

Branded  
SEROQUEL XR  
for as low as \$3

Pay as little as \$3\*

 **SEROQUEL XR**<sup>®</sup>  
quetiapine extended-release  
tablets

Powered By: CHANGE HEALTHCARE

BIN# 004682  
PCN# CN  
GRP# EC57004142  
ID# 414550084217

\*Up to a \$185 savings limit per month for cash-paying and commercial patients off the cost of their prescription after paying the first \$3. Subject to eligibility. Restrictions apply. Please see below for details.

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

#### ELIGIBILITY

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/covered patients with a valid prescription for SEROQUEL XR<sup>®</sup> (quetiapine) tablets who present this Savings Card at participating pharmacies may pay as low as \$3 per 30-day supply, subject to a maximum savings limit of \$185 per 30-day supply; patient out-of-pocket expenses may vary. If you pay cash for your prescription, H2-Pharma may pay up to the first \$185, and you will be responsible for any remaining balance, for each monthly prescription. Other restrictions may apply. Patient is responsible for applicable taxes, if any. 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. H2-Pharma 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. If you have any questions regarding this offer, please call 1-888-864-2308.

#### 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:

**For Insured/Covered Patients:** Submit the claim to the primary Third-Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 8. This may reduce the eligible patient's out-of-pocket costs to as low as \$3 for up to a 30-day supply, subject to a maximum savings limit of \$185 per 30-day supply; patient out-of-pocket expenses may vary. Reimbursement will be received from **CHANGE HEALTHCARE**.

**Pharmacist Instructions for Insured/Not Covered Patients:** Submit the claim to the primary Third-Party Payer first; if the primary claim submission shows a managed care restriction (step-edit, prior authorization, or NDC block), continue the claim adjudication process and submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. This will reduce eligible patient's out-of-pocket costs to as low as \$3 for up to a 30-day supply, subject to a maximum savings limit of \$185 per 30-day supply; patient out-of-pocket expenses may vary. Reimbursement will be received from **CHANGE HEALTHCARE**.

**Pharmacist Instructions for a Cash-Paying Patient:** Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (eg, 1) is required. The card will cover up to a maximum of \$185 for up to a 30-day supply; patient out-of-pocket expenses may vary. Reimbursement will be received from **CHANGE HEALTHCARE**. Valid Other Coverage Code Required.

For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 1-800-422-5604.

Program managed by **ConnectiveRx**, on behalf of H2-Pharma.

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



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