STAY ON BRANDED CRESTOR, PAY AS LOW AS $3* WITH NO ACTIVATION REQUIRED

Simply present this card to your pharmacist—and you may pay as low as $3 on out-of-pocket cost (up to a savings limit of $175 per 30-day supply, $350 per 60-day supply, or $525 per 90-day supply) on your prescriptions for CRESTOR.

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, Medicare, 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, is restricted to residents of the United States and Puerto Rico, and to patients over 17 years of age.

TERMS OF USE: Eligible commercially insured/covered patients with no restrictions (step-edit, prior authorization, or NDC block) and a valid prescription for CRESTOR® (rosuvastatin calcium) Tablets who present this savings card at participating pharmacies may pay as low as $3 for each 30, 60, or 90-day supply, subject to a maximum savings of $150 per 30, $300 per 60, or $450 per 90-day supply. Patient out-of-pocket expenses may vary. If you are insured and your insurance does not cover or has a managed care restriction on your prescription (step-edit, prior authorization, or NDC block), AstraZeneca will pay up to the first $150 for a 30-day supply, $350 for a 60-day supply, or $525 for a 90-day supply, 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. 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 at the time of purchase. If you have any questions regarding this offer, please call 1-855-687-2151.

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

Pharmacist Instructions for Insured/Covered Patients:

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 3. This may reduce eligible patient’s out-of-pocket costs to as low as $3, subject to a maximum savings limit of $175 per 30-day supply. Patient out-of-pocket expenses may vary. Reimbursement will be received from Change Healthcare.

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 Change Healthcare as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. This may reduce eligible patient’s out-of-pocket costs to as low as $3, subject to a maximum savings limit of $175 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 $150 per 30-day supply. 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.

Must have a valid CRESTOR prescription.

Please click to see Important Safety Information and US Full Prescribing Information for CRESTOR.

CRESTOR is a registered trademark of the AstraZeneca group of companies. ©2020 AstraZeneca. All rights reserved. US-47992 Last Updated 12/20