

**Terms and conditions:**

By using this Wegovy® Coupon, you attest that you meet the eligibility criteria, and you agree to comply with the terms and conditions described below every time that you use the offer:

**Program eligibility requirements:**

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. Patients may only participate in this program if they have been prescribed Wegovy® for an FDA-approved indication within Wegovy's labeling. This offer operates outside of any third-party insurance and is not valid for prescriptions submitted for reimbursement, in whole or in part, under Medicare, VA, DoD, Tricare, or similar federal or state programs, including any state pharmaceutical assistance program or commercial / private insurance. Medication filled prior to enrollment in this program will not be eligible for this coupon and cannot be reimbursed. 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 Offer may call 1-833-378-3696.

By redeeming this coupon, you (and anyone else acting on your behalf) agree that:

- You must meet the requirements of the Wegovy® Self-pay offer every time you use this offer.
- **You will not seek payment or accept reimbursement for any out-of-pocket costs for Wegovy® purchased with this offer from any insurance, including commercial insurance or any state, federal, or government healthcare programs (examples include but are not limited to Medicare, VA, DOD, TRICARE, Medicaid), healthcare reimbursement account, or any other third party payer, and you will not apply those costs toward any deductible or true out-of-pocket requirements. No primary, secondary, commercial, employer, government, or supplemental insurance may be used.**
- If you have Medicare, Medicare Part D, a Medicare Advantage Prescription drug plan, or any other state or federal health insurance plan, you agree to the following:
  - You will not ask your insurance to pay you back for the money that you self-paid for your medication using this offer.
  - You will not attempt to count the cost of this medicine toward your insurance deductible or out-of-pocket limit
  - If you are asked by your insurance company about this prescription, you will tell your insurance company that you bought this medicine outside of its prescription plan using the Wegovy® self-pay offer and that you are not seeking reimbursement or submitting a claim for this prescription
- The purchase of the prescription under this program is not conditioned on current or any future purchases of Wegovy® or any other items or services that could become billable to any Government Program.

This offer does not include all Novo Nordisk products. This offer is valid only in the United States and its territories, unless prohibited by law, and may be redeemed at participating pharmacies. Cannot be combined with any other external savings, free trial, or similar offer for the specified prescription. Data related to your redemption of the coupon may be collected, analyzed, and shared with Novo Nordisk for the purposes of administering and managing the program and other purposes related to assessing the program. Data shared with Novo Nordisk will be aggregated and de-identified and will not identify you.

This program is not health insurance. This program is administered by GoodRx on behalf of Novo Nordisk. Novo Nordisk reserves the right to rescind, revoke, or amend this offer without notice at any time.

**Offer Details:**

***Wegovy® (semaglutide) Injection 2.4mg, 7.2mg:***

<b>Wegovy® Injection Self-Pay Offer Details</b>				
<b>NDC</b>	<b>Description</b>	<b>Limited Time Offer<sup>a</sup> Patient Price</b>		
The Limited Time Offer patient price is available to new patients (as defined below) who meet the Limited Time Offer requirements. This offer applies to a maximum of the first two (2) 28-day fills during the applicable offer period. Any third fill will be priced at the Standard Offer <sup>b</sup> patient price.				
		<b>1-Month<sup>c</sup></b>	<b>2-Month<sup>c</sup></b>	<b>3-Month<sup>c</sup></b>
00169-4525-14	Wegovy® 0.25 mg 4 single-dose prefilled pens	\$199.00	NA	NA
00169-4505-14	Wegovy® 0.5 mg 4 single-dose prefilled pens	\$199.00	NA	NA
<b>Wegovy® Injection</b>				
<b>NDC</b>	<b>Description</b>	<b>Standard Offer<sup>b</sup> Patient Price</b>		
		<b>1-Month<sup>c</sup></b>	<b>2-Month<sup>c</sup></b>	<b>3-Month<sup>c</sup></b>
00169-4525-14	Wegovy® 0.25 mg 4 single-dose prefilled pens	\$349.00	\$698.00	\$1,047.00
00169-4505-14	Wegovy® 0.5 mg 4 single-dose prefilled pens	\$349.00	\$698.00	\$1,047.00
00169-4501-14	Wegovy® 1.0 mg 4 single-dose prefilled pens	\$349.00	\$698.00	\$1,047.00
00169-4517-14	Wegovy® 1.7 mg 4 single-dose prefilled pens	\$349.00	\$698.00	\$1,047.00
00169-4524-14	Wegovy® 2.4 mg 4 single-dose prefilled pens	\$349.00	\$698.00	\$1,047.00
00169-4572-14	Wegovy® HD 7.2 mg 4 single-dose prefilled pens	\$399.00	\$798.00	\$1,197.00

