party Payor Opioid Claimant that submits a TPP Abatement Claim Form after the TPP Abatement Claim Deadline (subject to the next sentence of this paragraph) shall not qualify as a TPP Authorized Recipient, and shall have no right to any distribution from the TPP Trust. No TPP Abatement Claim Form shall be accepted after the TPP Abatement Claim Deadline, unless that TPP Claimant has made a written request for an extension to the Trustee prior to the TPP Abatement Claim Deadline, and that request has been granted by the Trustee in writing. Requests for extension must be actually received by the Trustee prior to the TPP Abatement Claim Deadline, and the determination as to whether to grant any requested extension is wholly within the discretion of the Trustee.

The TPP Abatement Claim Form requires all Third-Party Payor Opioid Claimants to use the Maximum Eligible Amount Calculation Methodology set forth in Exhibit 2 (and included in the instructions that accompany the TPP Abatement Claim Form) to determine the maximum amount of their claims. However, the actual amount of the TPP Abatement Distribution to a TPP Opioid Authorized Recipient will depend on the total dollar amounts of (i) the TPP Abatement Distribution to all TPP Authorized Recipients and (ii) the Mallinckrodt-Related Opioid Spend (as described in the instructions that accompany the TPP Abatement Claim Form) of all TPP Authorized Recipients.

The TPP Abatement Claim Form (including instructions for the required calculations and the deadlines and instructions for the submission of such TPP Abatement Claim Form shall be made available on the TPP website [www.MallinckrodtTPPTrust.com,] and will be filed with the Bankruptcy Court and distributed by the Trustee (or an agent thereof) promptly after the Effective Date and in no event more than five (5) Business Days after the Effective Date (such notice, the "TPP Abatement Distribution Claim Form Notice") via email to the TPP notice parties identified in Exhibit 6 hereto. The Trustee may also, in his/her sole discretion, give publication or other additional notice of the TPP Abatement Claim Deadline.

The TPP Abatement Claim Form Notice will make it clear that after the TPP Abatement Claim Forms are reviewed by the Trustee, the TPP website will be the sole form of notice of the TPP Trust's determination of the TPP Abatement Distribution amount each TPP Opioid Authorized Recipient is to receive. The deadline for the posting of such determinations on the website is described in Section 5(a) herein.

As set forth in the instructions attached to the TPP Abatement Claim Form, for those claims that are being submitted on a consolidated basis for multiple Third-Party Payor Opioid Claimants, the submitting party shall provide aggregate information in Part 3 of the TPP Abatement Claim Form, and attach a chart or spreadsheet. For each Third-Party Payor Opioid Claimant included in the consolidated claim, the chart or spreadsheet shall provide: (i) the name of the claimant; (ii) the last four digits of that claimant's federal tax identification number (FEIN); (iii) the responses to each of questions 1 through 6 in the instructions accompanying the TPP Abatement Claim Form (described as the TPP Claim Calculation Methodology) for that Third-Party Payor Opioid Claimant, and (iv) the dollar amount of that Third-Party Payor Opioid Claimant's claim, as calculated pursuant to the instructions. A submitting party that does not wish to provide item (i) on the TPP website shall provide unique identifiers for each claimant on any chart/spreadsheet that is filed on the website and shall simultaneously provide a chart/spreadsheet with the unique identifiers and the names of the claimant directly to the Trustee or to the Trustee's authorized representative.

A Third-Party Payor Opioid Claimant (or its attorney) must deliver, as part of the TPP Abatement Claim Form, a certification signed by the Third-Party Payor Opioid Claimant or its attorney attesting to the accuracy and truthfulness of the Third-Party Payor Opioid Claimant's submission. Such certification must include an attestation that the Third-Party Payor Opioid Claimant utilized the Maximum Eligible Amount Calculation Methodology to determine the Mallinckrodt-Related Opioid Spend and that no data required for claims processing and valuation, and no records or information that would reasonably be relevant to the valuation of the claim, have been misrepresented or omitted.

A THIRD-PARTY PAYOR OPIOID CLAIMANT MUST TIMELY SUBMIT A TPP ABATEMENT CLAIM FORM TO QUALIFY AS A TPP OPIOID AUTHORIZED RECIPIENT AND TO BE ELIGIBLE FOR TPP ABATEMENT DISTRIBUTIONS FROM THE TPP TRUST. A COMPLETED IRS W-9 OR W-8 FORM MUST ALSO BE SUBMITTED BY THE THIRD-PARTY PAYOR OPIOID CLAIMANT AND RECEIVED BY THE TPP TRUST BY OR BEFORE THE TAX FORM DEADLINE IN ORDER FOR THE CLAIMANT TO BE ABLE TO RECEIVE A TPP ABATEMENT DISTRIBUTION.

