Prescribing Information.

Increased Mortality in Elderly Patients with Dementia-Related Psychosis: Elderly patients with dementia-related psychosis treated with abplical antipsycholic drugs are at an increased risk death compared to placobo. Analyses of seventies in blacebo-controlled trials (model diuration 10 weeks) in these patients revealed a risk of death in the drug-freated patients of between to 1.7 times that seen in placebo-treated patients. Over the course of a typical 10 week control trial, the rate of death in drug-freated patients was about 4.5%, compared for a rate of about 2.1%, the patient of the course of the course of a typical 10 week control trial, the rate of death of rate of about 2.1%, compared for a rate of about 2.1% in the placebo group. Although the causes of death were varied, most of the deaths appeared to either cardiovascular (eg, heart failure, sudden death) or infectious (eg, paneumosi) analure. SEROQUEL (quellapine) is not approved for the treatment of patients with Dement Related Psychology.

[Rablade Phychosis.]

MDICATIONS AND USAGE: Bipolar Mania: SEROQUEL is indicated for the treatment of acute manic episodes associated with bipolar i disorder as either morotherapy or adjunct therapy to lithium or divaproce. The efficacy of SEROQUEL in acute bipolar mana was established in two 12-week monotherapy tried or bipolar plants in intelly hospitated for up to 7 days for orable main. Effectiveness has not been systematically evaluated in clinical trials for more than 12 weeks in microtherapy and 3 weeks in adjunct therapy. Therefore, the physician who elects to use SEROQUEL for electred periods should periodically evaluate the long-term risks and beentlys of the drug for the individual patient. Schizophrenia: SEROQUEL is indicated for the treatment of subcophrenia. The efficacy of SEROQUEL in controller trials. The reference is the schizophrenia in sea stabilished in short-term (6-week) controlled trials of schizophrenia in spatients. The efficacy of SEROQUEL in controller trials. Therefore, the physician who elects to use SEROQUEL for extended periods should periodically re-evaluate the long-term usefulness of the ring for the individual patient.

CONTRAINOCATIONS: SEROQUEL is contraindicated in individuals with a known hypersensitivity to this medication or any of its ingredients.

physician who elects to use SEROCUEL for extended periods should periodically re-evaluate the long-term usethness of the drug for the individual patient.

CONTRAMIDICATIONS: SEROCUEL is contraindicated in individuals with a known hypersensitively to this medication or any of its ingredents.

WARNINGS: Increased Mortality to Elderly Patients with Demotits-Related Psychosis: Ellerly patients with amendata-railed psychosis inseated with applical antigraphical foruga are at an increased risk of death conpared to placeba. SEROULEL (qualitation) is not approved for the realment of patients with demontial-railed application. SEROCUEL (qualitation) is not approved for the realment of patients with demontial-railed application. SEROCUEL (qualitation) is not approved for the periodic of patients with demontial-railed application of autiseychotic drugs, are at 1900 (MS). A potentially fall symptom complex considers considers related to the second and providers of the providers (and symptomic demontial-railed symptomic related to a Neurolegic Naligrant Syndrom (NUS) has been reported in association of application of autiseychotic drugs, reluding SEROULEL. Bate cases of MMS have been reported with SEROULEL. Clinical manifestations of NMS are hypertyrexia, muscle ingibity altered mental status, and evidence of automorie instability frequire rudes in clinical presentation includes both serious merical lines of a patient. The disponsion clearation of activities with this syndrome is complicated in arriving at a diagnosis, it is important to exclude cases where the clinical presentation includes both serious merical lines of a patient problems of the patients of the patients and providers and primary certain and p

including polydiosia, polyuria, polychagia, and waxiness. Patients who develop symptoms of hyperglycenia during pratients with appoical antisposchotics should undergo fasting blood plucines lesting, in some cases, hyperglycenia has resolved when the stylucia antisposchotic was discontinuous on team-cladelic treatment despite discontinuous of month-cladelic treatment despite discontinuous of the properties of the discontinuous of the properties of the discontinuous of the disco

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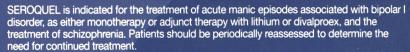
I always wanted to achieve more Now can



Now the most prescribed atypical*

To help patients achieve continued success^{11.4}

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.

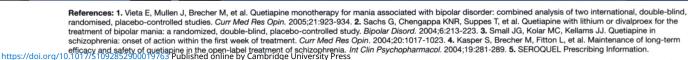
Please see Brief Summary of Prescribing Information on adjacent page.



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