

# Here's your Wegovy<sup>®</sup> Savings Offer

Show this offer to your pharmacist when you pick up your Wegovy<sup>®</sup>.



BIN	GRP
PCN	ID

Eligibility and other restrictions apply. Visit [WegovyTerms.com](http://WegovyTerms.com) for details. Novo Nordisk reserves the right to modify or cancel this program at any time.

## Explore pricing—see your offer details

[Wegovy<sup>®</sup> Pricing Table](#)

## Questions about your savings offer?

### For patients

Call [1-888-793-1218](tel:1-888-793-1218).  
Available 24 hours a day,  
7 days a week.

### For pharmacists

See processing instructions below. If you need additional support, call the Wegovy<sup>®</sup> Pharmacy Connect Help Desk at 1-844-373-0987.

## From getting started to setting your milestones, tap into the resources you need

Take Wegovy<sup>®</sup> exactly as prescribed by your health care professional. Visit [Wegovy.com](http://Wegovy.com) for instructions on how to take your medication and to explore the WeGoTogether<sup>®</sup> app, designed to support you as you work toward your goals.

## Pharmacists

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.

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 remaining out-of-pocket balance to SS&C Health as the secondary payer using the BIN/PCN/GRP/ID found on the savings offer and with an other coverage code 08. After applying the savings offer, collect the remaining out-of-pocket cost from the patient as shown on the adjudicated claim. Pharmacy reimbursement will be received from SS&C Health.

**For commercially insured—not covered patients**

If Wegovy<sup>®</sup> is not covered by the patient's insurance, leave the primary claim as rejected and submit to SS&C Health as secondary payer using the BIN/PCN/GRP/ID found on the savings offer and with an other coverage code 03. Collect the reduced out-of-pocket amount from the patient as shown on the adjudicated claim. Pharmacy reimbursement will be received from SS&C Health.

**For patients self-paying/opting to process outside of their commercial insurance plan**

Submit to SS&C Health as the primary claim using the BIN/PCN/GRP/ID found on the savings offer and with an other coverage code 00 or 01. Collect the reduced out-of-pocket amount from the patient shown on the adjudicated claim. Pharmacy reimbursement will be received from SS&C Health.



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

For more offer details, visit [WegovyTerms.com](https://www.wegovy.com/terms).

## 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:

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A copy of the Wegovy<sup>®</sup> Savings Offer, including the 10-digit GRP number (beginning with EC or AC) and the 11-digit ID number

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The original proof of purchase (pharmacy receipt with the 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)

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A legible photocopy of the front and back of the primary prescription insurance card

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**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.

Visit [www.novo-pi.com/wegovy.pdf](https://www.novo-pi.com/wegovy.pdf) for Prescribing Information and Medication Guide.

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