

CRESTOR (rosuvastatin) for Medicare Part D

Pharmaceutical Company AstraZeneca Pharmaceuticals

Program Name AZ&Me Prescription Savings Program for people with Medicare Part D

Program Address PO Box 66551
St. Louis, MO 63166-6551

Phone Number 800-292-6363

Fax Number 800-961-8323

Website <http://www.astrazeneca-us.com/help-affording-your-medicines/?itemId=8921707>

Eligibility Guidelines

Applicants with Medicare Part D are eligible Applicant must have an income less than or equal to \$30,000 for an individual (less than or equal to \$40,000 for a couple.) The patient must also be a US resident, green card or work visa holder. Applicants must be enrolled in Medicare Part D, and meet the income guidelines specified above. The applicant must have spent at least 3% of the annual household income on prescription drugs this year. Once approved medicines are shipped out with in 5-7 business days. Up to a 90-day supply is sent to the doctor's office or the patient's home. The patient or doctor must contact the company for refills. The patient must reapply once a year.

Attach the following documents to the application:

1. Attach prescription
2. Attach proof of income
3. Year-to-date prescription spend history

Mail completed Enrollment form and documents to:

AZ&Me Prescription Savings Program
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