TPP ABATEMENT DISTRIBUTIONS FROM THE TPP TRUST SHALL BE THE SOLE SOURCE OF RECOVERY IN RESPECT OF THIRD-PARTY PAYOR OPIOID CLAIMS, AND NO THIRD-PARTY PAYOR OPIOID CLAIMANT SHALL HAVE ANY OTHER OR FURTHER RECOURSE TO THE DEBTORS OR THEIR ESTATES, THE TPP TRUST OR ANY OTHER RELEASED PARTY IN RESPECT OF ITS THIRD-PARTY PAYOR OPIOID CLAIMS AGAINST THE DEBTORS.

b) Use of Maximum Eligible Amount Calculation Methodology to Determine Mallinckrodt-Related Opioid Spend

In addition to the requirements set forth above, each Third-Party Payor Opioid Claimant must use the Maximum Eligible Amount Calculation Methodology to identify its Mallinckrodt-Related Opioid Spend on a TPP Abatement Claim Form to qualify as a TPP Opioid Authorized Recipient and to be eligible to receive a TPP Abatement Distribution hereunder. On the TPP Abatement Claim Form, each TPP Claimant must set forth, inter alia, the total amount of its Mallinckrodt-Related Opioid Spend, certifying that it used the Maximum Eligible Amount Calculation Methodology, as set forth on Exhibit 2 hereto, to calculate its Maximum Eligible Amount (as defined below).

Third-Party Payor Opioid Claimants shall not be required to submit the data underlying the amount of their Mallinckrodt-Related Opioid Spend with the TPP Abatement Claim Form but shall promptly provide supporting documentation and data, if and when requested by the Trustee, sufficient to enable confirmation of the amounts.

c) Submission of IRS Form W-9 or IRS Form W-8 to the TPP Trust

Each Third-Party Payor Opioid Claimant the Trustee in writing its name, address, Employer or Taxpayer Identification Number as assigned by the IRS and a completed IRS Form W-9 or, if applicable, IRS Form W-8. Such form may be submitted with the TPP Abatement Claim form or may be sent separately via email or regular mail. If such completed form is not received by the Trustee by the Tax Form Deadline (i.e., within 180 days of the Effective Date), each such Third-Party Payor Opioid Claimant shall be deemed to have forfeited its entire interest in the TPP Trust,

any and all claims to the TPP Trust assets, and all rights to any distribution under the TPP TDP, the Trust Agreement, the Plan and Confirmation Order, and such forfeited amounts shall re-vest in the TPP Trust to be distributed to other TPP Authorized Recipients.

V. DETERMINATION OF TPP ABATEMENT DISTRIBUTIONS

a) Claims Review and Reconciliation

The Trustee shall review the timely submitted TPP Abatement Claim Forms.

As part of this review and aggregation process, the Trustee and Trust Professional(s) shall identify and eliminate duplicative claims, if any, submitted by more than one TPP Opioid Authorized Recipient (e.g., by a Self-Funded Health Plan[11] independently and as an ASO[12] encompassed by a TPP Opioid Authorized Recipient filing a consolidated TPP Abatement Claim) to ensure a TPP Opioid Authorized Recipient does not receive multiple TPP Abatement Distributions in connection with the same Mallinckrodt-Related Opioid Spend. In the event that the Trustee identifies claims as duplicative because they are asserted by a Self-Funded Health Plan independently and included in a consolidated TPP Abatement Claim, the Trustee (or Trust Professionals acting on behalf of the Trustee) shall notify the filing parties via email of the duplication and request joint written instructions or alternatively, instruction from the Self-Funded Health Plan that filed on its own behalf within thirty (30) days of the date of the email, as to which claim should be deemed withdrawn. Absent such timely instructions, the Trustee shall treat the TPP Abatement Claim which was submitted earlier in time as the claim for notice and distribution purposes, and the other claim shall be deemed disallowed.

