

Savings for patients with a prescription for CRESTOR® (rosuvastatin calcium) Tablets and commercial prescription drug insurance

**AS LOW AS**  
**\$3\***  
**FOR UP TO**  
**A 3-MONTH**  
**SUPPLY OF**  
**CRESTOR**



**CRESTOR®**  
rosuvastatin calcium

Emglen  
Therapy First Plus

BIN# 004682  
PCN# CN  
GRP# EC57002181  
ID# 414229364923

AstraZeneca

\*Subject to eligibility. Restrictions apply.  
Use this card each time you fill your prescription.  
Valid for 14 months from first use.

**SAVE**  
**ON CRESTOR**

Use the card to save on each of your next  
12 prescriptions (up to 30 tablets)\*

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

If you already have a prescription for CRESTOR, simply take this printout to your pharmacy to begin receiving savings on out-of-pocket costs that exceed \$3 (up to a savings limit of \$65 per 30-day supply, \$130 per 60-day supply, or \$195 per 90-day supply) on each of your next 12 prescriptions of CRESTOR (up to 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 \$65 per 30-day supply, \$130 per 60-day supply, or \$195 per 90-day supply. Eligible cash-paying patients will receive up to \$65 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 1-855-687-2151.

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 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.

Program managed by PSKW, LLC, on behalf of AstraZeneca.


Offer good for eligible patients purchasing a 30-day, 60-day, or 90-day supply of CRESTOR® (rosuvastatin calcium) Tablets with a valid prescription for CRESTOR. Eligible commercially insured patients will pay \$3 for a 30-, 60-, or 90-day supply, subject to a maximum savings of \$65 per 30-day supply, \$130 per 60-day supply, or \$195 per 90-day supply. Uninsured (cash-paying) patients will receive up to \$65 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 expires 14 months from the date of first use. Offer not valid for prescriptions purchased under Medicaid, Medicare, or similar state or federally sponsored programs. Offer not valid for patients enrolled in a state or federally funded prescription insurance program, even if patient elects to be processed as an uninsured (cash-paying) patient. Offer valid for retail prescriptions, residents of the United States and Puerto Rico, and patients over 18 years of age only. Patient is responsible for any applicable taxes. Offer is not transferable, is not insurance, is limited to one per person, and may not 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. Offer may be changed or discontinued at any time without notice. Offer not conditioned on any past, present, or future purchase. Please call 1-855-687-2151 with questions and for full eligibility details.

**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 up to \$65 per 30-day supply, \$130 per 60-day supply, or \$195 per 90-day supply. Reimbursement will be received from **Therapy First Plus**.

**Pharmacist Instructions for an Eligible 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 \$65 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.

If you can't afford your medication, AstraZeneca may be able to help. For more information, please 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. ©2015 AstraZeneca. All rights reserved. 3196410 Last Updated 11/15

 This product information is intended for US consumers only.

AstraZeneca 