

Form must be submitted directly by the HCP and must include a cover letter/HCP letterhead to clearly identify HCP as the sender. All information must be completed unless otherwise indicated.

Fax: (866) 441-4190 Phone: (866) 310-7549 Date:

Check if this request is for a new product or dosage increase

**Applicant Information (One patient per form)**

Patient's Name:	Date of Birth: / /
Other Medications:	
Known Drug Allergies:	
Patient ID Number (if available):	Patient's State:
Patient Street Address City, State, & Zip (NO PO BOX):	

**Licensed Health Care Practitioner Information**

Practitioner's Name:	State License Number:
Professional designation:	NPI Number:
Practitioner's Shipping Street Address (no PO Box number):	
Practitioner's Shipping City, State, & Zip:	
Practitioner's Phone: ( ) -	Practitioner's Fax: ( ) -
Practitioner's E-mail (optional):	

**Order Information (see next page for additional options)**

Product	Max Dose/ Day (units)	Sig (e.g., QD, BID)	Formulation	Quantity
Fiasp® (insulin aspart injection) 100 U/mL			Vial FlexTouch®* Cartridge	
Tresiba® (insulin degludec injection) U-100			Vial FlexTouch®*	
Tresiba® (insulin degludec injection) U-200			FlexTouch®*	
Levemir® (insulin detemir injection) 100 U/mL			Vial FlexTouch®*	
NovoLog® (insulin aspart injection) 100 U/mL			Vial FlexPen®* Cartridge	
NovoLog® Mix 70/30 (insulin aspart protamine and insulin aspart injectable suspension) 100 U/mL			Vial FlexPen®*	
Novolin® R (insulin human injection) 100 U/mL			Vial	
Novolin® N (isophane insulin human suspension) 100 U/mL			Vial	
Novolin® 70/30 (human insulin isophane suspension and human insulin injection) 100 U/mL			Vial	
NovoFine® 32G (100 needles/box)				
NovoFine® Plus 32G (100 needles/box)				
NovoTwist® 32G (100 needles/box)				

All orders will be filled with up to a **120-day** supply unless otherwise indicated by the prescriber. Patients applying for PAP because of loss of health insurance coverage due to **COVID-19** will be provided a **90-day** supply of insulin medication. Prescribers, please complete the application with max daily dose and sig accordingly. All reorder requests must be made directly by the prescriber to the Novo Nordisk Patient Assistance Program.

\*This item is used with Novo Nordisk disposable needles. Needles will not be sent as part of the PAP order if they are not requested.

My signature below indicates that I have read, understood, and agree to the Health Care Practitioner Declaration on page 2. Products are Dispensed as Written.

Practitioner's Signature (no photocopies or stamp signature; electronic or digital signature accepted):	Date:
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**PRACTITIONER  
SIGNATURE**

**PLEASE DO NOT INCLUDE PATIENT MEDICAL RECORDS WITH THIS APPLICATION.**

Fiasp®, FlexPen®, FlexTouch®, GlucaGen®, HypoKit®, Levemir®, NovoFine®, NovoFine® Plus, Novolin®, NovoLog®, NovoPen Echo®, NovoTwist®, Ozempic®, PenFill®, RYBELSUS®, Tresiba®, Victoza®, and Xultophy® are registered trademarks of Novo Nordisk A/S. Novo Nordisk is a registered trademark of Novo Nordisk A/S.

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Order Information (continued)				
Product	Max Dose/Day (units)	Sig (e.g., QD, BID)	Formulation	Quantity
Ozempic® (semaglutide) injection Pen that delivers doses of 0.25 mg or 0.5 mg			1 pen pack*	
Ozempic® (semaglutide) injection Pen that delivers doses of 1 mg			2 pen pack*	
Victoza® (liraglutide) injection 1.2 mg 2 Pen pack			2 pen pack*	
Victoza® (liraglutide) injection 1.8 mg 3 Pen pack			3 pen pack*	
Xultophy® 100/3.6 (insulin degludec & liraglutide injection) 100 U/mL & 3.6 mg/mL			1 pen*	
GlucaGen® HypoKit® (glucagon for injection) 1 mg/mL			1 kit	
NovoPen Echo®			1 pen*	
Rybelsus® (semaglutide) tablets <i>Select 1 of the combination options</i>			3 mg / 7 mg 7 mg / 7 mg 7 mg / 14 mg 14 mg / 14 mg	
<p>All orders (except Rybelsus®) will be filled with up to a <b>120-day</b> supply unless otherwise indicated by the prescriber. Rybelsus® orders will be filled with a <b>60-day</b> supply. Patients applying for PAP because of loss of health insurance coverage due to <b>COVID-19</b> will be provided a <b>90-day</b> supply of insulin medication. Prescribers, please complete the application with max daily dose and sig accordingly. All reorder requests must be made directly by the prescriber to the Novo Nordisk Patient Assistance Program.</p> <p>*This item is used with Novo Nordisk disposable needles. Needles will not be sent as part of the PAP order if they are not requested.</p>				

**Health Care Practitioner Declaration.** My signature certifies that I am a licensed health care practitioner eligible under state law to prescribe, receive, and dispense the requested medication(s) listed on the attached order, shipped from Novo Nordisk, and that I am not prohibited from participating in federally funded health care programs. If I am a Nurse Practitioner, Physician Assistant, Pharmacist, or PharmD, I certify that I am authorized and eligible in the state within which I am currently practicing to prescribe these products, and that I have my supervising Physician's approval to do so if required by law. I further certify that all information provided in the Licensed Health Care Practitioner Information section is correct. I agree that medication(s) provided to me by Novo Nordisk for the applicant named in the Applicant Information section will be provided by me to such eligible applicant for his or her own use without charge. I will not otherwise use any of such medications or prescribe, provide or dispense all or any portion thereof for the use of any other person. I consent that Novo Nordisk may contact the applicant named in the Applicant Information section for verification of applicant status and receipt of the indicated medication(s). I further consent that Novo Nordisk may perform an on-site audit of Novo Nordisk Diabetes Patient Assistance Program (PAP) records related to the applicant named above on this application. I understand that I am not eligible to seek reimbursement for any medication dispensed by the Novo Nordisk Diabetes PAP from any government program or third-party insurer and will not apply any Novo Nordisk Diabetes PAP medication towards the applicant's True-Out-Of-Pocket (TrOOP) costs. I also understand that eligibility under the PAP is subject to Novo Nordisk's discretion and that Novo Nordisk reserves the right to modify or terminate the PAP at any time. Finally, I certify that I receive no direct or indirect payments related to the PAP.

**PLEASE DO NOT INCLUDE PATIENT MEDICAL RECORDS WITH THIS APPLICATION.**

Fiasp®, FlexPen®, FlexTouch®, GlucaGen®, HypoKit®, Levemir®, NovoFine®, NovoFine® Plus, Novolin®, NovoLog®, NovoPen Echo®, NovoTwist®, Ozempic®, PenFill®, RYBELSUS®, Tresiba®, Victoza®, and Xultophy® are registered trademarks of Novo Nordisk A/S. Novo Nordisk is a registered trademark of Novo Nordisk A/S.