

**If You Are A Medicare Part B Beneficiary and Took Zoladex®
For Prostate Cancer, You May Be Able To Receive
A Substantial Payment From A Proposed Class Action Settlement**

***YOU MUST COMPLETE AND RETURN THE ATTACHED CLAIM FORM IN
ORDER TO BE ELIGIBLE TO RECEIVE MONEY.***

- If you submit a valid Claim Form, you may receive up to \$125.62 for each month you paid in full a percentage co-pay for Zoladex®.
- You may receive up to \$28.86 per month if you made partial co-payments.
- According to Plaintiffs' expert's calculations, these amounts may represent double your actual losses plus interest.

Summary of Proposed Settlement

- There is a Proposed Class Action Settlement with AstraZeneca Pharmaceuticals LP ("AstraZeneca"), the maker of Zoladex®, a drug used in the treatment of prostate cancer, advanced breast cancer, endometriosis and fibrosis. **This lawsuit is not about the safety of Zoladex®.**
- The name of the lawsuit is *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456.
- The lawsuit claims that Medicare Part B Beneficiaries paid more than they should have for Zoladex®. The lawsuit claims the pricing information reported by AstraZeneca for Zoladex® was false and inflated. The pricing information is called the "average wholesale price" ("AWP"). AWP's were used to set the amount Medicare reimburses for drugs and the co-payment Medicare Part B Beneficiaries pay. AstraZeneca denies any wrongdoing.
- AstraZeneca has agreed to pay up to \$24 million to Medicare Part B Beneficiaries who a) paid a percentage co-payment for Zoladex® based on AWP, and b) submit a valid Claim Form.
- 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. Heirs and legal representatives are included.

**Para más información sobre esta demanda llame al 877-625-9451
o visite www.AstraZenecaAWPSettlement.com**

***Your Legal Rights Are Affected Even If You Do Not Act.
Read This Notice Carefully.***

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Basic Information

1. Why Did I Get This Notice?

You were mailed this 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 this 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 Proposed Settlement is not an admission of wrongdoing or an indication that any law was violated. AstraZeneca has entered into the Proposed 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 Proposed Settlement that includes a national class of Medicare Part B Beneficiaries who made co-payments for Zoladex®. The Court has preliminarily approved this Proposed Settlement but will hold a Hearing to decide whether it should be finally approved. (See Question 15.)

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

Unless you exclude yourself as described below, 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.**

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.*

Benefits Of The Proposed Settlement – What You Get

5. What Does The Proposed Settlement Provide?

AstraZeneca will pay up to \$24 million for claims that are submitted and accepted as provided by the Proposed 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 this Proposed 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 this Notice is a Claim Form. ***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 this 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 this Proposed 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 this Proposed 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.

Table 2: Monthly Amounts, Including Interest, by Year for Class Members Who Made Partial Medicare Co-Payment for Zoladex® Because They Had Private Third-Party Supplemental Insurance Policies That Covered Part of the Co-Pay

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.

Remaining In The Class

8. What Am I Giving Up if I do Nothing and Stay In The Class?

If you do nothing, you will be included in the Class. You will be bound by the terms and conditions of the Proposed Settlement. You will not be able to pursue any other lawsuit against AstraZeneca concerning the claims covered by the Proposed Settlement. If the Proposed Settlement is approved, Plaintiffs claims against AstraZeneca will be “released.”

Class members agree to forever release all claims even if s/he later discovers new facts regarding the claims in the lawsuit. This includes any claims related to the subject matter of the lawsuit whether known or unknown, suspected or unsuspected, contingent or non-contingent. All claims related to the subject matter of the lawsuit will be released forever whether or not the facts were concealed or hidden, without regard to the subsequent discovery or existence of such different or additional facts.

Excluding Yourself From The Settlement

9. What Do I Do if I Don’t Want to Be Included In The Proposed Settlement?

If you don’t want to be in the Class and you want to keep the right to sue AstraZeneca about the same claims on your own, you must take steps to get out of the Class. This is called excluding yourself. By excluding yourself, you keep the right to file your own lawsuit or join another lawsuit against AstraZeneca about the claims in this lawsuit. But if you exclude yourself from the Class, you will not be able to file a claim for money and you will not be in the Proposed Settlement.

