

# FREQUENTLY ASKED QUESTIONS

## 1. Why Did I Get The Notice?

You were mailed the Notice because the Centers for Medicare and Medicaid Services (“CMS”) indicate that you may have paid a percentage co-payment for Zoladex® between January 1, 1991 and December 31, 2004. Or, you may have requested the Notice after seeing the Summary Notice in a publication. *Please note that CMS has not provided anyone involved with this case with your medical records.*

## 2. What Is The Lawsuit About?

The lawsuit claims that AstraZeneca reported false and inflated AWP’s for Zoladex®. The lawsuit claims that the reported AWP’s were used to set reimbursement amounts that were paid by Medicare and its beneficiaries. The lawsuit asks the Court to award money damages to those who paid co-payments for Zoladex® based on AWP.

AstraZeneca denies any wrongdoing and the Settlement is not an admission of wrongdoing or an indication that any law was violated. AstraZeneca has entered into the Settlement to avoid further expense and inconvenience.

## 3. Why Is This A Class Action?

The Court has found that a class action is the best way to proceed with the lawsuit. In a class action lawsuit, one or more people called “class representatives” sue on behalf of people who have similar claims. The people together are a “class” or “class members.” A court must determine if a lawsuit should proceed as a class action. If it does, a trial then decides the lawsuit for everyone in the class. Sometimes, the parties may settle without a trial.

The Parties here have agreed to a Settlement that includes a national class of Medicare Part B Beneficiaries who made co-payments for Zoladex®. The Court has preliminarily approved the Settlement but will hold a Hearing to decide whether it should be finally approved. (See Question 11.)

## 4. How Do I Know If I Am Included In The Settlement?

You are a member of the Class if you made a percentage co-payment under Medicare Part B for Zoladex® from January 1, 1991 through December 31, 2004 or became obligated to make such a co-payment. (A spouse of a deceased class member who made such a co-payment or a legal representative of a deceased class member’s estate may file a claim.)

**You are not a member of the Class if you made a flat co-payment or if you did not make a co-payment at all or if insurance paid all of your co-payment.**

You need not do anything to become part of the Class, **but you must complete the Claim Form in order to be eligible to receive a portion of the Settlement.** Please note that if you previously elected to exclude yourself from the Class in response to an earlier notice sent to you in this case, you may not participate in the Settlement.

**IMPORTANT:** *This is not a bill or a collection notice. The Court is not suggesting, requesting or requiring that Medicare Part B Beneficiaries who were billed for Zoladex® but did not pay, or were not billed at all, should pay their doctor or pharmacist now or that they are obligated to do so under the Medicare statute or regulations.*

## 5. What Does The Settlement Provide?

AstraZeneca will pay up to \$24 million for claims that are submitted and accepted as provided by the Settlement. In addition, AstraZeneca will pay notice and administration costs, as well as attorneys’ fees of \$6,500,000 and attorneys’ expenses of \$2,100,000. The two class representatives will be paid \$100

per hour for time spent providing documents and testimony in connection with this case. The Court must approve all aspects of the Settlement.

If valid claims total less than \$24 million, the difference between the total claims and the \$24 million will be paid to charitable organizations funding cancer research or patient care, up to a maximum of \$10 million. Organizations such as the American Cancer Society, CancerCare and the National Prostate Cancer Coalition will be considered. Subject to the \$24 million maximum payment, AstraZeneca will not have to pay any additional monies after paying valid claims and the maximum \$10 million payment to charity.

## **6. How Do I File A Claim?**

Attached to the Notice is a Claim Form or you may click on the "Claim Form" link on the left. ***You must fill out the Claim Form and submit it to the Claims Administrator, postmarked on or before March 14, 2008, and addressed to:***

AstraZeneca AWP Settlement Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24787  
West Palm Beach, FL 33416

**As part of your claim, you must provide proof that you made a percentage co-payment for Zoladex® under Medicare Part B and identify, to the best of your ability, the months and years that you paid for Zoladex®.**

Any of the following are acceptable as proof of a percentage co-payment for Zoladex®:

- (1) A receipt, cancelled check, or credit card statement that shows a payment for Zoladex® (other than a flat co-payment); or
- (2) A letter from a doctor saying that he or she prescribed Zoladex® and you paid part of the cost of Zoladex® (other than a flat co-payment) at least once; or
- (3) A statement signed by you under penalty of perjury in the form supplied that you paid a percentage co-payment for Zoladex® during the period from January 1, 1991 through December 31, 2004; or
- (4) Any of the above executed by a spouse of a deceased class member or a legal representative of the deceased class member's estate.

