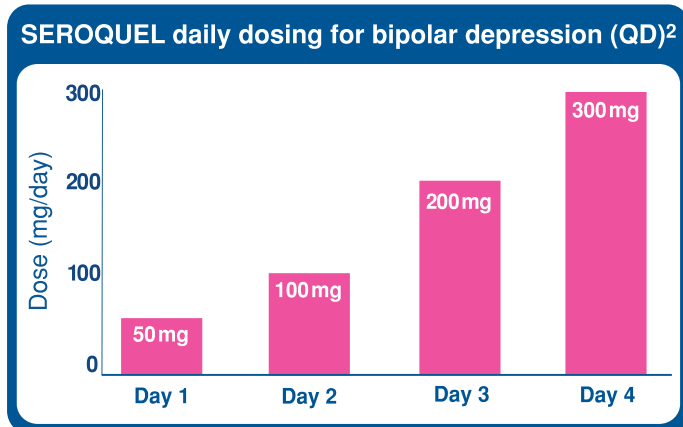
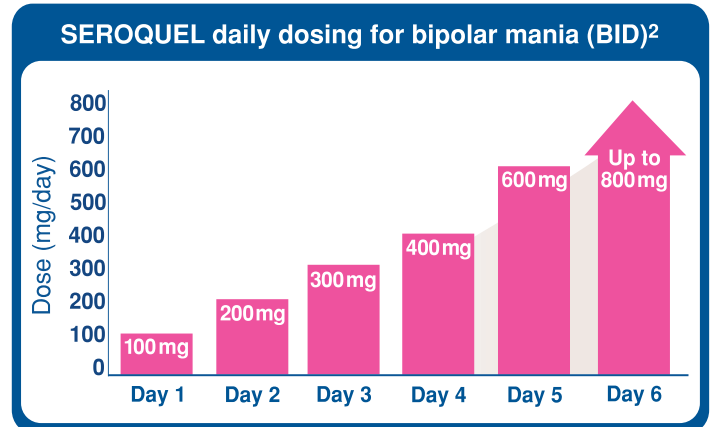


Now approved for bipolar depression

- SEROQUEL is the ONLY monotherapy FDA-approved to treat both bipolar depression and mania¹
- Once-daily dosing at bedtime for bipolar depression^{†2}



• Achieve target of 300 mg/day by Day 4 in bipolar depression with once-daily dosing at bedtime with SEROQUEL²



• Achieve target of 600 mg/day[†] by Day 5 in bipolar mania with BID dosing with SEROQUEL²

- In the elderly and in patients with hepatic impairment, consideration should be given to a lower starting dose, a slower rate of dose titration, careful monitoring during the initial dosing period, and a lower target dose
- SEROQUEL is indicated for the treatment of depressive episodes in bipolar disorder; acute manic episodes in bipolar I disorder, as either monotherapy or adjunct therapy to lithium or divalproex; and schizophrenia. Patients should be periodically reassessed to determine the need for treatment beyond the acute response
- See full Prescribing Information for schizophrenia dosing
- Please see Important Safety Information on next page, and for full Prescribing Information, including Boxed Warnings, please click here

<http://www.astrazeneca-us.com/pi/seroquel.pdf>



The #1 prescribed atypical[†]

Seroquel[®]
quetiapine fumarate

25 mg, 50 mg, 100 mg, 200 mg, 300 mg & 400 mg tablets

Please refer to the Medication Guide included within the full Prescribing Information.

(Tablets shown are not actual size)

References: 1. Data on file, DA-SER-51. 2. SEROQUEL Prescribing Information.

* All atypical prescriptions. Total prescriptions. Jan. 05–Oct. 06.

† New prescriptions. Sept. 04–Oct. 06. IMS Health. National Prescription Audit.

‡ Dosing for bipolar mania and schizophrenia is twice daily.

§ In pivotal mania trials, the average dose in responders (patients with ≥50% improvement in Young Mania Rating Scale total score) was 600 mg/day.

Important Safety Information

SEROQUEL is indicated for the treatment of depressive episodes in bipolar disorder; acute manic episodes in bipolar I disorder, as either monotherapy or adjunct therapy to lithium or divalproex; and schizophrenia. Patients should be periodically reassessed to determine the need for treatment beyond the acute response

Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk (1.6 to 1.7 times) of death compared to placebo (4.5% vs 2.6%, respectively). SEROQUEL is not approved for the treatment of patients with dementia-related psychosis. (See Boxed Warning)

Suicidality in children and adolescents—antidepressants increased the risk of suicidal thinking and behavior (4% vs 2% for placebo) in short-term studies of 9 antidepressant drugs in children and adolescents with major depressive disorder and other psychiatric disorders. Patients started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. SEROQUEL is not approved for use in pediatric patients. (See Boxed Warning)

A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with administration of antipsychotic drugs, including SEROQUEL. Rare cases of NMS have been reported with SEROQUEL. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. The management of NMS should include immediate discontinuation of antipsychotic drugs

Tardive dyskinesia (TD), a potentially irreversible syndrome of involuntary dyskinetic movements, may develop in patients treated with antipsychotic drugs. The risk of developing TD and likelihood that it will become irreversible are believed to increase as the duration of treatment and total cumulative dose of antipsychotic drugs administered to the patient increase. TD may remit, partially or completely, if antipsychotic treatment is withdrawn. SEROQUEL should be prescribed in a manner that is most likely to minimize the occurrence of TD

Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics, including SEROQUEL. The relationship of atypical use and glucose abnormalities is complicated by the possibility of increased risk of diabetes in the schizophrenic population and the increasing incidence of diabetes in the general population. However, epidemiological studies suggest an increased risk of treatment-emergent, hyperglycemia-related adverse events in patients treated with atypical antipsychotics. Patients starting treatment with atypical antipsychotics who have or are at risk for diabetes should undergo fasting blood glucose testing at the beginning of and during treatment. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing

Precautions include the risk of seizures, orthostatic hypotension, and cataracts. Examination of the lens by methods adequate to detect cataract formation, such as slit lamp exam or other appropriately sensitive methods, is recommended at initiation of treatment or shortly thereafter, and at 6-month intervals during chronic treatment

The most commonly observed adverse events associated with the use of SEROQUEL monotherapy versus placebo in clinical trials for schizophrenia and bipolar disorder were dry mouth (9-44% vs 3-13%), sedation (30% vs 8%), somnolence (18-28% vs 7-8%), dizziness (11-18% vs 5-7%), constipation (8-10% vs 3-4%), SGPT increase (5% vs 1%), dyspepsia (5-7% vs 1-4%), lethargy (5% vs 2%), and weight gain (5% vs 1%). The most commonly observed adverse events associated with the use of SEROQUEL versus placebo in clinical trials as adjunct therapy with lithium or divalproex in bipolar mania were somnolence (34% vs 9%), dry mouth (19% vs 3%), asthenia (10% vs 4%), constipation (10% vs 5%), abdominal pain (7% vs 3%), postural hypotension (7% vs 2%), pharyngitis (6% vs 3%), and weight gain (6%)

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For full Prescribing Information, please click here
<http://www.astrazeneca-us.com/pi/seroquel.pdf>

*All atypical prescriptions: Total prescriptions. Jan. 05–Oct. 06.
New prescriptions. Sept. 04–Oct. 06. IMS Health. National Prescription Audit.

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The **#1** prescribed atypical^{*}
 **Seroquel**[®]
quetiapine fumarate
25 mg, 50 mg, 100 mg, 200 mg, 300 mg & 400 mg tablets