Present your Patient Co-Pay Card and insurance card (if applicable) along with your valid prescription for Diovan or Diovan HCT to any participating pharmacy. Patient questions should be directed to 1-877-699-9975.

$10 Co-Pay Card Terms & Conditions Patient Instructions*: Present this card and your insurance card along with a valid prescription for Diovan® (valsartan) tablets or Diovan HCT® (valsartan/hydrochlorothiazide) tablets at any participating pharmacy. The patient is responsible for the first $10 of their co-pay each month and the card pays up to the next $75 for 30 tablets. Patient pays any remaining costs. Patient questions should be directed to: 1-877-699-9975.

When you use this offer, you are certifying that you understand the program rules, regulations, and terms and conditions, and that you will disclose and report the use of this offer as may be required by your insurer. You are not eligible if prescriptions are paid by any federal or state program, or where prohibited by law; and you will otherwise comply with the terms and conditions above.

Pharmacist Instructions: When you use this offer, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription. Pharmacist will comply with his/her obligations when processing the prescription for payment. By using this offer, you agree to the terms and conditions of this program. Co-pay offers must be accompanied by a prescription for Diovan or Diovan HCT. If primary commercial prescription insurance exists, input offer information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Submit transaction to McKesson Corporation using BIN #610524. Acceptable discounts will be displayed in the transaction response. Acceptance of this offer and your submission of claims are also subject to the Terms and Conditions posted at www.mckesson.com/mprstnc. If you have any questions, please call McKesson Help Desk at 1-877-699-9975, Monday–Friday, 8:00 AM–8:00 PM ET.

*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 limit of $75. Patient pays the first $10 of co-pay. Novartis pays up to the next $75 for a 30-tablet prescription. Patient pays any remaining co-pay amount. 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. Offer not valid in CA or 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.

When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Pharmacist will comply with his/her obligations when processing the prescription for payment. By using this card, you agree to the terms and conditions of this program. Co-pay cards must be accompanied by a prescription for Diovan or Diovan HCT.

Please see full Prescribing Information and Patient Information, including IMPORTANT WARNING, for DIOVAN. Please see full Prescribing Information and Patient Information, including IMPORTANT WARNING, for DIOVAN HCT.