

**This SEROQUEL patient voucher is currently available.
Please note the important aspects of this voucher.**

SEROQUEL
Patient Voucher



Patient:

This SEROQUEL Patient Voucher is brought to you by AstraZeneca. This offer is good for qualified customers for SEROQUEL and may not be used for any other product. This offer may not be combined with any other offer, including any coupon, discount or prescription savings card program. This offer is void where prohibited by law, taxed, or restricted. No claim for payment or reimbursement may be submitted for this free trial supply to ANY third-party payer, including Medicaid, Medicare or similar federal or state programs (such as medical assistance programs), private insurance, HMO, or any other health or pharmacy benefit plan. It is illegal for any person to sell, purchase or trade this certificate. Offer valid only for product lawfully purchased in the United States, AstraZeneca reserves the right to change or discontinue this offer at any time without notice.

Simply take the "SEROQUEL Patient Voucher" and a prescription from your doctor for SEROQUEL to any pharmacist to receive your medication, at no charge. Be sure to follow all of the dosing instructions provided by your prescriber. *Expiration Date: 3/31/2007*

Physician:

AstraZeneca is pleased to provide this FREE Patient Voucher to allow non-sampling facilities to start appropriate patients on SEROQUEL. Patients must present this card with a valid prescription for SEROQUEL to the pharmacist. Prescriber DEA# is required on prescription. *This program allows for TWO cards per patient. This card is redeemable for a 30-day supply of SEROQUEL, up to 24,000 mg, using any combination of dosage strengths, with the following exceptions:*

- Maximum quantity of 50 mg tablets is 2
- SEROQUEL 25-mg tablets are not redeemable with this Patient Voucher

Please see accompanying full Prescribing Information for SEROQUEL.



SEROQUEL Patient Voucher



Pharmacist:

- This Patient Voucher must be accompanied by a valid prescription for SEROQUEL. No substitutions permitted.
- **Please dispense to the patient at no charge and submit claim to McKesson Corporation using BIN #610500. For pharmacy processing questions, please call the Help Desk at 1-800-750-9835.**
- For all other prescriptions, please use the patient's primary method of payment with a new Rx number. *Expiration Date: 3/31/2007*
- For audit purposes, this Patient Voucher must be attached to the original prescription and retained by you for the greater of 3 years and the usual period for which your pharmacy records are kept.

I certify that:

- I have received this Patient Voucher from an eligible patient and I have dispensed the SEROQUEL product in accordance with this card.
- I have not received and will not accept any payment from the patient.
- Other than to McKesson Corporation, I have not submitted, and will not submit, a claim for reimbursement such as medical assistance programs, private insurance, HMO or any other health or pharmacy benefit plan to any third-party payor, including Medicare, Medicaid or any similar federal or state healthcare programs.
- My participation in this program is consistent with all applicable laws, and other obligations, contractual or otherwise, that I have.

Pharmacist's signature

1. **Voucher can be used for multiple fills**
The patient can use the same voucher for up to 2 prescriptions of SEROQUEL
2. **Maximum quantity**
Voucher is redeemable for a 30-day supply of SEROQUEL, up to 24,000 mg, using approved combination of dosage strengths (see 3)
3. **Dosage Exceptions**
Dosage exceptions for voucher:
- Maximum quantity of 50 mg tablets is two; and
- SEROQUEL 25-mg tablets are not redeemable with the voucher
4. **Card presented with prescription**
Patient must present the card with a valid prescription for SEROQUEL
5. **Program components**
This program allows for two cards per patient.
6. **Claim Submission**
The voucher claim is submitted to McKesson Corporation, BIN #610500

For pharmacy processing questions please call the McKesson Help Desk at 1-800-750-9835.

[Please see full Prescribing Information](#)



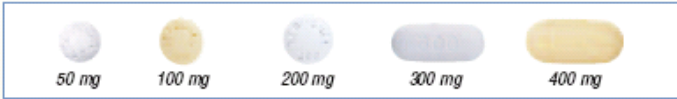
quetiapine fumarate

50 mg, 100 mg, 200 mg, 300 mg, 400 mg

Take SEROQUEL as prescribed by your doctor.

Dosage	50 mg	100 mg	200 mg	300 mg	400 mg
Day 1	AM				
	PM				
Day 2	AM				
	PM				
Day 3	AM				
	PM				
Day 4	AM				
	PM				
Day 5	AM				
	PM				
Day 6	AM				
	PM				

Dosage strengths redeemable from this voucher:



*Tablets shown are not actual size.

Group #: H1500205 ID #:

Void where prohibited by law. Product dispensed pursuant to terms of this card. It is illegal for any person to sell, purchase, or trade or offer to sell, purchase, purchase, or trade, or counterfeit this card. Prescriber DEA# required on prescription. Offer valid only in the United States. AstraZeneca reserves the right to discontinue the offer at any time without notice.

Please see accompanying full Prescribing Information for SEROQUEL (quetiapine fumarate).

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If you would like to receive additional information, please check below and return this postage-paid card.



AstraZeneca respects your personal health information. The information you provide may be used to send you health-related materials and to develop products, services, and programs. AstraZeneca, or third parties working on our behalf, will not sell or rent personal health information. A copy of our Privacy Statement may be obtained by calling 1-800-236-9933 or visiting www.azprivacystatement.com.

Yes, send me information on SEROQUEL and related health information.

Yes, send me information on all AstraZeneca products, programs, and services that may be of interest to me.

Name: _____

Address: _____

City: _____

State/ZIP: _____

E-mail Address: _____

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If you no longer want to receive this information, please call 1-800-236-9933.

Please answer the following questions so we can provide you with the most relevant information possible.

Are you interested in obtaining more information?

For yourself For someone else

On a scale of 1-5, how would you rate the content value of the information in the materials you received?

1 2 3 4 5 (1 = poor; 5 = great)

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[Please see full Prescribing Information](#)

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