

Wegovy® Savings Offer Terms and Conditions:

Last updated March 25, 2026

Terms and conditions:

By enrolling in and using the Wegovy® Savings Offer (“Program”), you attest that you meet the eligibility criteria, and you agree to comply with the terms and conditions described below:

Eligibility and Restrictions:

In order to redeem this offer, patient must have a valid prescription for the brand being filled. A valid Prescriber ID# is required on the prescription. Patients may only participate in this program if they have been prescribed Wegovy® for an FDA-approved indication within Wegovy’s labeling. **Patients are NOT eligible if enrolled in any federal or state health care program with prescription drug coverage, such as Medicaid, Medicare, VA, DOD, TRICARE, or any similar federal or state health care program (each a Government Program), or where prohibited by law.** Patients enrolled in federal or state health care program may not use this program even if they elect to be processed as an uninsured or “self-paying” patient. Patients are also ineligible for this offer if they are Medicare eligible and enrolled in an employer sponsored group waiver health plan (EGWP) or government-subsidized prescription drug benefit program for retirees. Note: The Federal Employees Health Benefits (FEHB) Program, Affordable Care (Health Exchange) Plans, and insurance provided through state employee plans are NOT federal or state government healthcare programs for purposes of this savings offer (the “Savings Offer”). Self-paying patients are defined as uninsured patients, commercially insured patients who do not have coverage for Wegovy® under their plan, or commercially insured patients with product coverage opting to process the prescription outside of their commercial insurance plan. This offer may not be redeemed for cash. This offer is not valid when the entire cost of your prescription drug is eligible to be reimbursed by a commercial insurance plan or other commercial health or pharmacy benefit programs. Medication filled prior to enrollment in this program will not be eligible for copay assistance and cannot be reimbursed. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described herein and will not seek reimbursement for any benefit received through this offer. Novo Nordisk’s Eligibility and Restrictions, and Offer Details may change from time to time, and for the most recent version, please visit this wegovysavingsterms.com. Re-confirmation of patient information may be requested periodically to ensure accuracy of data and compliance with terms. Patients with questions about the Savings Offer may call 1-888-793-1218.

This offer is valid only in the United States and its territories, unless prohibited by law, and may be redeemed at participating retail pharmacies. Availability of the Savings Offer in Massachusetts will be dependent upon state law in effect at the time patient presents the Savings Offer when paying for the covered medications. This offer is not transferable and is limited to one offer per person. Not valid if reproduced.

Cash Discount Cards and other non-insurance plans are not valid as primary insurance under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. This Savings Offer is provided solely for the benefit of the patient. This Savings Offer cannot be combined with any other coupon, certificate, voucher, or similar offer. No other purchase is necessary.

It is illegal to (or offer to) sell, purchase, or trade this offer.

This program is not health insurance. This program is managed by ConnectiveRx on behalf of Novo Nordisk. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

Offer Details

For patients with commercial insurance that does not cover Wegovy®, or those that are self-paying/opting to process outside of their commercial insurance plan:

Wegovy® (semaglutide) injection 2.4mg:

Self-Pay Offer Details (Effective November 17, 2025)				
Total Strength per volume	NDC	Price for 1 month (1 Box)	Price for 2-month (2 Boxes)	Price for 3-month (3 Boxes)
Wegovy® 0.25mg/0.5mL Injection	00169-4525-14	Limited Time Offer for new patients ¹ : \$199 \$349	\$698	\$1,047
Wegovy® 0.5mg/0.5mL Injection	00169-4505-14	Limited Time Offer for new patients ¹ : \$199 \$349	\$698	\$1,047
Wegovy® 1mg/0.5mL Injection	00169-4501-14	\$349	\$698	\$1,047
Wegovy® 1.7mg/0.75mL Injection	00169-4517-14	\$349	\$698	\$1,047
Wegovy® 2.4mg/0.75mL Injection	00169-4524-14	\$349	\$698	\$1,047

¹Wegovy® injection 0.25mg and 0.5mg: For a limited time patients who are new to Wegovy® injection, can pay \$199* for each monthly fill (1-box) of the Wegovy® injection 0.25mg and 0.5mg strengths. Available to patients new to the Wegovy® Savings Offer who have not participated in any other prior Wegovy® savings offers in the past 365 days. Offer only available for two monthly fills between November 17, 2025 – June 30, 2026. For each fill after and for other Wegovy® dose strengths, you will pay \$349 per 1-month prescription (1 box) \$698 per 2-month prescription (2 boxes), or \$1,047 per 3-month prescription (3 boxes) of Wegovy®.

Please Note: Government Beneficiaries, including but not limited to patients enrolled in Medicare or Medicaid, are not eligible for this offer even if they elect to go outside of insurance and self-pay. This offer can be used by commercially insured patients with product coverage that opt to self-pay and not use their insurance coverage, but by redeeming this offer, you (and anyone else acting on your behalf) agree not to seek reimbursement from any insurance plan for out-of-pocket costs for prescriptions purchased with this offer. You also understand that using this offer means the prescription will be processed outside of any insurance and will not count towards any deductibles and cannot be applied to any insurance maximum out-of-pocket limits.

Wegovy® (semaglutide) tablets 25mg:

Self-Pay Offer Details				
Product²	NDC	Price for 1-month (30 tablets)	Price for 2-month (60 tablets)	Price for 3-month (90 tablets)
Wegovy® 1.5mg tablets	00169-4415-31	\$149	\$298	\$447
Wegovy® 4mg tablets	00169-4404-31	\$149	\$298	\$447
Wegovy® 9mg tablets	00169-4409-31	\$299	\$598	\$897
Wegovy® 25mg tablets	00169-4425-31	\$299	\$598	\$897

²Pay \$149 for each monthly supply of Wegovy® 1.5mg and 4mg. 4mg offer only available until August 31, 2026, then pay \$199 per month for Wegovy® 4mg. Novo Nordisk reserves the right to rescind, revoke or amend this offer without notice at any time.

Please Note: Government Beneficiaries, including but not limited to patients enrolled in Medicare or Medicaid, are not eligible for this offer even if they elect to go outside of insurance and self-pay. This offer can be used by commercially insured patients with product coverage that opt to self-pay and not use their insurance coverage, but by redeeming this offer, you (and anyone else acting on your behalf) agree not to seek reimbursement from any insurance plan for out-of-pocket costs for prescriptions purchased with this offer. You also understand that using this offer means the prescription will be processed outside of any insurance and will not count towards any deductibles and cannot be applied to any insurance maximum out-of-pocket limits. The pharmacy must submit the claim within 180 days from the date the prescription was filled.