

OZEMPIC[®]

semaglutide injection 0.5mg, 1mg, 2mg

Here's your savings offer for Ozempic[®]

Show this information to the pharmacist when you pick up your Ozempic[®] medicine.



BIN:
GRP:

PCN:
ID:



Need help with this savings offer?

Call 1-877-304-6855, available 24 hours a day, 7 days a week.



For pharmacists:

If the pharmacist has questions about this offer, they can call the SS&C Pharmacy Help Desk at 1-844-373-0987.

Novo Nordisk reserves the right to modify or cancel these offers at any time. Eligibility and other restrictions apply. Visit [SavingsCardEligibility.com](https://www.novo-pi.com/ozempic.pdf) for details.



It's important for you to take Ozempic[®] as directed by your doctor.

Visit [Ozempic.com](https://www.novo-pi.com) to learn how.

Visit www.novo-pi.com/ozempic.pdf for **Prescribing Information** and **Medication Guide**.

Mail-order prescriptions

If you fill this prescription through a mail-order pharmacy or if you are unable to have this offer processed at a local pharmacy, reimbursement eligibility may be possible for any medication out-of-pocket costs.

1 Download, print, and complete the reimbursement form found at [NovoReimburse.com](https://www.novo-reimburse.com)

2 Mail the reimbursement form along with the following information:

- a. A copy of the Ozempic[®] Savings Offer, including the 10-digit GRP number (beginning with EC or AC) and the 11-digit ID number
- b. The original proof of purchase (original pharmacy receipt with patient's name and address, pharmacy name, product name, NDC number, prescription or Rx number, date filled, quantity, and the overall price and copay/out-of-pocket expense paid)
- c. A legible photocopy of the front and back of your primary prescription insurance card

Mail all of the information to:

Novo Nordisk Savings Offer Claims Processing Dept.
PO Box 2355
Morristown, NJ 07962

Please allow 6-8 weeks to receive the reimbursement. Reimbursements are subject to program terms, conditions, and eligibility criteria. Requests must be received within 180 days from the date the prescription was filled. Medication filled prior to enrollment in this program will not be eligible for copay assistance and cannot be reimbursed.

Information for pharmacists

Pharmacist:

When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any Government Program for this prescription, or where prohibited by law. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the eligibility criteria, and terms and conditions described herein. You also certify that you will not seek reimbursement for any benefit received through this offer. By applying this offer, you agree that patients enrolled in a federal or state health care program may not use this program, even if they elect to be processed as an uninsured (self-paying) patient. You also certify that you will not seek reimbursement for any benefit received through this offer.

Pharmacist instructions:

For commercially insured patients with product coverage: Submit the claim to the patient's primary insurance first, then submit the balance due to SS&C Health as a Secondary Payer as a copay-only billing using BIN 019158 and a valid Other coverage code 08. The patient is responsible initially for the PALA amount, and the offer pays up to the Savings Benefit. Reimbursement will be received from SS&C Health.

For commercially insured-not covered patients: Process the savings offer as a Secondary Payer to BIN 019158 along with the patient's insurance using other coverage code 03. The patient is responsible for the self-pay price described in the offer details, and reimbursement will be received from SS&C Health.

For patients self-paying/opting to process outside of their commercial insurance plan (who cannot be government beneficiaries, including, but not limited to, Medicare and Medicaid patients): Submit the claim to SS&C Health using BIN 019158 and a valid other coverage code (eg, 01). The patient is responsible for the self-pay price described in the offer details, and reimbursement will be received from SS&C Health.

Pharmacy must submit claim within 180 days from the date the prescription was filled. For any questions regarding SS&C online processing, please call the Pharmacy Help Desk at 1-844-373-0987.

For more offer details, visit [SavingsCardEligibility.com](https://www.savingscardeligibility.com)

Visit www.novo-pi.com/ozempic.pdf for **Prescribing Information** and **Medication Guide**.

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