

SEROQUEL XR® (quetiapine fumarate) Extended-Release Tablets


Please print full Prescribing Information, including Boxed WARNINGS and Medication Guide


INSTANT SAVINGS

with the SEROQUEL XR Savings Card

For each monthly prescription, most commercially insured patients will

PAY NO MORE THAN \$3*

 **SEROQUEL XR®**
quetiapine fumarate
extended-release tablets


Emdeon
Therapy First Plus

BIN# 004682
PCN# CN
GRP# EC57004123
ID# 414049519710

*Up to a \$185 savings limit per month. Cash-paying patients will save up to \$185 off the cost of their prescription after paying the first \$3. Subject to eligibility and restrictions. Please see back of card for details.

Please see full Prescribing Information, including Boxed WARNINGS and Medication Guide.

Patient Eligibility for Savings Card: You may be eligible for this offer if you are insured by commercial insurance and your insurance does not cover the full cost of your prescription, or you are not insured and are responsible for the cost of your prescriptions. Patients who are enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs or TriCare, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. If you are enrolled in a state or federally funded prescription insurance program, you may not use this Savings Card even if you elect to be processed as an uninsured (cash-paying) patient. This offer is not insurance and is restricted to residents of the United States and Puerto Rico and patients over 10 years of age. This offer is valid for retail prescriptions only.

Terms of Use: Eligible commercially insured patients with a valid prescription for SEROQUEL XR® (quetiapine fumarate) tablets who present this Savings Card at participating pharmacies will pay \$3 per 30-day supply, subject to a maximum savings of \$185 per 30-day supply. Cash-paying patients will receive up to \$185 in savings on out-of-pocket costs that exceed \$3 per 30-day supply. Other restrictions may apply. Patient is responsible for applicable taxes, if any. If you have any questions regarding this offer, please call 1-888-547-8054. Offer is good for 12 uses; each 30-day supply counts as 1 use.

Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement

from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use at any time without notice. This offer is not conditioned on any past, present, or future purchase, including refills. Offer must be presented along with a valid prescription for SEROQUEL XR at the time of purchase.

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

Pharmacist Instructions for a Patient With an Eligible Third Party: Submit the claim to the primary Third Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer COB (coordination of benefits) with patient responsibility amount and a valid Other Coverage Code (**eg, 8**). The patient is responsible for the first \$3, and the card pays up to the next \$185. Reimbursement will be received from **Therapy First Plus**.

Pharmacist Instructions for a Cash-Paying Patient: Submit the claim to **Therapy First Plus**. A valid Other Coverage Code (**eg, 1**) is required. The patient is responsible for the first \$3, the card pays up to the next \$185. Reimbursement will be received from **Therapy First Plus**.

Valid Other Coverage Code Required: For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at 1-800-422-5604.

Please see full Prescribing Information, including Boxed WARNINGS concerning use in elderly patients with dementia-related psychosis and the increased risk of suicidal thoughts and behavior in children, adolescents, and young adults, and Medication Guide at http://www.astrazeneca-us.com/cgi-bin/az_pi.cgi?product=seroquelxr&country=us&popup=no

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088. If you are without prescription coverage and cannot afford your medication, AstraZeneca may be able to help.

If you would like additional information regarding AstraZeneca products, please contact the Information Center at AstraZeneca in the US at 1-800-236-9933, Monday through Friday, 8 AM to 6 PM ET, excluding holidays, or visit AstraZeneca-us.com

Program managed by PSKW on behalf of AstraZeneca.

Product dispensed pursuant to program rules and federal and state laws.

SEROQUEL XR is a registered trademark of the AstraZeneca group of companies.

©2016 AstraZeneca. All rights reserved. 3266703 Last Updated 6/16



This product information is intended for US consumers only.

AstraZeneca 