

# CRESTOR® (rosuvastatin calcium)

Please print full Prescribing Information

## Savings for eligible patients with a prescription for CRESTOR Tablets and commercial prescription drug insurance.



It's easy to save on  
**CRESTOR.**  
With the attached CRESTOR Savings Card,\* your prescription for CRESTOR is just \$3.

\*Subject to eligibility. Restrictions apply.  
See eligibility restrictions below.

Simply take this printout along with your prescription for CRESTOR to your pharmacy to begin receiving savings on out-of-pocket costs that exceed \$3 (up to a \$130 savings limit) on each 30-day supply of your next 12 prescriptions of CRESTOR (30 tablets).\*

**Patient Eligibility for Savings Card:** 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 18 years of age. This offer is valid for retail prescriptions only.

**Terms of Use:** Eligible commercially insured patients with a valid prescription for CRESTOR® (rosuvastatin calcium) Tablets who present this Savings Card at participating pharmacies will pay \$3 for a 30-, 60-, or 90-day supply, subject to a maximum savings of \$130 per 30-day supply, \$260 per 60-day supply, or \$390 per 90-day supply. Eligible cash-paying patients will receive up to \$130 in savings on out-of-pocket costs per 30-day supply. Offer good for 12 uses; each 30-day supply counts as 1 use. This offer is good for a 30-day supply, 60-day supply, or 90-day supply, and expires 14 months from the date of first use. Other restrictions may apply. Patient is responsible for applicable taxes, if any. If you have any questions regarding this offer, please call 1-888-729-4100.

Nontransferable, 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. AstraZeneca 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 CRESTOR® (rosuvastatin calcium) at the time of purchase.

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:** Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (**eg, 8**). The patient is responsible for the first \$3 for a 30-, 60-, or 90-day supply, and the card will cover \$130 per 30-day supply, \$260 per 60-day supply and \$390 per 90-day supply. Reimbursement will be received from **Therapy First Plus**.

**Pharmacist Instructions for a Cash-Paying Patient:** Submit this claim to **Therapy First Plus**. A valid Other Coverage Code (**eg, 1**) is required. The card will cover up to \$130 per 30-day supply. 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.

Please see full Prescribing Information at [www.CrestorPI.com](http://www.CrestorPI.com)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.FDA.gov/medwatch](http://www.FDA.gov/medwatch) or call 1-800-FDA-1088.

If you can't afford your medication, AstraZeneca may be able to help.


If you would like additional information regarding AstraZeneca products, please contact the Information Center at AstraZeneca in the US at 1-800-236-9933, Monday through Friday, 8 AM to 6 PM ET, excluding holidays, or visit [AstraZeneca-us.com](http://AstraZeneca-us.com)

CRESTOR is a registered trademark of the AstraZeneca group of companies.

Program managed by PSKW on behalf of AstraZeneca.

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

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