

# Get ENTRESTO<sup>®</sup> for as little as a \$10 co-pay

The Co-Pay Card can be used for a 30-, 60-, or 90-day supply of ENTRESTO

For eligible commercially insured patients and not valid under Medicare, Medicaid, or any other federal or state program. Additional limitations apply, see page 5 for full Terms and Conditions.

## Entresto<sup>®</sup> central

A program designed to guide you through treatment



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

Please [click here](#) for the full Prescribing Information, including Boxed WARNING.

# ENTRESTO<sup>®</sup> Central can help guide you through treatment

There's a lot to think about when starting a new medicine. That's why there's ENTRESTO Central, a program designed to provide financial, lifestyle, and treatment support.

Talk to your doctor about filling out the proper forms for enrollment. Once enrolled, you'll get a phone call from an ENTRESTO Central specialist within 1 to 2 business days. You'll also receive a Welcome Kit that explains how the program works, what you can expect, and how you can get the most out of ENTRESTO Central.

## SEE HOW YOU CAN SAVE

### Two ways to lower out-of-pocket costs

Available for all patients:

#### **FREE TRIAL OFFER\***

(30-day, maximum 60 tablets)  
to see if ENTRESTO is right for you.

For eligible commercially insured patients:

#### **\$10 CO-PAY CARD**

(limitations apply, see terms and conditions)

\* No purchase required. Submit claim to McKesson Corporation using BIN #610524. 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. This offer is only valid for those patients 18 years and older. Offer not valid if reproduced or submitted to any other payer. It is illegal for any person to sell, purchase, or trade, or 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.



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## FINANCIAL SUPPORT

**ENTRESTO Central specialists will check your insurance plan to find out:**

- If the cost of your medicine is covered
- If you need prior authorization or approval
- If you are eligible for co-pay assistance



## LIFESTYLE SUPPORT

**Tips and resources to help improve diet and stay active**

- Access hundreds of healthy recipes and multiple meal plan options
- Important how-to's, including:
  - Reading nutritional labels correctly
  - Shopping smart at the supermarket
  - Reading menus carefully when dining out
- Tips for reducing salt and staying active, with an easy-to-fill-out tracker to help monitor your daily activities



## TREATMENT SUPPORT

**Know what you're taking and when to take it**

- Write down symptoms and daily medications on our Health and Medication tracker and bring it to your next doctor's appointment
- Tips on how to stay on track with treatment
- Learn how to lean on others for help



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# Get ENTRESTO<sup>®</sup> for as little as a \$10 co-pay

## ACTIVATE THE CO-PAY CARD

Call **1-888-ENTRESTO**  
(1-888-368-7378)  
(Monday through  
Friday, excluding holidays,  
8:00 AM to 8:00 PM ET)

OR

Visit ENTRESTO  
Central at  
**ENTRESTO.com**

## USING THE ACTIVATED CO-PAY CARD

Bring your Co-Pay Card, insurance card, and ENTRESTO prescription to any participating pharmacy or follow the directions provided by your mail-order pharmacy.

- You pay the first \$10 of your co-pay for each 30-, 60-, or 90-day prescription at a retail or mail-order pharmacy
  - Novartis pays up to \$2500 per calendar year
  - You pay any remaining costs

This offer is not valid under Medicare, Medicaid, or any other federal or state program. See Terms and Conditions of program for additional details.



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

\*Valid only for those with commercial insurance. Offer not valid under Medicare, Medicaid, or any other federal or state program, for cash-paying patients, where product is not covered by patient's commercial insurance, or where plan reimburses you for entire cost of your prescription drug. Offer is not valid where prohibited by law. Valid only in the US and Puerto Rico. This program is only valid for those patients 18 years and older. This program is not health insurance. Offer may not be combined with any other rebate, coupon, or offer. This card is the property of Novartis Pharmaceuticals Corporation and must be returned upon request. Novartis reserves the right to rescind, revoke, or amend the program without notice. Patient certifies responsibility for complying with applicable limitations, if any, of any commercial insurance and reporting receipt of program rewards, if necessary, to any commercial insurer. Eligible patients with commercial insurance are responsible for the first \$10 for a 30-day, 60-day, or 90-day fill at retail or mail order. The program pays the balance of the co-pay per fill, up to a total maximum of \$2500 per calendar year. If patient reaches the program cap per calendar year of \$2500, the patient will be responsible for the difference. **This program is subject to modification or termination at any time.**

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



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