No later than 270 days after the TPP Abatement Claim Deadline, the Trustee shall cause the website [www. MallinckrodtTPPTrust.com] to be updated to reflect the TPP Trust's determination of the maximum amounts eligible to be distributed to TPP Authorized Recipients (with respect to each TPP Opioid Authorized Recipient, its "Maximum Eligible Amount") and initial percentage of total TPP Abatement Distributions represented by such Maximum Eligible Amount (with respect to each TPP Opioid Authorized Recipient, its "Initial Allocation Percentage"). This will require that the TPP Trust review the TPP Abatement Claim Forms and any supporting documentation and data, make determinations about the amount and validity of the Maximum Eligible Amounts submitted by TPP Authorized Recipients, and eliminate any duplicative TPP Abatement Claim Forms that request TPP Abatement Distributions for the same Mallinckrodt-Related Opioid Spend. The section of the website that provides a claims register for Third-Party Payor Opioid Claims and the Trustee's determinations will be a password- protected website, accessible to Third-Party Payors that have submitted TPP Abatement Claim Forms, and their authorized representatives.

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[11] The term Self-Funded Health Plan ("SFHP") means a health or disability benefits plan provided by an employer, association, union, or other such entity (the "entity") to its employees, members, or other such beneficiaries entitled to receive benefits under the plan, using the entity's own funds, whereby the entity assumes most of the financial risk relating to health insurance. A SFHP may secure stop-loss coverage from an insurer only to cover unexpectedly large or catastrophic claims.

[12] Self-Funded Health Plans for which a Third-Party Payor performs administrative services only are referred to herein as Administrative Services Only customers or "ASO" or "ASO customers."

Each TPP Opioid Authorized Recipient's Initial Allocation Percentage will be calculated by dividing (i) the final dollar amount of such TPP Opioid Authorized Recipient's Maximum Eligible Amount, as and in the amount approved by the TPP Trust, by (ii) the total dollar amount of all TPP Authorized Recipients' Maximum Eligible Amounts, as and in the amount approved by the TPP Trust, plus the disputed, unresolved Third-Party Payor Opioid Claims for which funds must be reserved (see below).

Within five business days of updating the website to reflect the TPP Trust's determination of the maximum amounts eligible to be distributed to TPP Authorized Recipients, the Trustee will, via email, notify each Third-Party Payor Opioid Claimant who has timely submitted a TPP Abatement Claim Form that the website has been updated. For avoidance of doubt, with respect to consolidated claims, email notice will be sent only to the notice party identified on that claim.

b) Challenges to Determination by the TPP Trust

Challenge Deadline

TPP Authorized Recipients will have thirty (30) days from the date that the Trustee emails notice of the updating of the TPP Trust website as set forth in Section 5(a) hereof to, if they so desire, submit a letter or letters to the TPP Trust on the TPP Trust website challenging the TPP Trust's determination regarding its Maximum Eligible Amount or Initial Allocation Percentages and/or the Maximum Eligible Amounts or Initial Allocation Percentages of any other TPP Opioid Authorized Recipient (the "Challenge Deadline"). A separate letter must be submitted for each challenged Maximum Eligible Amount and/or Initial Allocation Percentage.

A TPP Opioid Authorized Recipient may challenge the Maximum Eligible Amount and/or Initial Allocation Percentage of as many other TPP Authorized Recipients as it wishes, though each challenge must be made separately by one TPP Opioid Authorized Recipient against a single other TPP Opioid Authorized Recipient, made on a good faith basis, and accompanied by a detailed letter identifying the basis or bases for the challenge. A Third-Party Payor Opioid Claimant that did not timely submit a TPP Abatement Claim Form shall not have the right to challenge the amount of any other TPP Opioid Authorized Recipient's Maximum Eligible Amount and/or Initial Allocation Percentage.

If no challenge is timely received, the TPP Trust's determination shall become a final determination as to the amount of that Maximum Eligible Amount and/or Initial Allocation Percentage (subject to any necessary adjustment to the totals and percentages for other, successful challenges).

Resolution of Challenges

If there is a timely challenge, the TPP Trust will have up to forty-five (45) days after the Challenge Deadline to resolve such challenge(s) (the "Resolution Deadline"). If there is a timely challenge, the amount of the challenged Maximum Eligible Amount and/or Initial Allocation Percentage shall be determined by negotiated resolution if possible, or, in the absence of agreement, the TPP Trust's determination of the Maximum Eligible Amount and/or Initial Allocation Percentage will control, unless a motion is timely filed with the Bankruptcy Court.

