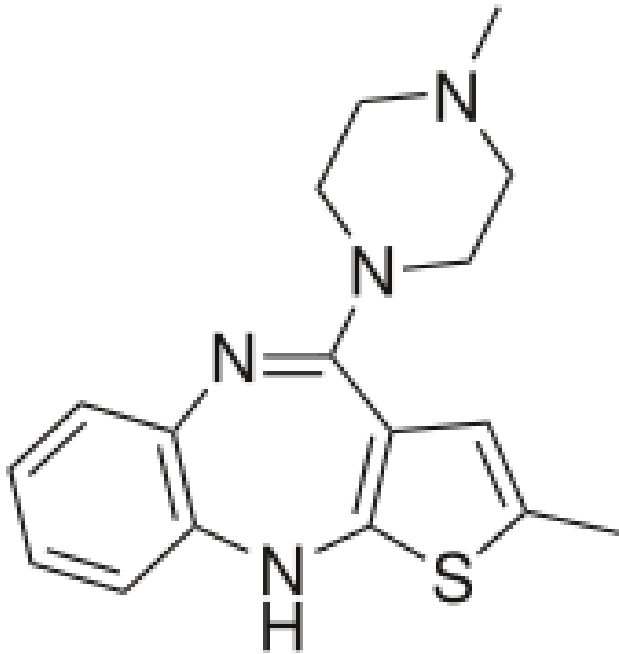


2010

Zyprexa (Olanzapine) Settlement Agreement Information Kit



MPA Publications 2010

MPA Society

MPA SOCIETY – ADVOCACY AND SOCIAL JUSTICE

ZYPREXA SETTLEMENT CLAIM FILING KIT

© MPA Publications – 2010

122 Powell Street

Vancouver, British Columbia Canada

www.mpa-society.org

Compilation:

Doug Kellam, Advocate - MPA Advocacy

Karen Hobbs, Advocate - MPA Advocacy

Martin Dutton, Manager - Advocacy and Social Justice

Rudy K.Young, R.P.N., Director - Advocacy and Social Justice

TABLE OF CONTENTS

- 1. Introduction**
- 2. How to Use this Package**
- 3. Further Considerations**

APPENDIX 1: Zyprexa (Olanzapine) Class Action Notice of Settlement Approval

APPENDIX 2: Zyprexa Settlement Agreement: Claim Form Package

APPENDIX 3: Release of Information Forms and Sample Letters

APPENDIX 4: Completion Check List

1. INTRODUCTION

This package is designed to introduce you to the Zyprexa Settlement Agreement, the process for establishing a claim and how to assist a claimant in filing for settlement monies.

MPA Advocacy is providing workshops and offering to coordinate claims for other organizations.

A class action settlement agreement has been approved in Ontario, Quebec and British Columbia. The original class action was brought against Eli Lilly Canada on behalf of Canadians who used the antipsychotic Zyprexa (Olanzapine) prior to June 6, 2007 and developed diabetes or diabetes related health conditions while using the drug.

The total compensation package is \$17, 750, 000.00 with provisions for increasing or decreasing the package depending on the number of claimants.

Poyner Baxter is the legal firm attached to the settlement in B.C. They may be contacted by telephone at (604) 988-6321, or via e-mail at info@poynerbaxter.com

Crawford Class Action Services are the court appointed independent claims administrator who will adjudicate the claims. They may be contacted toll free at 1-877-739-8933, or via e-mail at, zyprexa@crawco.ca

The deadline for filing claims is October 28th 2010.

The deadline to opt out of the settlement is September 28th 2010.

Who is eligible for the settlement?

Eligible Claimants are divided into three categories:

Primary: those who ingested Zyprexa

Derivative: family members of those who ingested Zyprexa including parents, children, spouses and common law spouses and same sex partners

Representative: personal representatives, heirs, assigns and trustees of Primary Claimants.

To qualify for the settlement

Primary Claimants:

Must have taken Zyprexa (Olanzapine) for a period of 90 days or more prior to June 6, 2007 and:

a.) developed Diabetes, Hyperglycemia, Diabetic Ketoacidosis or Pancreatitis while taking Zyprexa or within one year of his/her last ingestion of the drug

or

b.) taken Zyprexa for 90 days, were previously diagnosed diabetic and while taking Zyprexa or within 60 days of the last use underwent a clear change in the therapy for diabetes eg.; from diet and exercise therapy to requiring oral hypoglycaemic agents or to requiring insulin.

2. HOW TO USE THIS PACKAGE

We have included everything that will be needed to make your own claim or to assist others in assembling and filing a claim. We encourage you to go through the information in this package very carefully and familiarize yourselves with the forms.

APPENDIX 1

Zyprexa (Olanzapine) Class Action Notice of Settlement Approval

A synopsis of the actual agreement

APPENDIX 2

The Zyprexa Settlement Agreement Claims Form Package

This package includes background and defining terms that are necessary to understand, and a step-by-step, form-by-form approach. The package contains a privacy statement, instructions for claimants, a summary of the actual settlement agreement and the claim form itself on pages 9-16.

Pages 14 and 15 offer an opportunity to provide details of exceptional circumstances, such as “serious economic loss”, as a result of adverse effects not otherwise covered in the settlement.

The package concludes with a medical direction form on pages 17 and 18

APPENDIX 3

Release of Information Forms and Sample Letters

These are forms that may be necessary in the collection of information required for a claim.

