

## Here is your savings offer

Take this to your pharmacist to get your savings for NovoLog<sup>®</sup> or NovoLog<sup>®</sup> Mix 70/30.

### Novo Nordisk Savings Offer

**BIN:** 019158

**PCN:** CNRX

**GRP:** userGroupNum

**ID:** userGrpID

Pay as little as

**\$35** or no more than  
**\$99** per prescription

Eligibility and other restrictions apply.



**NovoLog**<sup>®</sup>  
insulin aspart injection 100 Units/mL

**NovoLog**<sup>®</sup> **Mix 70/30**  
insulin aspart protamine and  
insulin aspart injectable suspension 100 Units/mL



If you have questions about your savings offer, **please call 1-833-992-3299**. Available 24 hours a day, 7 days a week.

## Tips for getting started on NovoLog<sup>®</sup> or NovoLog<sup>®</sup> Mix 70/30



Present this offer to your pharmacist when you pick up your prescription.



It's important to take your medicine as directed by your health care provider.

Please [click here](#) for **NovoLog<sup>®</sup> Prescribing Information** or visit [www.novo-pi.com/novolog.pdf](http://www.novo-pi.com/novolog.pdf).

Please [click here](#) for **NovoLog<sup>®</sup> Mix 70/30 Prescribing Information** or visit [www.novo-pi.com/novologmix7030.pdf](http://www.novo-pi.com/novologmix7030.pdf).

## Mail-order prescriptions for NovoLog<sup>®</sup> and NovoLog<sup>®</sup> Mix 70/30

If you fill your prescription through a mail-order pharmacy or if you are unable to have your offer processed at the local pharmacy, please submit:

- 1 A copy of your Savings Offer, including the 11-digit ID number and GRP number (beginning with AC)
- 2 Your original proof of purchase (original pharmacy receipt with your name and address, pharmacy name, product name, prescription numbers, NDC number, date filled, quantity, and price) and a photocopy of the front and back of your insurance card
- 3 Your date of birth
- 4 Mail all of the information to:  
NovoLog (or NovoLog Mix 70/30) Savings Offer Claims Processing Dept.  
PO Box 2355  
Morristown, NJ 07962

Please allow 6-8 weeks to receive your reimbursement. Reimbursements are subject to Program Terms, Conditions, and Eligibility Criteria.

### 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. Patient is not eligible if he/she is enrolled in any federal or state health care program with prescription drug coverage, such as Medicaid, Medicare, Medigap, VA, DOD, TRICARE, or any similar federal or state health care program (each a Government Program), or where prohibited by law. Patient must be enrolled in a commercial insurance plan. Offer excludes full cash-paying patients. 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. 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 <http://www.novocare.com/eligibility/portfolio-savings-offer.html>. Re-confirmation of information may be requested periodically to ensure accuracy of data and compliance with terms. Patients with questions about the Savings Offer may call 1-833-992-3299.

This offer is valid 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.** Void where taxed, restricted, or prohibited by law. 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 cannot be combined with any coupon, certificate, voucher, or similar offer.

Patient is responsible for complying with any insurance carrier copayment disclosure requirements, including disclosing any savings received from this program. Novo Nordisk intends that all savings from this offer accrues to the patient. 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:

As of January 3, 2023 ("Effective Date"), Pay as little as ("PALA") \$35 per 30-day, \$70 per 60-day, or \$105 per 90-day supply, subject to a maximum savings of \$65 per 30-day supply, \$130 per 60-day supply, or \$195 per 90-day supply, or pay no more than ("PNMT") \$99 depending on insurance coverage for up to 24 months from date of Savings Offer Activation. If you are commercially insured with drug coverage and your insurance copay is less than or equal to \$100 per 30-day supply, you will receive a maximum benefit of \$65 per 30-day supply, \$130 per 60-day supply, or \$195 per 90-day supply. If you are commercially insured without drug coverage or your copay is greater than \$100 per 30-day supply, you will pay no more than \$99 per 35 mL. Offer covers up to 150 mL of medication per calendar month. *If you are commercially insured and NovoLog<sup>®</sup> or NovoLog<sup>®</sup> Mix 70/30 is not covered, or NovoLog<sup>®</sup> or NovoLog<sup>®</sup> Mix 70/30 is covered and your copay is above \$100 per 30-day supply this offer will work outside of your insurance, will not count toward any deductibles, and cannot be applied to a patient's true out-of-pocket costs.*

### 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.

### Pharmacist instructions:

- For commercially insured patients with coverage and a copay less than or equal to \$100 per 30-day supply: 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 or where the patient's copay is > \$101 per 30-day supply: Submit the claim to SS&C Health using BIN 019158. A valid Other Coverage Code 01 is required. The patient is responsible for the first \$99 per 35 mL (maximum of 150 mL per calendar month) and reimbursement will be received from SS&C Health.
- For any questions regarding SS&C online processing, please call the Pharmacy Help Desk at 1-844-373-0987.

Please [click here](#) for **NovoLog<sup>®</sup> Prescribing Information** or visit [www.novo-pi.com/novolog.pdf](http://www.novo-pi.com/novolog.pdf).

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