Exhibit A

Compensation Protocol for Claims Submitted Pursuant to the Avandia National Settlement Agreement

("Compensation Protocol")

1. Claimant Eligibility

To be eligible to receive a settlement payment pursuant to the Settlement Agreement, a claimant must:

i. be, or if acting in a representative capacity, be representing the interest of a Canadian resident; and

ii. demonstrate, from contemporaneous medical records, one of the following cardiac events:
   a. received a final diagnosis of a myocardial infarction (which includes a final diagnosis in medical records generated in the course of medical care that interpret clinical signs and/or diagnostic tests as establishing the occurrence of an MI at or about such time or, alternatively for purposes of this criterion, death from a cardiac event in the absence of any other cause of death);
   b. received a final diagnosis of initial onset or exacerbation of congestive heart failure ("CHF") (which includes a final diagnosis in medical records generated in the course of medical care that interprets clinical signs and/or diagnostic tests as establishing the initial onset or exacerbation of CHF at or about such time);
   c. underwent a coronary artery bypass graft (CABG); or
   d. underwent a percutaneous coronary intervention with stent placement.

iii. demonstrate, from contemporaneous medical or pharmacy records, at least 30 days of uninterrupted Avandia usage at the time of, or within one year prior to, such cardiac event; and

iv. demonstrate, from contemporaneous medical or pharmacy records, that such Avandia use occurred prior to December 2010, or that an uninterrupted period of such use began prior to December 2010.

2. Allocation of Settlement

The Settlement Payment will be allocated among (i) MI, CABG, or stenting claims and (ii) CHF claims, pursuant to the Settlement Agreement. No claimant shall be eligible to receive settlement payment for both a MI, CABG, or stenting claim and a CHF claim. In the event that an Approved Claimant meets the criteria for more than one type of claim, the Approved Claimant will receive compensation for the MI, CABG, or stenting claim and not the CHF claim.

Damages attributable to individuals who are entitled to make claims under the *Family Law Act*, RSO 1990, c F.3, s 61 and similar legislation and common law in other provinces, will be allocated to the Approved Claimant.

3. Quantum of Settlement

Compensation for (i) MI, CABG, and stenting claims and (ii) compensation for CHF claims will be allocated from two distinct pools of funds. Approved Claimants will receive benefits in proportion to the cumulative points they are awarded under this Compensation Protocol.

Base Points		
LEVEL	**CARDIAC EVENT**	**POINTS**
1	Myocardial Infarction (which requires a final diagnosis in medical records generated in the course of medical care that interpret clinical signs and/or diagnostic tests as establishing the occurrence of an MI at or about such time or, alternatively for purposes of this criterion, death from a cardiac event in the absence of any other cause of death)	100 points
2	Coronary Artery Bypass Graft (CABG),	75 points
3	Percutaneous Coronary Intervention with Stent Placement	50 points
4	Congestive Heart Failure (which requires a final diagnosis in medical records generated in the course of medical care that interprets clinical signs and/or diagnostic tests as establishing the initial onset or exacerbation of CHF at or about such time)	50 points

Age Adjustment	
Age	a) 0- 20 years = + 30 points b) 21-31 years = + 20points c) 31- 40 years = + 10 points d) 41- 50 years = + 5 points e) 51- 60 years = +/- 0 points f) 61- 70 years = - 10 points g) 71- 80 years = - 20 points h) 81+ years = - 30 points

Risk Factor Adjustment		
Class Members who swear a Risk Factor Declaration and submit the required records. If medical records submitted clearly contradict the Declaration, no compensation will be payable and any entitlement to compensation will be forfeited.		50% increase to cumulative point value.
The existence of **<u>any</u>** of the following risk factors makes an Approved Claimant ineligible for the Risk Factor Adjustment.		
A	Pre-existing congestive heart failure	Approved Claimants who received a diagnosis of congestive heart failure before their cardiac event.
B	Prior MI	Approved Claimants who suffered an MI before their cardiac event.
C	Pre-existing Coronary Artery Disease ("CAD")	Approved Claimants who received a diagnosis of coronary artery disease (CAD) before their cardiac event.
D	Smoking	Approved Claimants who smoked cigarettes or cigars within one (1) year of their cardiac event.
E	High Cholesterol	Approved Claimants who received a diagnosis of high cholesterol or were on a statin on or before their cardiac event.
F	Hypertension	Approved Claimants who received a diagnosis of hypertension or were on an anti-hypertensive medication on or before their cardiac event.
G	Obesity	Approved Claimants whose medical records indicate obesity or a BMI of ≥ 30 at or before their cardiac event.
I	Alcohol Abuse	Approved Claimants diagnosed with alcoholism, alcohol dependence, or alcohol abuse, or a similar reference, within two (2) years of their cardiac event.
J	Illegal Drug Use	Approved Claimants with evidence of the use of illegal drugs (including, but not limited to, cocaine, LSD and heroin, but excluding marijuana) within two (2) years of their cardiac event.

