

Here is your Ozempic[®] savings card

Take this to your pharmacist to get your savings for Ozempic[®].

Ozempic[®] Savings Card

BIN: 019158	PCN: CNRX
GRP: userGroupNum	ID: userGrpID

Pay as little as:
•\$25 for a 1-, 2-, or 3-month prescription (maximum savings of \$150 per 1-month prescription, \$300 per 2-month prescription, or \$450 per 3-month prescription)

Pharmacists: for help processing the card, call 1-844-373-0987



^aTo receive the offer, prescription must be for a 1-, 2-, or 3-month supply. See page 3 for details. Medication filled prior to enrollment in this program will not be eligible for copay assistance and cannot be reimbursed.



If you have questions about your savings card, please call **1-877-304-6855**. Available 24 hours a day, 7 days a week.

Tips for getting started on Ozempic[®]



Present this card to your pharmacist when you pick up your Ozempic[®] prescription.



It's important to take Ozempic[®] as directed by your health care provider. Visit [Ozempic.com](https://www.ozempic.com) to learn how.

SUPPORT FOR PHARMACISTS: 1-844-373-0987

If your pharmacist has any questions while processing this card, they can call the Change Healthcare Pharmacy Help desk to get answers.

Please [click here](#) for Prescribing Information and Medication Guide or visit www.novo-pi.com/ozempic.pdf.

Mail-order prescriptions

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

- 1** A photocopy of the front and back of your Ozempic[®] Savings Program Card or the 11-digit ID number and GRP number (beginning with EC)
- 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

Mail all of the information to:

Ozempic Savings Card 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. The brand and the prescription being filled must be covered by the patient's 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 card. Novo Nordisk's Eligibility and Restrictions, and Offer Details may change from time to time, and for the most recent version, please visit this webpage. Re-confirmation of patient information may be requested periodically to ensure accuracy of data and compliance with terms. Patients with questions about the Savings Card offer may call 1-877-304-6855.

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 Card cannot be combined with any coupon, certificate, voucher, or similar offer. No other purchase is necessary.

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:

This offer is good for eligible patients purchasing up to a 90-day supply.

Ozempic[®] (semaglutide) injection 0.5 mg, 1 mg, or 2 mg: Pay as little as ("PALA") \$25, subject to a maximum savings of \$150 per 1-month prescription, \$300 per 2-month prescription, or \$450 per 3-month prescription, for up to 24 months from the date of Savings Card activation. Month is defined as 28 days. In order to obtain the "PALA \$25 per 3-month prescription" offer, the patient must have a prescription for a 3-month supply, and the patient's commercial insurance plan must provide coverage for a 3-month fill.

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 card.

Pharmacist instructions for a patient with an Eligible Third Party:

Submit the claim to the primary Third Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (eg, 8). The patient is responsible initially for the PALA amount and the card pays up to the Savings Benefit. Offer excludes full cash-paying patients. Reimbursement will be received from CHANGE HEALTHCARE. For any questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk at 1-844-373-0987.

Please [click here](#) for **Prescribing Information and Medication Guide** or visit www.novo-pi.com/ozempic.pdf.