

Understanding Your Health Care Plan

How Insurance Coverage May Affect Your Prescription Drugs

(NAPS)—How well do you understand your health insurance plan? For many people, the different options, confusing terms and endless forms can be a major headache. But in today's economic environment, it's more important than ever to understand how your prescription drug coverage can affect you and your family. Here are answers to some common questions:

What are the major types of health insurance plans?

Most people enroll in a health insurance plan—also known as a managed care plan—through their employers. These plans are contracts between health care providers and medical facilities called the plan's "network" to offer care at reduced costs.

- Health Maintenance Organizations (HMO) usually only pay for in-network care. This means you choose a primary care doctor within the network who will coordinate your care.

- Preferred Provider Organizations (PPO) usually cover some of your care if you go outside the network.


- Point of Service (POS) plans let you choose between an HMO or PPO each time you need care.

Other types of health insurance include Medicare and Medicaid, which are government-funded plans for retirees and low-income individuals.

What is a prescription drug co-pay?

You usually pay a fee, called a co-pay, each time you pick up a prescription. Generic drugs are usually covered at the Tier 1 co-pay level, which is a lower co-pay than Tier 2 or Tier 3. Preferred brand-name drugs are covered at

the Tier 2 level, which is a lower co-pay than Tier 3. Other brand-name drugs that are considered nonpreferred are covered at the Tier 3 level.

In today's economic environment, it's more important than ever to understand how your prescription drug coverage affects you and your family. 

How can I tell if my prescription drugs are covered by my insurance?

Most plans have a formulary, or a "preferred drug list," which typically includes both brand-name and generic drugs. It is important to talk to your doctor about what treatment option is most appropriate for your medical condition and to find out which prescription drugs are covered by your insurance. However, some plans may not immediately cover a brand-name drug if a generic in the same class is available. For example, cholesterol-lowering drugs called statins are widely prescribed, and both brand-name and generic statins are available. One of the commonly prescribed branded statins is CRESTOR® (rosuvastatin calcium)—and there is no generic version of CRESTOR, which has proven to be highly effective at lowering bad cholesterol, and has also been proven to raise good cholesterol. In fact, one study showed CRESTOR reduced bad cholesterol and raised good cholesterol significantly more than the generic statin simvastatin (CRESTOR 10 mg vs. simvastatin 10 mg, 20 mg and 40 mg). CRESTOR is also the only statin indicated to slow the progression of atherosclerosis—the buildup of plaque within the arteries—at all stages of the disease. It's important

to remember that each patient is different. For some people, depending on their specific cholesterol levels, a generic statin may be an appropriate treatment. However for other patients, such as those with two or more risk factors for heart disease, including high blood pressure, obesity, smoking, or family history, a more effective branded statin like CRESTOR may be more appropriate. In the end, it is critical that patients work closely with their doctors, and ask questions about what therapy is best for both their medical and insurance needs. Once your doctor has determined the best medication for you, remember to make sure the drug recommended by your physician matches what you get at the pharmacy counter.

Is my insurance likely to cover CRESTOR if my doctor recommends it?

CRESTOR is reimbursed for 91.5% of member lives for commercial plans. Further, nearly 90.3% of Medicare Part D plans reimburse CRESTOR, and 38 out of 51 state Medicaid formularies have CRESTOR on their preferred drug lists, so it is unlikely that your insurance will not cover CRESTOR if your doctor thinks it is the right medication for you.

AstraZeneca, the maker of CRESTOR, also offers a program where CRESTOR costs no more than \$25 per month for eligible patients with commercial prescription drug coverage.

For more information about CRESTOR, visit www.CRESTOR.com. If you have additional questions about your health insurance plan, contact your human resources department or health plan administrator.

References

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IMPORTANT SAFETY INFORMATION:

CRESTOR is indicated as an adjunct to diet to reduce elevated Total-C, LDL-C, ApoB, non-HDL-C, and TG levels and to increase HDL-C in patients with primary hyperlipidemia and mixed dyslipidemia. CRESTOR is also indicated as an adjunct to diet to slow the progression of atherosclerosis in adult patients as part of a treatment strategy to lower Total-C and LDL-C to target levels. CRESTOR is not approved to reduce cardiovascular morbidity and mortality.

CRESTOR is contraindicated in patients with a known hypersensitivity to any component of this product, in patients with active liver disease, which may include unexplained persistent elevations of hepatic transaminase levels, in women who are pregnant or may become pregnant, and in nursing mothers.

Cases of myopathy and rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with HMG-CoA reductase inhibitors, including CRESTOR. These risks can occur at any dose level, but are increased at the highest dose (40 mg).

CRESTOR should be prescribed with caution in patients with predisposing factors for myopathy (e.g., age ≥ 65 years, inadequately treated hypothyroidism, renal impairment). The risk of myopathy during treatment with CRESTOR may be increased with concurrent administration of some other lipid-lowering therapies (fibrates or niacin), gemfibrozil, cyclosporine, or lopinavir/ritonavir.

Therapy with CRESTOR should be discontinued if markedly elevated CK levels occur or myopathy is diagnosed or suspected. All patients should be advised to promptly report unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. It is recommended that liver enzyme tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter. Should an increase in ALT or AST of >3 times ULN persist, reduction of dose or withdrawal of CRESTOR is recommended. CRESTOR should be used with caution in patients who consume substantial quantities of alcohol.

CRESTOR 40 mg should be used only for those patients not achieving their LDL-C goal with 20 mg. Patients initiating CRESTOR therapy or switching from another statin should begin treatment with CRESTOR at the appropriate starting dose.

In the controlled clinical trials database, the most common adverse reactions were headache (3.7%), myalgia (3.1%), abdominal pain (2.6%), asthenia (2.5%), and nausea (2.2%).

Please see accompanying full Prescribing Information. If you have any questions concerning CRESTOR, please contact AstraZeneca at 1-800-237-8898. CRESTOR is a registered trademark of the AstraZeneca group of companies.

About AstraZeneca:

AstraZeneca is engaged in the research, development, manufacturing and marketing of meaningful prescription medicines and in the supply of health care services. AstraZeneca is one of the world's leading pharmaceutical companies with global health care sales of \$31.6 billion and is a leader in gastrointestinal, cardiovascular, neuroscience, respiratory, oncology and infectious disease medicines. In the United States, AstraZeneca is a \$13.5 billion dollar health care business.

For more information about AstraZeneca in the U.S. or our AZ&Me™ Prescription Savings programs, visit: www.astrazeneca-us.com.