1. Samples of simple release forms to be given to doctors and pharmacists. These are to be used by anyone acting on behalf of a claimant.
2. "REQUEST TO ACCESS PERSONAL INFORMATION and/or REQUEST TO CORRECT PERSONAL INFORMATION". Official releases for the collection of information from doctors or pharmacists, mental health teams or other public bodies. These may be necessary if the professional or group in question refuses to release information from a simple release. The official release for doctors in private practice is covered under the Personal Information Protection Act (PIPA). This Release is called the "REQUEST FOR ACCESS TO PERSONAL INFORMATION" For public bodies, which include mental health teams the release governed by the Freedom of Information and Protection of Privacy Act.

All of the releases must be signed by the claimant or a legal representative of the claimant.

3. Sample letters for doctors and pharmacists. These letters make reference to the settlement and request the specific information necessary to file the claim. They are designed to be pasted onto your own letterhead and include space to write in a doctor's name, a pharmacist, and the signature of the claimant or individual acting

on their behalf. MPA Advocacy is able to email the letter/release templates to your organization.

Claimants can request copies of **Pharmanet** medication histories through a pharmacy. The request is made by the pharmacist to the College of Pharmacists BC. The College then sends out a letter with the requested information to the claimant in two or more weeks.

APPENDIX 4. Completion Check List

We have provided a completion checklist that you may use to determine if you have all of the necessary information.

When a claims package is completed MPA Advocates are requesting that the package be sent to them and it will receive a final review of its contents and then be submitted by MPA to the claims administrator.

MPA advocates are available to discuss any problems that you may encounter, and to assist, if necessary in the collection of information. We can be reached at settlement@mpa-society.org or 604-482-3700.

3. FURTHER CONSIDERATIONS

At the time of this manual's writing the MHSD had not designated Zyprexa Class Action Settlement monies as exempt. This means that persons on income assistance risk having their benefits reduced or suspended depending on the size of the award.

MPA Advocacy has formally requested an exemption of settlement monies from the Ministry of Housing and Social Development.

We are advising people that if it seems likely that a person will qualify for the settlement, they should start the process for protecting this money immediately.

Claimants may be on basic income assistance, Persons with Persistent Multiple Barriers to Employment (PPMB) or Persons with Disability (PWD) designation.

PWD recipients and those having a Federal Disability Tax Credit will be able to put this money into a trust fund or a Registered Disability Savings Plan for future use.

Those on basic assistance are not eligible for these programs and risk having all settlement monies deducted.

People on income assistance must be made aware of this fact. Even PWD recipients will lose at least one month's allowance if they don't have either the RDSP or a Trust set up and have the settlement money paid directly into one of these funds.

For anyone on basic assistance or PPMB, this means applying for the PWD designation. Once that designation is established, they would then be eligible for putting money into a Trust or an RDSP.

Please contact an MPA Advocate for further information regarding trusts or the PWD application process.

Or, POVNET has a list of advocates throughout B.C. who can assist with these questions. POVNET's web address is www.povnet.ca.

**APPENDIX 1: Zyprexa (Olanzapine) Class Action Notice
of Settlement approval***

*Settlement notice.pdf

**APPENDIX 2: Zyprexa Settlement Agreement: Claim
Form Package***

***Zyprexa Claim form Pkg.pdf**

APPENDIX 3: Release of Information Forms and Sample Letters

Date: _____

Name: _____

Address: _____

Dear Doctor _____

I am writing on behalf of your patient _____, to request
medical records pertaining to when _____ was first prescribed
Olanzapine (Zyprexa), the duration of the treatment, and when _____,
was diagnosed with one or more of the following conditions: Diabetes type 1 or 2,
Pancreatitis, Ketoacidosis, Hyperglycemia and/or a change in treatment of Diabetes.

These records are necessary to file a claim in the Zyprexa Class Action Settlement.

Claims must be submitted by October 28th 2010 so your timely attention to this is appreciated.

If you have any questions regarding this please contact me at _____.

Thank You

Name: _____

Address: _____

Date: _____

Pharmacy: _____

Address: _____

Dear Sir or Madam,

I am writing on behalf of _____,

PHN # _____, to request pharmaceutical records from the

following dates; _____ to

_____.

These records are necessary to file a claim in the Zyprexa Class Action Settlement.

Claims must be submitted by October 28th 2010 so your timely attention to this is appreciated.

If you have any questions regarding this please contact me at _____.

Please find attached an authorization to release records to our organization.

Thank You,

Name: _____

Address: _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____

OF _____

HEREBY AUTHORIZE AND GIVE PERMISSION TO

TO RELEASE INFORMATION TO _____,

For six months or until I revoke this authorization.

SIGNATURE

DATE

CONTACT:

GOVERNMENT Information Requests:

[Consent to the Disclosure of Information.pdf](#)

[Request for access to Personal Information.pdf](#)

APPENDIX 4: Completion Check List

COMPLETION CHECKLIST

Have you.....

- as a **Derivative claimant** (explained on page 5) included proof of your relationship to the Primary claimant and entered this information on page 10 of the actual claim form?
- as a **Representative Claimant**, completed Section 2 of the claim form on page 9?
- completed Section 4 if you have a **lawyer acting on your behalf**?
- included a narrative about your **exceptional circumstances**, if applicable, on pages 14 & 15?
- checked off on page 12 and attached all of your **supporting documentation**?
- filled in the **Medical Direction Form** located on page 17 of APPENDIX 2?
- signed and dated the **Claim form Package** on page 16 of APPENDIX 2?
- retained a photocopy** of the entire Claim Form Package including allof your supporting documentation?

When you are satisfied that all the information is complete please send the package for final perusal to MPA Advocacy by October 15, 2010.