

Wegovy GoodRx Terms & Conditions

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:

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. Patients may only participate in this program if they have been prescribed Wegovy® for an FDA-approved indication within Wegovy's labeling. 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, VA, DOD, TRICARE, or any similar federal or state health care program (each a government program), or where prohibited by law. Should you begin receiving prescription benefits from any federal, state, or government funded program at any time, you will no longer be eligible to participate in this program. 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 (cash-paying) patient. Patients are also ineligible for this offer if they are Medicare-eligible and enrolled in an employer-sponsored group waiver health plan (EGWP) or government-subsidized prescription drug benefit program for retirees. This offer operates outside of any third-party insurance and is not valid for prescriptions covered or 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.

By redeeming this coupon, you (and anyone else acting on your behalf) agree not to seek reimbursement from any insurance plan for out-of-pocket costs for prescriptions purchased with this coupon. You also agree not to count the cost of prescriptions toward your deductible or true out-of-pocket costs. 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:

Self-Pay Offer Details (Effective November 17, 2025)				
Total Strength per volume	NDC	Price for 1 month (1 Box)	Price for 2-month (2 Boxes)	Price for 3-month (3 Boxes)
Wegovy® 0.25mg/0.5mL Injection	0169-4525-14	<i>Limited Time Offer for new patients¹: \$199</i> \$349	\$698	\$1,047
Wegovy® 0.5mg/0.5mL Injection	0169-4505-14	<i>Limited Time Offer for new patients¹: \$199</i> \$349	\$698	\$1,047
Wegovy® 1mg/0.5mL Injection	0169-4501-14	\$349	\$698	\$1,047
Wegovy® 1.7mg/0.75mL Injection	0169-4517-14	\$349	\$698	\$1,047
Wegovy® 2.4mg/0.75mL Injection	0169-4524-14	\$349	\$698	\$1,047

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¹Wegovy® injection 0.25mg and 0.5mg: For a limited time patients who are new to Wegovy® injection, can pay \$199* for each monthly fill (1-box) of the Wegovy® injection 0.25mg and 0.5mg strengths. Available to new patients who have not used any other prior Wegovy® GoodRx coupons. Offer only available for two monthly fills between November 17, 2025 – June 30, 2026. For each fill after and for other Wegovy® dose strengths, you will pay \$349 per 1-month prescription (1 box), \$698 per 2-month prescription (2 boxes), or \$1,047 per 3-month prescription (3 boxes) of Wegovy®.

Please Note: Government Beneficiaries, including but not limited to patients enrolled in Medicare or Medicaid, are not eligible for this offer even if they elect to go outside of insurance and self-pay. This offer can be used by commercially insured patients with product coverage that opt to self-pay and not use their insurance coverage, but by redeeming this offer, you (and anyone else acting on your behalf) agree not to seek reimbursement from any insurance plan for out-of-pocket costs for prescriptions purchased with this offer. You also understand that using this offer means the prescription will be processed outside of any insurance and will not count towards any deductibles and cannot be applied to any insurance maximum out-of-pocket limits.

Wegovy® (semaglutide) tablets 25mg:

Self-Pay Offer Details				
Product ²	NDC	Price for 1-month (30 tablets)	Price for 2-month (60 tablets)	Price for 3-month (90 tablets)
Wegovy® 1.5mg tablets	00169-4415-31	\$149	\$298	\$447
Wegovy® 4mg tablets	00169-4404-31	\$149	\$298	\$447
Wegovy® 9mg tablets	00169-4409-31	\$299	\$598	\$897
Wegovy® 25mg tablets	00169-4425-31	\$299	\$598	\$897

²Pay \$149 for each monthly supply of Wegovy® 1.5mg and 4mg. 4mg offer only available until August 31, 2026, then pay \$199 per month for Wegovy® 4mg. Novo Nordisk reserves the right to rescind, revoke or amend this offer without notice at any time.

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