Motion Deadline

If a Claim has been timely challenged and no agreement can be reached between the TPP Trust and the TPP Opioid Authorized Recipient or TPP Authorized Recipients (i.e., the TPP Opioid Authorized Recipient challenging the determination of the TPP Trust, and in the event that the challenge relates to the Maximum Eligible Amount and/or Initial Allocation Percentage of a different TPP Opioid Authorized Recipient, that TPP Opioid Authorized Recipient), the TPP Opioid Authorized Recipient that brought the challenge has the right to file a motion with respect to such challenge with the Bankruptcy Court, within thirty (30) days from the Resolution Deadline, that date being the "Motion Deadline."

If such a motion is timely filed, the amount of the Maximum Eligible Amount and/or Initial Allocation Percentage will be determined by the Bankruptcy Court.

If appropriate due to a successful challenge, the Trustee shall modify one or more of the Maximum Eligible Amount and/or Initial Allocation Percentage accordingly and make such adjustments to all allocation percentages as may be necessary.

A challenge that does not result in a change to the amount of a Maximum Eligible Amount and/or Initial Allocation Percentages shall be deemed unsuccessful and the challenging TPP Opioid Authorized Recipient shall be charged for all fees and expenses associated with adjudicating the failed challenge, including all time spent by the Trustee and associated TPP Trust Professionals; such fees and expenses shall be subtracted from the challenging TPP Opioid Authorized Recipient's TPP Abatement Distribution payment.

Promptly following the Motion Deadline, the Trustee shall cause the website [www.MallinckrodtTPPTrust.com] to be updated to reflect the final determination of each TPP Opioid Authorized Recipient's Maximum Eligible Amount and/or Initial Allocation Percentage, which shall become such TPP Opioid Authorized Recipient's "Final Allocation Percentage." The website shall also reflect which, if any, Third-Party Payor Opioid Claims continue to be subject to dispute and funds shall be reserved for such claims.

VI. TPP ABATEMENT DISTRIBUTIONS BY TPP TRUST

a) Timing and Manner of Distributions

There will be three annual distributions by the TPP Trust, provided that the Opioid MDT II timely makes the distributions to the TPP Trust. The TPP Trust will provide a distribution report on the TPP Trust website in advance of each of the distributions.[13]

The first distribution report will be due twenty (20) months after the Effective Date. The second and third distribution reports will be due one year and two years, respectively, after the date of the filing of the first distribution report.

[13] In the event that the Opioid MDT II Trust exercises the Prepayment Option and the amount and schedule of payments are modified, as set forth in the Plan, the timing, schedule, and frequency of the timing and manner of reports and distributions under this Section may be modified accordingly but shall similarly require an initial distribution report twenty (20) months after the Effective Date and one or more subsequent distribution reports at regular intervals thereafter, in advance of each annual distribution by the TPP Trust.

Distributions to TPP Authorized Recipients that hold allowed claims will begin thirty (30) days after the filing of each distribution report, with the date on which that distribution begins being a "Distribution Date."

The maximum amount each TPP Opioid Authorized Recipient shall be allowed to receive from a distribution shall be equal to the total gross distributable amount for all TPP Authorized Recipients eligible to receive TPP Abatement Distributions, multiplied by each TPP Opioid Authorized Recipient's Final Allocation Percentage, all subject to any amounts reserved on account of disputed Third-Party Payor Opioid Claims, consistent with Section 7. (Distributions shall also be net of Private Opioid Creditor Trust Deductions and Holdbacks, which includes (i) the operating expenses and professional fees of the TPP Trust, whether already accrued or estimated for future expenses and fees (ii) the compensation of professionals that represented the Third-Party Payor Opioid Claimants, and (iii) assessments to the Common Benefit Escrow (and, later, the Common Benefit Fund) of 5% of each distribution that would otherwise be made by the TPP Trust to TPP Authorized Recipients, all as set forth in the Plan.). The existence of a Final Allocation Percentage for a particular TPP Opioid Authorized Recipient does not entitle that TPP Opioid Authorized Recipient to receive any funds, however, unless it has also complied with the terms of the TPP Trust and the funding of delineated opioid abatement initiatives therein.

