

# SIGN UP FOR A **10** CO-PAY OFFER

Commercially insured patients pay \$10 for a 30-, 60-, or 90-day supply.

## HOW TO SIGN UP



VISIT [ENTRESTO.COM](http://ENTRESTO.COM)  
and click on the  
“Sign up to Save” tab to enroll

OR



CALL **888-ENTRESTO**  
**(888-368-7378)**

(Monday - Friday, excluding holidays,  
8:00 AM to 8:00 PM ET)

**NOTE:** Once you sign up, your co-pay registration will automatically be renewed at the beginning of each calendar year.\* (annual limit of \$3250).

## HOW TO USE

- **Enrolling Online:** Once you enroll, you will get an automatic confirmation with details of your co-pay offer. Simply print, take a picture, or write down the details, including the RXGRP and RXID numbers.
- **Enrolling by phone:** A representative will provide you with the details of your offer. Make sure to write down the RXGRP and RXID numbers provided to you.
- Bring this information to your pharmacy, along with your prescription insurance card(s) and valid prescription for ENTRESTO®.\*

You will receive your co-pay information via US mail.

 **Entresto®**  
(sacubitril/valsartan) tablets  
24/26mg • 49/51mg • 97/103mg



**\$10**  
**CO-PAY OFFER\***  
Good for a 30-, 60-, or 90-day supply.  
Questions?  
Call **888-ENTRESTO (888-368-7378)**.  
To check your balance visit [rebate.patientsavings.com](http://rebate.patientsavings.com).  
Please see the accompanying **Important Facts About ENTRESTO**.



**RXBIN: 601341**  
**RXPCN: OHCP**

**RXGRP:** \_\_\_\_\_

**RXID:** \_\_\_\_\_

\* Limitations apply. See Program Terms and Conditions. Eligible commercial patients pay as little as a \$10 co-pay for each prescription fill (30-, 60-, or 90-day fill) at retail or mail order. The program pays up to a \$3250 cap across all fills per calendar year. Patient will be responsible for any co-pay once the \$3250 limit is reached in a calendar year. This offer is not valid under Medicare, Medicaid, or any other federal or state program.

If you need to check your balance or recover your co-pay information, please call **888-ENTRESTO (888-368-7378)** or visit [rebate.patientsavings.com](http://rebate.patientsavings.com).

\*Limitations apply. Valid only for those with private insurance. The Program includes the Co-pay Card, Payment Card (if applicable), and Rebate, with a combined annual limit of \$3250. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. Limitations may apply in CA and MA. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

Some health plans might not accept a co-pay. Please contact your insurance provider to find out if your plan allows the use of a co-pay.

Please see accompanying **Important Facts About ENTRESTO** on the next page.

### FOR PHARMACY ONLY:

Please note: As of July 1, 2021 any co-pay cards utilizing Group #50777117 have not expired and are still active. In order to process these cards, please update the BIN to 601341 and the PCN to OHCP and retry processing the claim with the existing ID for the patient. If you are still experiencing difficulties, please call [833-239-2611](tel:833-239-2611).

## IMPORTANT FACTS ABOUT ENTRESTO®

### What is the most important information I should know about ENTRESTO?

ENTRESTO can harm or cause death to your unborn baby. Talk to your doctor about other ways to treat heart failure if you plan to become pregnant. If you get pregnant during treatment with ENTRESTO, tell your doctor right away.

### WHAT IS ENTRESTO?

ENTRESTO is a prescription medicine used to treat adults with long-lasting (chronic) heart failure to help reduce the risk of death and hospitalization. ENTRESTO works better when the heart cannot pump a normal amount of blood to the body. It is also used to treat certain children 1 year of age and older who have symptomatic heart failure.

It is not known if ENTRESTO is safe and effective in children under 1 year of age.

### Do not take ENTRESTO if you:

- are allergic to any of the ingredients in ENTRESTO. See the end of this Patient Information leaflet for a complete list of ingredients in ENTRESTO.
- have had an allergic reaction including swelling of your face, lips, tongue, throat, or trouble breathing while taking a type of medicine called an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB).
- take an ACE inhibitor medicine. **Do not take ENTRESTO for at least 36 hours before or after you take an ACE inhibitor medicine.** Talk with your doctor or pharmacist before taking ENTRESTO if you are not sure if you take an ACE inhibitor medicine.
- have diabetes and take a medicine that contains aliskiren.

### Before you take ENTRESTO, tell your doctor about all of your medical conditions, including if you:

- have a history of hereditary angioedema
- have kidney or liver problems
- are pregnant or plan to become pregnant. See “**What is the most important information I should know about ENTRESTO?**”
- are breastfeeding or plan to breastfeed. It is not known if ENTRESTO passes into your breast milk. You and your doctor should decide if you will take ENTRESTO or breastfeed. You should not do both.

