RIEF SUMMARY of Prescribing Information—Before prescribing, please consult comp escribing information.

rescribing information.

Increased Mortality in Elderly Patients with Dementia-Related Psychosis: Elderly patients with dementia-Related psychosis: Elderly patients with dementia-related psychosis treated with abytical antipsychotic drugs are at an increased risk of death compared to placebo. Analyses of seventeen placebo-controlled triats (model duration of 19 weeks) in these galatests to between 1.5 to 1.7 times that seen in placebo-treated patients. Over the course of a hybical 10 week controlled trial, the rate of death in drug-freated patients was about 3.5, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, mest of the feathst appeared to be either cardiovascular (eg. heart failure, sudden death) or infectious (eg. posemenia) in nature. SEROULEL (quellapline) is net approved for the treatment of patients with Dementia-Related Psychosis.

IRestitute Preplectis:

WIGHTIONER AND URANGE Ripotor Maint: SPROUER is indicated for the treatment of acute munic episodes associated with bipotor i disorder, as other more diseased and the policy of SPROUER. In each bipotit manual was disabled and the off-sent more drivingers. The efforts of SPROUER is made bipotition with a substitute of the policy of SPROUER. In each bipotition of these sprishmatically evaluated in clinical trials for more than 12 weeks in more than a present of the policy of the

besay does not affect them selversely. Playster: Des case of pragions in a patient receiving SEROULE. It as not been selvered prior to market introduction. While a ground intelligent to use of SEROULE. It as not been subside that SEROULE, may obtain the selversely. Severe pragions may require surpole intervence, deep fragmentaries Regulation. Although not reported with SEROULE, disruption of the body's ability to reduce code to be presented to the selversely and the selverselves and the selverselves and the selverselves

when compared to younger patients.

ANVERSE REACTIONS: I in information below is derived from a clinical trial database for SEROOUEL consistent of over 1000 patients. Of these approximately 2000 of subjects, approximately 2000 (2300 in schizophrenia and 405 in acute hipotar mania) were patients who participated in multiple dose effectiveness trials, and their experience corresponded to approximately 413 designed years represent the first prescribed information for details of adverse event date collection. Averers Feedings Observed in Start-Term, Centrolled Trials: Afterse Events Associated with Discontinuations of Treatment in Short-Term, Pleasabe-Centrolled Trials: Bipotar Maniat. Overal, discontinuations due to adverse events were 5.7% for SEROOUEL is 3.1% for pleabo in monotherapy and 3.6% for SEROOUEL is 3.5% for pleabob in appoid of controlled trials: After was tilts difference in the incidence of discontinuation due to adverse this, 1% for SEROOUEL is 3.5% for pleabob in a pool of controlled trials. However, discontinuations due to somnolence and hypotension were considered to be drug related (see PREACUTIONS). Somnolence 0.8% is 5% for pleabob. Adverse Serots Occurring at an Incidence of 1% or Norm Ameng SEROOUEL.

The stated Pristrate in Stort-Term, Plazabo-Controlled Trials; The following instiment-emergent abundance events and control during some frame you for change limited to the state and control and the state of the control of the state of the state of the control of the control

and monitoring showle continue union the papers recovers.

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Manufactured for: AstraZeneca Pharmaceuticals LP Wilmington, Delaware 19850-5437

I always wanted to achieve more NOVI Can



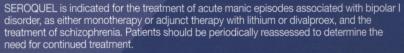
Now the most prescribed atypical*

Proven efficacy

To help patients achieve continued success^{†1-4}

Trusted tolerability

To help patients stay on treatment 1-5



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.

Prescribing should be consistent with the need to minimize the risk of tardive dyskinesia. A rare condition referred to as neuroleptic malignant syndrome has been reported with this class of medications, including SEROQUEL.

Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics, including SEROQUEL. 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 cataract development. The most commonly observed adverse events associated with the use of SEROQUEL in clinical trials were somnolence, dry mouth, dizziness, constipation, asthenia, abdominal pain, postural hypotension, pharyngitis, SGPT increase, dyspepsia, and weight gain.

*All atypical prescriptions: Total prescriptions. Jan. 05-June 05. New prescriptions. Sept. 04-June 05. IMS Health. National Prescription Audit.

†Significant improvement in all 11 YMRS items was measured at Day 21 and continued through Day 84 in monotherapy mania trials.

Please see Brief Summary of Prescribing Information on adjacent page.



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