Claims Administration Protocol for Claims Submitted Pursuant to the Avandia Settlement Agreement

("Claims Administration Protocol")

Administration of the Settlement Agreement[1] and the submission, processing, approval, compensation, and appeal of individual claims made pursuant to the Settlement Agreement shall be governed by this Claims Administration Protocol. This Claims Administration Protocol shall be implemented by the Claims Administrator, subject to the ongoing authority and supervision of the Supreme Court of Nova Scotia.

1. Purpose of the Claims Administration Protocol

The purpose of this Claims Administration Protocol is to provide further guidance to the Claims Administrator to help ensure that:

a) only Approved Claimants who satisfy the eligibility criteria set out in the Compensation Protocol will receive compensation from the Settlement Payment;
b) similarly situated Approved Claimants will be treated as uniformly as possible; and
c) Approved Claimants will receive timely compensation in a way that minimizes, to the extent reasonably possible, the Claims Administration Costs and other transaction costs associated with implementation and administration of the Settlement Agreement.

2. Reporting Obligations of the Claims Administrator

● days after the Claim Deadline, the Claims Administrator shall provide a written report to Class Counsel and to Defendants indicating the total number of Approved Claimants who meet the criteria for payment of a MI, CABG, or stenting claim, and the total number of Approved Claimants who meet the criteria for payment of a CHF claim, as set out in the Compensation Protocol ("Approved Claimant Report").

3. Claim Form and Claim Deadline

The status of a Class Member as an Approved Claimant requires, in addition to the requirements set forth in the Settlement Agreement and Compensation Protocol, that the Class Member properly complete, execute and submit the claim form developed by the Claims Administrator in consultation with Class Counsel (the "Claim Form") to the Claims Administrator by the Claim Deadline. The Claims Administrator may develop such other forms as it deems necessary for the implementation and administration of the Settlement Agreement in accordance with the purpose of this Claims Administration Protocol.

Claims that are not properly and timely submitted to the Claims Administrator by the Claim Deadline will be denied by the Claims Administrator.

4. Evidence Required for Proof of Injury

This section lists the information and documentation (the "Evidence") that must be provided as sufficient proof of each level of "Injury" (as that term is defined in the Compensation Protocol).

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[1] Unless otherwise indicated or required by context, capitalized terms in this Claims Administration Protocol have the meanings assigned to them in the Settlement Agreement.

a) Mandatory Evidence

A Class Member must submit proof, by way of contemporaneous medical records, which may include contemporaneous physician records supplemented by a letter from the physician providing any needed clarification of the contents of the record, and/or contemporaneous pharmacy records, as follows:

a) contemporaneous medical records demonstrating one or more of the following cardiac events:
    i. a final diagnosis of a Myocardial Infarction ("MI") (which includes a final diagnosis in medical records generated in the course of medical care that interpret clinical signs and/or diagnostic tests as establishing the occurrence of an MI at or about such time or, alternatively for purposes of this criterion, death from a cardiac event in the absence of any other cause of death);
    ii. underwent a Coronary Artery Bypass Graft;
    iii. underwent percutaneous coronary intervention with stent placement;
    iv. a final diagnosis of initial onset or exacerbation of Congestive Heart Failure (which includes a final diagnosis in medical records generated in the course of medical care that interprets clinical signs and/or diagnostic tests as establishing the initial onset or exacerbation of CHF at or about such time) and
b) contemporaneous medical and/or pharmacy records demonstrating Avandia consumption for at least 30 days at the time of, or within one year prior to, such cardiac event; and
c) contemporaneous medical and/or pharmacy records demonstrating that the 30 days of Avandia use occurred prior to December 2010, or that an uninterrupted period of such use began prior to December 2010.

b) Optional Risk Factor Adjustment Evidence

Class Members who are seeking the Risk Factor Adjustment must:

a) submit a Risk Factor Adjustment Declaration; and
b) submit a copy of his or her general practitioner's medical records for the 2 years before he or she suffered the cardiac event.

A failure to report true or accurate information may result in the rejection of Class Members' claims.