**Tell your doctor about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Using ENTRESTO with certain other medicines may affect each other. Using ENTRESTO with other medicines can cause serious side effects. Especially tell your doctor if you take: potassium supplements or a salt substitute; nonsteroidal anti-inflammatory drugs (NSAIDs); lithium; other medicines for high blood pressure or heart problems such as an ACE inhibitor, ARB, or aliskiren. Keep a list of your

medicines to show your doctor and pharmacist when you get a new medicine.

### What are the possible side effects of ENTRESTO?

#### ENTRESTO may cause serious side effects including:

- See “**What is the most important information I should know about ENTRESTO?**”
- **Serious allergic reactions causing swelling of your face, lips, tongue, and throat (angioedema) that may cause trouble breathing and death.** Get emergency medical help right away if you have symptoms of angioedema or trouble breathing. Do not take ENTRESTO again if you have had angioedema during treatment with ENTRESTO.
- People who are Black and take ENTRESTO may have a higher risk of having angioedema than people who are not Black and take ENTRESTO.
- People who have had angioedema before taking ENTRESTO may have a higher risk of having angioedema than people who have not had angioedema before taking ENTRESTO. See “**Who should not take ENTRESTO?**”
- **Low blood pressure (hypotension).** Low blood pressure may be more common if you also take water pills. Call your doctor if you become dizzy or lightheaded, or you develop extreme fatigue.
- **Kidney problems.** Your doctor will check your kidney function during your treatment with ENTRESTO. If you have changes in your kidney function tests, you may need a lower dose of ENTRESTO or may need to stop taking ENTRESTO for a period of time.
- **Increased amount of potassium in your blood (hyperkalemia).** Your doctor will check your potassium blood level during your treatment with ENTRESTO.

These are not all the possible side effects of ENTRESTO. Call your doctor for medical advice about side effects.

The most common side effects were low blood pressure, high potassium, cough, dizziness, and kidney problems.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call [1-800-FDA-1088](tel:1-800-FDA-1088).

This information is not comprehensive. To learn more, talk to your health care provider or pharmacist, visit [www.entresto.com](http://www.entresto.com) to obtain the FDA-approved product labeling, or call [1-888-ENTRESTO](tel:1-888-ENTRESTO).

ENTRESTO and the ENTRESTO logo are registered trademarks of Novartis AG.



# SIGN UP FOR A 30-DAY FREE TRIAL OFFER

Available to all patients.\*

\*Good for one-time use. Limitations apply. This offer is good for a 30-day (maximum 60 tablets) free trial of ENTRESTO® at no cost to you.

## HOW TO SIGN UP



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OR



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(Monday - Friday, excluding holidays,  
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## HOW TO USE

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- **Enrolling by phone:** A representative will provide you with the details of your offer. Make sure to write down the RXGRP and RXID numbers provided to you.
- Bring this information to your pharmacy, along with your prescription insurance card(s) and valid prescription for ENTRESTO.\*

You will receive a hard copy via US mail.

# FREE TRIAL OFFER



Maximum 60 tablets. Limit one offer per patient.

**RXBIN: 601341**  
**RXPCN: OHS**

**RXGRP:** \_\_\_\_\_

**RXID:** \_\_\_\_\_

 **NOVARTIS**

 **Entresto®**  
(sacubitril/valsartan) tablets  
24/26 mg • 49/51 mg • 97/103 mg

\* No purchase required. Submit claim to IQVIA using BIN #601341. This free trial is not health insurance. Void where prohibited by law. Product dispensed pursuant to terms and conditions of voucher. Claims shall not be submitted to any public or private third-party payer or any federal or state health care program for reimbursement. Valid only in the US and Puerto Rico. Offer not valid if reproduced or submitted to any other payer. It is illegal for any person to sell, purchase, or trade, or to offer to sell, purchase, or trade, or to counterfeit the voucher. This is the property of Novartis Pharmaceuticals Corporation and must be returned upon request. Novartis Pharmaceuticals Corporation reserves the right to rescind, revoke, or amend offer without notice.

**Please see the accompanying Important Facts About ENTRESTO.**

\*No purchase required. Submit claim to IQVIA using BIN #601341. This free trial is not health insurance. Void where prohibited by law. Product dispensed pursuant to terms and conditions of voucher. Claims shall not be submitted to any public or private third-party payer or any federal or state health care program for reimbursement. Valid only in the US and Puerto Rico. Offer not valid if reproduced or submitted to any other payer. It is illegal for any person to sell, purchase, or trade, or to offer to sell, purchase, or trade, or to counterfeit the voucher. This is the property of Novartis Pharmaceuticals Corporation and must be returned upon request. Novartis Pharmaceuticals Corporation reserves the right to rescind, revoke, or amend offer without notice.

Please see accompanying Important Facts About ENTRESTO on the next page.

### FOR PHARMACY ONLY:

Please note: as of July 1, 2021, there is a change in the claims processing for ENTRESTO Free Trial Offer (FTO) #40027135. All claims with this Group number as well as patients that would like a new Free Trial Offer, require patient enrollment. Please advise the patient to call [888-ENTRESTO \(368-7378\)](tel:888-ENTRESTO) or go online by visiting [enspiresupport.entresto.com](http://enspiresupport.entresto.com) to enroll.

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