If, **after** receiving the Notice, you make a percentage co-pay for Zoladex® under Medicare Part B based on a bill that you received from a doctor or clinic related to taking Zoladex® from January 1, 1991 through December 31, 2004, you may submit a claim. With your claim, you **must** submit a receipt, cancelled check, or credit card statement showing that the payment was for Zoladex® taken between January 1, 1991 and December 31, 2004, or your claim will not be valid.

Please note that your signature on the Claim Form indicates that you declare, under penalty of perjury, that you (or the deceased class member) made a percentage co-payment for Zoladex® at some time during the Class Period. As a result, providing false information on the Claim Form could constitute perjury.

## **7. How Are Payments Determined?**

How much you receive from the Settlement depends on a) the length of time that you paid a percentage co-payment for Zoladex®, and b) the volume and amount of claims submitted by other class members.

Plaintiffs' expert has calculated estimated overcharges, including interest, associated with the alleged price inflation for Zoladex® which will provide the basis for payment. The alleged overcharge varies based on the year and whether you had supplemental insurance that paid part of your co-pay.

**The amount to which you are entitled will be calculated by taking the number of months that you**

paid a percentage co-payment for Zoladex®, multiplying that number by the alleged overcharge that applies for that year, and then doubling the total. If total valid class member claims exceed \$24 million, all claims will be reduced proportionately.

The tables below contain calculations performed by Plaintiffs’ expert and will be used to determine the amount that you will get under the Settlement.

**Table 1**

If you did not have supplemental insurance, Table 1 will be used to calculate the amount that you will be eligible to receive.

1991: \$23.88	1995: \$32.86	1999: \$72.15	2003: \$61.30
1992: \$22.92	1996: \$37.89	2000: \$67.94	2004: \$59.73
1993: \$18.97	1997: \$50.48	2001: \$65.56	
1994: \$19.41	1998: \$67.43	2002: \$62.81	

**Table 2**

If you had supplemental insurance but still made a percentage co-pay, Table 2 is used. If you had supplemental insurance and did not make a percentage co-payment, you are not a member of the Class and you are not entitled to payment.

1991: \$4.78	1995: \$6.57	1999: \$14.43	2003: \$12.26
1992: \$4.58	1996: \$7.58	2000: \$13.59	2004: \$11.95
1993: \$3.79	1997: \$10.10	2001: \$13.11	
1994: \$3.88	1998: \$13.49	2002: \$12.56	

If you had supplemental insurance for only part of the time that you took Zoladex®, both tables will be used.

**9. Do I Have A Lawyer Representing My Interests In This Case?**

Yes. The Court has appointed the following law firms to represent you and other Class Members:

Hagens Berman Sobol Shapiro LLP www.hbsslaw.com 1301 Fifth Avenue, Suite 2900 Seattle, WA 98101	Edelson & Associates LLC 45 West Court Street Doylestown, PA 18901	Spector Roseman & Kodroff, PC www.srk-law.com 1818 Market Street, Suite 2500 Philadelphia, PA 19103
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*and*

One Main Street, 4 <sup>th</sup> Floor Cambridge, MA 02142	Wexler Toriseva Wallace LLP www.wtwlaw.us One North LaSalle Street, Suite 2000 Chicago, IL 60602
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These lawyers are called Class Counsel. You won’t be charged personally for these lawyers, but they will ask the Court to award them a fee that AstraZeneca has agreed to pay. More information about Class Counsel and their experience is available at the websites listed above.

**10. Should I Get My Own Lawyer?**

You don't need to hire your own lawyer. However, if you want your own lawyer to speak for you or appear in Court, you must file a Notice of Appearance. (See Question 13.) Hiring a lawyer to appear for you in the lawsuit will be at your own expense.

**11. When and Where Will The Court Decide On Whether To Grant Final Approval Of The Settlement?**

The Court will hold a Final Approval Hearing on May 1, 2008 at 2:00 p.m. to consider whether the Settlement is fair, reasonable and adequate. At the Hearing, the Court will decide whether to approve the Settlement and the request for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at this time.

Note: The Hearings may be postponed to a different date without additional notice. Updated information will be posted on this website.

**12. Where Do I Obtain More Information?**

More details are in the Complaint filed by Class Counsel, the Answer filed by AstraZeneca, and the other legal documents that have been filed with the Court in this lawsuit. You can look at and copy these legal documents at any time during regular office hours at the Office of the Clerk of Court, John Joseph Moakley U.S. Courthouse, 1 Courthouse Way, Suite 2300, Boston, Massachusetts 02210.

In addition, if you have any questions about the lawsuit or the Notice, you may:

- Visit the website
- Call toll-free 1-877-625-9451 (hearing impaired call 1-561-253-7732)
- Write to: AstraZeneca AWP Settlement Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24787  
West Palm Beach, FL 33416.

**13. Are there any updates regarding this Settlement?**

The Astra Zeneca Settlement was approved on May 1, 2008.