5. Claims Processing Guidelines

If, during claims processing, the Claims Administrator finds that technical deficiencies exist in a Class Member's Claim Form or Evidence, the Claims Administrator shall notify the Class Member, by way of letter sent through first class regular mail, of the technical deficiencies and shall allow the Class Member 60 days from the date of mailing to correct the deficiencies. If the deficiencies are not corrected within the 60 day period, the Claims Administrator shall reject the claim and the Class Member shall have no further opportunity to correct the deficiencies. "Technical deficiencies" shall not include missing the Claim Deadline or failure to provide sufficient Evidence to support the Class Member's claim. In the event that a Class Member has requested but not yet received the Mandatory Evidence, the Class Member must submit true copies of the records requests that were made and this will be deemed a "technical deficiency".

6. Claimant Notification and Claim Appeals

a) Notification

The Claims Administrator shall notify each Class Member by way of a letter sent through first class regular mail as to the approval or rejection of his or her claim and the points awarded to the Class Member.

b) Appeals

Class Members will be granted a 30-day period from the date of mailing to appeal the rejection and/or classification of their claims. In accordance with Rule 11 of the *Nova Scotia Civil Procedure Rules*, appeals will be reviewed and assessed by the Designated Settlement Judge or Referee. Appeals will be made in writing to such Judge or Referee, supported only by the documentation provided to the Claims Administrator. Following the outcome on appeal, there shall be no right of further appeal or review.

Defendants shall have the right to request, from time to time, Claims and Evidence from the Claims Administrator for the purposes of reviewing the accuracy of the Compensation Protocol. Within 5 days of the Defendants receiving the Approved Claimant Report, Defendants shall notify the Claims Administrator whether they desire an opportunity to review the Claim Forms and Evidence submitted by specified Class Members. If so notified, the Claims Administrator shall promptly provide the specified Claims Forms and Evidence to Defendants. Within 10 days following receipt of such Claims Forms and Evidence, Defendants shall notify the Claims Administrator whether they wish to appeal the approval or classification of any claim. The Claims Administrator may then change the evaluation made or notify Defendants that the Claims Administrator does not agree that any change is warranted. In the event that the Claims Administrator make no change to the initial classification, Defendants shall have a right, exercisable within 10 days following receipt of the Claims Administrator's notification, to seek a review of said determination to the Designated Settlement Judge or Referee, as applicable. The decision of such Judge or Referee is final and binding and shall not be subject to any further appeal or review.

7. Releases

Each Approved Claimant shall have 45 days from the date of mailing of a notice from the Claims Administrator approving his or her claim to deliver to the Claims Administrator a fully and properly executed Release, in the form attached hereto. Any Approved Claimant who does not return a fully and properly executed Release by such deadline shall be deemed to have forfeited a right to payment.

Risk Factor Declaration

I, _____, from the City

of_____, in the province of_____,

SOLEMNLY DECLARE:

1. Prior to suffering my Cardiac Event, I was **not** diagnosed with **any** of the following:
   i. congestive heart failure (CHF);
   ii. myocardial infarction (heart attack);
   iii. coronary artery disease (CAD);
   iv. high cholesterol and/or prescribed cholesterol lowering medication;
   v. high blood pressure and/or prescribed blood pressure lowering medication;
   vi. obesity; or
   vii. alcohol dependency/alcohol addiction (within five (5) years of my cardiac event)

2. I did **not** smoke cigarettes or cigars within one (1) year of my cardiac event.

3. I did **not** use illegal drugs (including, but not limited to, cocaine, LSD and heroin, but excluding marijuana) within five (5) years of my cardiac event.

4. I acknowledge and understand that this Declaration is an official Court document sanctioned by the Court that presides over the Settlement, and submitting this Declaration to the Claims Administrator is equivalent to filing it with a Court.

Enclosed in support of this Declaration are my medical records required pursuant to the Compensation Protocol which I understand may be reviewed by the Claims Administrator to confirm the contents of this Declaration.

After reviewing the information that has been supplied in this Declaration I declare under penalty of perjury that the information provided in this Declaration and Claim Form is true and correct to the best of my knowledge, information and belief.

I hereby consent to the disclosure of the information contained herein to the extent necessary to process this claim for benefits. I hereby authorize the Claims Administrator to contact me as required in order to administer the claim.

Date: _____ _____

Claimant's Signature (or Claimant's Representative)

_____

Printed Name of Claimant (or Claimant's Representative)

Date: _____ _____

Signature of Claimant's Lawyer (if any)

_____

Printed Name of Claimant's Lawyer

Date: _____ _____

Signature of Witness

_____

Printed Name of Witness