<sup>c</sup>For Wegovy® Injection, a “1-Month” fill shall refer to 1 box of 4 single-dose prefilled pens equivalent to a 28-Day Supply, “2-Month” fill shall refer to 2 boxes of 4 single-dose prefilled pens equivalent to a 56-Day Supply, and a “3-Month” fill shall refer to 3 boxes of 4 single-dose prefilled pens equivalent to a 84-Day Supply.

<sup>a</sup>Limited Time Offer Requirements:

- New Patients are eligible patients who have not redeemed any other GoodRx coupons for Wegovy® injection.
- For Wegovy® Injection- Eligible Patients can use the Limited Time Offer if the offer is redeemed and the prescription is filled by 12/31/2026. This limited time offer is for the first 2 (two) 28-Day fills, with the third fill reverting back the Standard offer price

<sup>b</sup>Standard Offer

- Standard offer pricing applies to patients who are not eligible for the Limited Time Offer.

**Wegovy® (semaglutide) tablets 25mg:**

<b>Wegovy® Tablets Self-Pay Offer Details</b>				
<b>NDC</b>	<b>Description</b>	<b>Limited Time Offer<sup>d</sup> Patient Price</b>		
		<b>1-Month<sup>e</sup></b>	<b>2-Month<sup>e</sup></b>	<b>3-Month<sup>e</sup></b>
00169-4404-31	Wegovy® 4 mg 30 tablets bottle	\$149.00	NA	NA
<b>Standard Offer<sup>f</sup> Patient Price</b>				
<b>NDC</b>	<b>Description</b>	<b>1-Month<sup>e</sup></b>	<b>2-Month<sup>e</sup></b>	<b>3-Month<sup>e</sup></b>
00169-4415-31	Wegovy® 1.5 mg 30 tablets bottle	\$149.00	\$298.00	\$447.00
00169-4404-31	Wegovy® 4 mg 30 tablets bottle	\$199.00	\$398.00	\$597.00
00169-4409-31	Wegovy® 9 mg 30 tablets bottle	\$299.00	\$598.00	\$897.00
00169-4425-31	Wegovy® 25 mg 30 tablets bottle	\$299.00	\$598.00	\$897.00

<sup>e</sup>For Wegovy® tablets, a “1-Month” fill shall refer to 1 bottle of 30 tablets equivalent to a 30-Day Supply, a “2-Month” fill shall refer to 2 bottles of 30 tablets equivalent to a 60-Day Supply, and a “3-Month” fill shall refer to 3 bottles of 30 tablets equivalent to a 90-Day Supply.

<sup>d</sup>Limited Time Offer Requirements:

- For Wegovy® tablets, eligible patients can use this Limited Time Offer for the applicable Product dosage form if the offer is redeemed and your prescription is filled by 8/31/2026.

<sup>f</sup>Standard Offer

- Standard offer pricing applies to patients who are not eligible for the Limited Time Offer.

**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.
- Submit to GoodRx as the primary claim using the BIN/PCN/GRP/ID found on the 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.
- Please advise each eligible Medicare Part D or other applicable Government insured patient using the self-pay offer that they must not submit the purchase for inclusion in any insurance benefit out-of-pocket spending calculations, such as Medicare Part D True Out-of-Pocket Costs (TrOOP).
- Pharmacy must submit claim within 180 days from the date the prescription was filled. **For any questions regarding processing, please call the Pharmacy Help Desk at 1-833-378-3696.**

Full [Prescribing information](#), including Medication Guide

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