At the option of the Trustee, any Cash payment may be made by a check or wire transfer or as otherwise required or provided in the TPP Trust Agreement.

b) De Minimis Distributions

The Trustee shall not be required to make any TPP Abatement Distributions of Cash in an amount less than $100, or such lower amount as determined by the Trustee in accordance with the TPP Trust Agreement to any TPP Opioid Authorized Recipient; *provided, however*, that if any TPP Abatement Distribution is not made pursuant to this subsection, such TPP Abatement Distribution shall be added to any subsequent TPP Abatement Distribution to be made to such TPP Opioid Authorized Recipient. The Trustee shall not be required to make any final distribution of Cash in an amount less than $100 to any TPP Opioid Authorized Recipient. If the amount of any final TPP Abatement Distribution to any TPP Opioid Authorized Recipient would be $100 or less, then such distribution shall be made available for distribution to all TPP Authorized Recipients receiving final distributions of at least $100.

In the event that following all distributions and upon completion of the TPP Trust's tasks, the TPP Trust is left with *de minimis* funds, the Trustee may make a donation of such *de minimis* funds to an IRS accredited charity.

c) Undeliverable Distributions; Uncashed Checks

In the event that any TPP Authorized Distribution is returned as undeliverable, no distribution shall be made to such TPP Opioid Authorized Recipient (or its designated agent) unless and until the Trustee is notified in writing of such TPP Opioid Authorized Recipient's (or its authorized representative's) then-current address, at which time or as reasonably practicable thereafter, such TPP Authorized Distribution shall be made without interest, subject to the limitations of the following paragraph. The Trustee may, in his/her sole discretion, attempt to determine a TPP Opioid Authorized Recipient's current address or otherwise locate a TPP Opioid Authorized

Recipient but nothing in this TPP TDP, the Trust Agreement, or the Plan shall require the Trustee to do so.

In the event that a TPP Authorized Distribution is unclaimed for a period of six (6) months after the relevant Distribution Date and no updated address information is provided during that time, such TPP Authorized Distribution shall be deemed unclaimed property within the meaning of section 347(b) of the Bankruptcy Code, the TPP Opioid Authorized Recipient shall be deemed to have forfeited its entire interest in the TPP Trust, no further distribution shall be made to or for the benefit of such TPP Opioid Authorized Recipient, the claims of such TPP Opioid Authorized Recipient shall be discharged and forever barred from receiving distributions under this TPP TDP, the Trust Agreement, the Plan and Confirmation Order, and all title to and beneficial interest in the TPP Trust assets represented by any such undeliverable distributions shall be cancelled and revert to and/or remain in the TPP Trust automatically and without need for a further order of the Bankruptcy Court (notwithstanding any applicable federal, provincial or state escheat, abandoned or unclaimed property laws to the contrary), and shall be redistributed in accordance with the Plan, the Trust Agreement, and this TPP TDP.

Likewise, in the event any check respecting a distribution to a TPP Opioid Authorized Recipient or its authorized representative has not been cashed or otherwise negotiated within six (6) months of the date of the respective TPP Authorized Distribution, such check shall be cancelled by stop payment or otherwise and no additional distribution shall be made to such TPP Opioid Authorized Recipient or representative on account of such claim, such distribution shall be deemed unclaimed property within the meaning of section 347(b) of the Bankruptcy Code, the TPP Opioid Authorized Recipient shall be deemed to have forfeited its entire interest in the TPP Trust, the claims of the TPP Opioid Authorized Recipient shall be discharged and the TPP Opioid Authorized Recipient shall be forever barred from receiving distributions under this TPP TDP, the Trust Agreement, the Plan and Confirmation Order. After such date, all uncashed distributions shall become TPP Trust property and revert to the TPP Trust, and shall be redistributed in accordance with the Plan, the Trust Agreement, and this TPP TDP.

VII. TREATMENT OF DISPUTED THIRD-PARTY PAYOR OPIOID CLAIMS

If thirty (30) days prior to the due date of a distribution report, a Maximum Eligible Amount and/or Initial Allocation Percentage remains disputed, funds shall be reserved on account of that Maximum Eligible Amount and/or Initial Allocation Percentage. Once the Trustee or the Bankruptcy Court, as applicable, makes a determination as to the amount of the TPP Opioid Authorized Recipient's Maximum Eligible Amount and/or Initial Allocation Percentage, that TPP Opioid Authorized Recipient may be entitled to a "catch-up" payment in connection with the next distribution report and Distribution Date, consistent with the determination.

