

## Prescription Assistance

Age Requirements

No Age Requirement

Available 24/7

No

Other Eligibility Criteria

Must have a demonstrated medical and financial need, and have exhausted third party insurance or other aid.

Intake Process

Contact the office or website for more information.

Provider Refer

Yes

Report Problems

Call the Agency

Self Refer

Yes

AstraZeneca Pharmaceuticals

<http://astrazeneca-us.com/>

Main

(800) 424-3727

Toll-Free

(800) 456-3669

1800 Concord Pike

Rollins 6

19850 DE

United States

Monday: 8:00 am-8:00 pm

Tuesday: 8:00 am-8:00 pm

Wednesday: 8:00 am-8:00 pm

Thursday: 8:00 am-8:00 pm

Friday: 8:00 am-8:00 pm

Saturday: Closed

Sunday: Closed

Fee Structure

Call for Information

Languages Spoken

English

The Patient Assistance Program offers assistance with prescriptions. If you are an individual making \$30,000 or less or a family of four making \$60,000 or less, you may qualify for a prescription savings program.

Patient Product Inquiries: For product questions, to report an adverse event or side effect, or to report a product quality issue, contact 1-800-236-9933 (Monday - Friday 8 am - 8 pm ET, excluding holidays), email us or visit the online portal.

Some products covered are: Accolate, Arimidex, Atacand, Casodex, Emla Anesthetic disc, Emla cream, Lexxel, Nexium, Nolvadex, Plendil, Pulmicort Respules, Prilosec, Seroquel, Srogitrate, Sular, Tenoretic, Tenormin, Tonacard, Toprol XL, Zestoretic, Zestril, Zoladex, Zomig. Patient completes the application, physician approves, signs, and forwards to AstraZeneca.

You can get more resources information by visiting [AZ&Me Prescription Assistance](#)

Service Area(s)

Nationwide