10. How Do I Exclude Myself From The Proposed Settlement?

To exclude yourself from the Class, you must send a letter signed by you that includes all of the following:

- Your name, address, and telephone number;
- The name and number of the lawsuit: *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456;
- If you have hired your own lawyer, the name, address, and telephone number of your lawyer; and
- A statement that you want to be excluded from the Class.

Your exclusion letter must be mailed first class, **postmarked no later than March 14, 2008**, to:

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

Please remember that you can’t exclude yourself by phone or by sending an email.

Commenting On The Proposed Settlement

11. Can I Object To, Or Comment On, The Proposed Settlement?

If you have comments about, or disagree with, any aspect of the Proposed Settlement, you may express your views to the Court through a written response to the Proposed Settlement. The written response should include your name, address, telephone number and a brief explanation of your reasons for objection. The document **must** be signed to ensure the Court's review. The response must be postmarked on or before **April 1, 2008**, and mailed to:

Clerk of Court
John Joseph Moakley U.S. Courthouse
1 Courthouse Way, Suite 2300
Boston, Massachusetts 02210

In addition, your document must clearly state that it relates to the following Civil Action Number: 01-CV-12257-PBS, MDL No. 1456.

12. What Is The Difference Between Objecting To The Proposed Settlement and Excluding Myself From The Proposed Settlement?

An objection to the Proposed Settlement is made when you wish to remain a class member and be subject to the Proposed Settlement, but disagree with some aspect of the Proposed Settlement. An objection allows your views to be heard in Court. In contrast, exclusion means that you no longer are a class member and ultimately do not want to be subject to the Proposed Settlement's terms and conditions. Once excluded, you lose any right to object to the Proposed Settlement or to the attorneys' fees because the case no longer affects you.

The Lawyers Representing You

13. 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

and

One Main Street, 4th Floor
Cambridge, MA 02142

Wexler Toriseva Wallace LLP
www.wtwlaw.us
One North LaSalle Street, Suite 2000
Chicago, IL 60602

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 Web sites listed above.

14. 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 17.) Hiring a lawyer to appear for you in the lawsuit will be at your own expense.

The Court's Final Approval Hearing

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

The Court will hold a Final Approval Hearing on May 1, 2008 at 2:00 p.m. to consider whether the Proposed Settlement is fair, reasonable and adequate. At the Hearing, the Court will decide whether to approve the Proposed 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 the AstraZeneca AWP Settlement Web site at www.AstraZenecaAWPSettlement.com.

16. Must I Attend The Final Approval Hearing?

Attendance is not required, even if you properly mailed a written response. Class Counsel is prepared to answer the Court's questions on your behalf. If you or your personal attorney still want to attend the Hearing, you are more than welcome at your expense. However, it is not necessary that either of you attend. As long as the objection was postmarked before the deadline, the Court will consider it.

17. May I Speak At The Final Approval Hearing?

If you want your own lawyer instead of Class Counsel to speak at the Final Approval Hearing, you must give the Court a paper that is called a "Notice of Appearance." The Notice of Appearance should include the name and number of the lawsuit, and state that you wish to enter an appearance at the Final Approval Hearing. It also must include your name, address, telephone number and signature. Your Notice of Appearance **must** be postmarked on or before **April 1, 2008**. You cannot speak at the Hearing if you asked to be excluded from the Proposed Settlement Class and are not submitting a Claim Form now.

The Notice of Appearance must be filed with the Court at the following address:

Clerk of Court
John Joseph Moakley U.S. Courthouse
1 Courthouse Way, Suite 2300
Boston, Massachusetts 02210

The Notice of Appearance must be filed using the following Civil Action Number: 01-CV-12257-PBS, MDL No. 1456.

Getting More Information

18. 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 this Notice, you may:

- Visit the AstraZeneca AWP Settlement Web site at www.AstraZenecaAWPSettlement.com
- 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.

December 7, 2007

BY ORDER OF THE COURT

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