THE TPP TRUST SHALL NOT BE REQUIRED TO RESERVE FUNDS FOR A DISPUTED CLAIM UNLESS A THIRD-PARTY PAYOR OPIOID CLAIMANT TIMELY SATISFIED THE REQUIREMENTS OF SECTIONS 3 AND 5, INCLUDING BUT NOT LIMITED TO HAVING SUBMITTED A TPP ABATEMENT CLAIM FORM BY OR BEFORE THE TPP ABATEMENT CLAIM DEADLINE, AND UTILIZING THE MAXIMUM ELIGIBLE AMOUNT CALCULATION METHODOLOGY. A THIRD-PARTY PAYOR OPIOID CLAIMANT THAT FAILED TO TIMELY SUBMIT A TPP

ABATEMENT CLAIM FORM SHALL HAVE NO CLAIM AGAINST THE TPP TRUST AND NO RIGHT TO ANY DISTRIBUTION FROM THE TPP TRUST.

VIII. USE OF TPP ABATEMENT DISTRIBUTIONS

TPP Authorized Recipients are required to use all net funds distributed to them from the TPP Trust solely and exclusively for TPP Authorized Abatement Purposes, which consist of (i) Approved MAT Expenses and Approved Uses/Programs[14] and (ii) the payment of attorneys' fees and costs; provided, that a TPP Opioid Authorized Recipient that makes the certification required under Sections 8 and 9 regarding minimum spending requirements will be deemed to have used the funds received as a TPP Abatement Distribution for TPP Authorized Abatement Purposes; *provided, further* that such certification may be subject to audit by the TPP Trust.

A TPP Opioid Authorized Recipient that receives a TPP Abatement Distribution from the TPP Trust must certify, pursuant to Section 9, that it has spent on an enterprise-wide basis (including parents, subsidiaries, charitable organizations, and affiliate companies), an aggregate amount equal to or exceeding its TPP Abatement Distribution for TPP Authorized Abatement Purposes, and that it has complied with this Section, during the Distribution Period.[15] A TPP Opioid Authorized Recipient that submitted a consolidated TPP Abatement Claim Form on behalf of ASO customers may distribute amounts received to ASO customers provided the TPP Opioid Authorized Recipient will certify, pursuant to Section 9, that it has spent on an enterprise-wide basis (including parents, subsidiaries, charitable organizations, affiliate companies and ASO customers), an aggregate amount equal to or exceeding its TPP Abatement Distribution for TPP Authorized Abatement Purposes, and that it has complied with this Section, during the Distribution Period. An ASO customer included in a consolidated TPP Abatement Claim Form will not be subject to independent certification or usage requirements relating to the ASO's share of the TPP Abatement Distribution.

The TPP Trust shall, in accordance with the Plan, the Confirmation Order and the applicable Abatement Trust Documents, make TPP Abatement Distributions to TPP Authorized Recipients exclusively for Authorized Abatement Purposes.

a) Approved MAT Expenses and Approved Uses/Programs

TPP Authorized Abatement Purposes include Approved MAT Expenses (Exhibit 3) and Approved Uses/Programs (Exhibit 4).

Approved MAT Expenses shall include all or part of the costs paid by TPP Authorized Recipients for Allowed MAT Therapy as set forth in Exhibit 3.

Approved Uses/Programs focus on providing treatment of Opioid Use Disorder ("OUD") and/or any Substance Use Disorder or Mental Health ("SUD/MH") and are set forth in Exhibit 4 hereto.[16]

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[14] *See* Exhibits 3 and 4 hereto.

[15] The Distribution Period is defined as the twelve (12) month period following each annual distribution date.

[16] As used herein, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

b) Requirements for Self-Funded Health Plans

In each Distribution Period a TPP Opioid Authorized Recipient that qualifies as a Self-Funded Health Plan: i) must have spent an aggregate amount at least equal to, or exceeding, its TPP Abatement Distribution for TPP Authorized Abatement Purposes as described in both Exhibits 3 and 4 hereto; and ii) must have spent an aggregate amount at least equal to, or exceeding, 50% of the Self-Funded Health Plan's TPP Abatement Distribution on Approved Uses/Programs as described in Exhibit 4 hereto. This provision does not apply to the extent a Self-Funded Health Plan is an ASO included in a consolidated TPP Abatement Claim Form.

