# Your guide to understanding coverage, cost, and how to talk to your doctor about your coverage.

Review the section that is relevant to you to learn more about possible next steps and how to save on your Wegovy<sup>®</sup> (semaglutide) injection prescription.

My insurance covers Wegovy<sup>®</sup> My insurance requires prior authorization for Wegovy<sup>®</sup>

My insurance does not cover Wegovy<sup>®</sup>

Find out about savings



# My insurance covers Wegovy<sup>®</sup>

## How is my cost determined?

- The amount you pay for prescription medication is determined by your insurance plan.
- Your insurance may require you to pay a flat fee (copay) or a percent of the total cost (coinsurance) for covered medications.
- Your cost could also be impacted by your deductible or out-of-pocket limits. If you have a deductible, you will have to pay a fixed amount per year before your insurance begins to cover a part of the overall cost. Your insurance plan may also limit the amount you spend on prescription medications per year. Once this amount is reached, your insurance may cover the full cost for the rest of the year.

## If your HCP has decided Wegovy<sup>®</sup> is right for you.



• I checked my coverage, and my insurance plan covers Wegovy<sup>®</sup>. Do you need any more information?

## My insurance requires prior authorization for Wegovy®

## Know that this is common.

- Prior authorization is required by most prescription insurance plans before they cover medications in this class of prescription products.
- Your health care provider will need to submit a form to your insurance company seeking approval for Wegovy<sup>®</sup>.

## If your HCP has decided Wegovy<sup>®</sup> is right for you.

- Ask your health care provider
- I checked my coverage, and my insurance plan requires prior authorization for Wegovy<sup>®</sup>. Will you please submit a request on my behalf?
- How will I be notified of the outcome and next steps?

## If you have questions about Wegovy® or your coverage, call 1-833-4-WEGOVY

## See the Medication Guide and Prescribing Information at <u>www.novo-pi.com/wegovy.pdf</u>







#### Ask your health care provider to submit an appeal or formulary exception request.

If Wegovy<sup>®</sup> is not covered by your insurance plan, your health care provider may request coverage by submitting an appeal or formulary exception on your behalf.

#### If you get your insurance coverage through an employer and the appeal or exception request is not approved, ask your health care provider to write a coverage request letter you can take to your human resources manager.

- If your prescription insurance is provided by an employer that does not cover Wegovy<sup>®</sup>, you can reach out to the benefits or human resources manager and request that they add coverage for this medication.
- A letter from your health care provider can support your request. Go to Wegovy.com, search "Sample Coverage Letter," print it, and bring it to your health care provider.

Find out about Wegovy<sup>®</sup> savings

## If your HCP has decided Wegovy<sup>®</sup> is right for you.

## Ask your health care provider

- I looked up my coverage, and my insurance plan does not cover Wegovy<sup>®</sup>. Can you contact my insurance company and discuss possible appeal or exception options?
- How will I be notified of the outcome and next steps?
- I looked up my coverage, and my insurance plan does not cover Wegovy<sup>®</sup>. Can you write a letter on your letterhead, requesting coverage for Wegovy® that I can give to my human resources manager? Here is an example you can use as a reference.

If you and your health care provider do not wish to pursue an appeal or exception, you may be eligible for the Wegovy<sup>®</sup> Savings Offer or for NovoCare<sup>®</sup> **Pharmacy**<sup>a</sup>. The program is for patients without insurance or for those whose commercial insurance does not cover Wegovy<sup>®</sup>. See below for more details about the savings offer and NovoCare® Pharmacy.

<sup>a</sup>CoAssist Pharmacy d/b/a NovoCare<sup>®</sup> Pharmacy.



<sup>b</sup>A 28-day supply of Wegovy<sup>®</sup> is equivalent to 1 month of treatment.

Governmental beneficiaries excluded. Eligibility and other restrictions apply. Novo Nordisk reserves the right to modify or cancel this program at any time. See WegovyTerms.com for details.

## See the Medication Guide and Prescribing Information at www.novo-pi.com/wegovy.pdf



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