

PRINT THIS AND TAKE IT TO YOUR PHARMACY

and save on each monthly prescription for SEROQUEL XR. Card expires on 11/2/2016.



For each monthly prescription, most commercially insured patients will

PAY NO MORE THAN \$15*

SEROQUEL XR[®]
quetiapine fumarate
extended-release tablets

pskw
Emdeon
Therapy First Plus

BIN# 004682
PCN# CN
GRP# EC57004066
ID# 413032289962

*Up to a \$75 savings limit per month. Cash-paying patients will save up to \$75 off the cost of their prescription after paying the first \$15. Subject to eligibility and restrictions. Please see back of card for details.

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

Offer valid for eligible cash-paying and commercially insured patients only.

ELIGIBILITY: This offer is good for eligible patients purchasing up to a 30-day supply of SEROQUEL XR[®] (quetiapine fumarate) and may not be used for any other product. This offer is good for the purchase of SEROQUEL XR manufactured for AstraZeneca Pharmaceuticals LP and lawfully purchased from an authorized retailer or distributor in the United States or its territories. This offer is not insurance and is not valid for mail order or prescriptions purchased under Medicaid, Medicare, or similar federal or state programs or for patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees; or for patients under 10 years of age. Offer not valid where prohibited by law, taxed, or restricted. Offer is not transferable, is limited to one per person and may not be combined with any other offer. Offer must be presented along with a valid prescription for SEROQUEL XR at the time of purchase.

Offer: (a) If you have commercial insurance, and your copay is more than \$15, you may receive up to \$75 in savings on your prescription, for each monthly prescription; (b) If you pay cash for your prescription, you may receive up to \$75 in savings on your prescription, after the first \$15. In either case, you will be responsible for paying the first \$15, AstraZeneca will pay up to the next \$75, and you will be responsible for any remaining balance, for each monthly prescription. Offer expires on **11/2/2016**. Savings not applicable to out-of-pocket costs of \$15 or less. AstraZeneca reserves the right to change or discontinue this offer at any time without notice. Cardholders with questions should call: 1-888-547-8054.

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 \$15, and the card pays up to the next \$75. 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 \$15, the card pays up to the next \$75. 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.

Program managed by P.S.K.W & Associates on behalf of AstraZeneca.

Please see the accompanying full [Prescribing Information](#), including **Boxed WARNINGS and **Medication Guide** or view it at [SEROQUELXR.COM](#)**

If you can't afford your medication, AstraZeneca may be able to help. For more information, please visit: www.AstraZeneca-US.com

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.

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