c) Requirements for all TPPs other than Self-Funded Health Plans

In each Distribution Period, a TPP Opioid Authorized Recipient (including a TPP Opioid Authorized Recipient that filed an aggregate TPP Abatement Claim on behalf of ASOs), other than a Self-Funded Health Plan that independently filed such a claim: (i) must have spent on an enterprise-wide basis (including parents, subsidiaries, charitable organizations, affiliate companies and ASO customers), an aggregate amount at least equal to, or exceeding, its TPP Abatement Distribution for TPP Authorized Abatement Purposes as described in both Exhibits 3 and 4 hereto; and (ii) must have spent on an enterprise-wide basis (including parents, subsidiaries, charitable organizations, affiliate companies and ASO customers), an aggregate amount at least equal to, or exceeding, 50% of the TPP Opioid Authorized Recipient's TPP Abatement Distribution on Approved Uses/Programs as described in Exhibit 4 hereto.

IX. REPORTING BY TPP AUTHORIZED RECIPIENTS

Within ninety (90) days after the end of a Distribution Period, each TPP Opioid Authorized Recipient that received a TPP Abatement Distribution, other than an ASO included in a consolidated TPP Abatement Claim Form, must submit to the TPP Trust a certification regarding its satisfaction of the minimum spending requirements on TPP Authorized Abatement Purposes or that it was unable to meet the minimum spending requirements and must carryover a portion of its TPP Abatement Distribution.

If a TPP Opioid Authorized Recipient that received a TPP Abatement Distribution is unable to meet or has not met the minimum spending requirements set forth in Section 8 above during the Distribution Period, those allocated but unused funds can carry over to the subsequent periods and will continue to carry forward each year until the TPP Opioid Authorized Recipient meets the relevant spending requirements for TPP Authorized Abatement Purposes. Additional annual certification(s) must be submitted until the TPP Opioid Authorized Recipient meets the relevant spending requirements. A TPP Opioid Authorized Recipient shall not be subject to a penalty for failing to meet the minimum spending requirements with respect to its TPP Abatement Distribution during a given Distribution Period.

The TPP Trust shall have the right to audit a claimant to determine whether the TPP Opioid Authorized Recipient's expenditures for TPP Authorized Abatement Purposes have met the requirements set forth in the TPP Trust Documents.

Each TPP Opioid Authorized Recipient, other than an ASO included in a consolidated TPP Abatement Claim Form, if and when requested by the Trustee, shall provide supporting documentation, in a mutually agreed upon format, demonstrating that the TPP Opioid Authorized

Recipient's expenditures for TPP Authorized Abatement Purposes have met the requirements of the TPP Trust Documents. All TPP Abatement Claim Forms and certifications filed or submitted by Third-Party Payor Opioid Claimants are subject to audit by the Trustee, at the Trustee's discretion. If the Trustee finds a material misstatement in a Third-Party Payor Opioid Claimant's TPP Abatement Claim Form or certification, the Trustee may allow that Third-Party Payor Opioid Claimant up to 30 days to resubmit its TPP Abatement Claim Form or certification with supporting documentation or revisions. Failure of the Third-Party Payor Opioid Claimant to timely correct its misstatement in a manner acceptable to the Trustee may result in forfeiture of all or part of the Third-Party Payor Opioid Claimant's qualification as a TPP Opioid Authorized Recipient or right to receive TPP Abatement Distributions.

The Trustee shall have the power to take any and all actions that in the judgment of the Trustee are necessary or proper to fulfill the purposes of TPP Trust. The TPP Trust retains the right to seek return by legal means of any expenditures which fail to comply with the requirements of this TPP TDP.

X. ADDITIONAL REPORTING BY THE TPP TRUST

The TPP Trust shall (i) prepare and deliver to the Opioid MDT II for publication annual reports on the disbursement and use of TPP Abatement Distributions from the TPP Trust and the compliance by TPP Authorized Recipients with the TPP Authorized Abatement Purposes set forth in the applicable TPP Trust Documents, and (ii) prepare and file with the Bankruptcy Court and on the TPP website, as soon as available, and in any event within one hundred and twenty (120) days following the end of each fiscal year, an annual report containing financial statements of the TPP Trust after each year that the TPP Trust is in existence. The annual reports shall summarize the distributions made from the TPP Trust and detail the status of any TPP Authorized Recipient audits, and any recommendations made by the Trustee relating to such audits, and compliance by the TPP Authorized Recipients with the TPP Authorized Abatement Purposes.

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