



NovoCare[®]
Patient Affordability and Access Support

Changed for the better Changed for them



Through NordiSure[™], eligible patients receive up to \$3,000/year upfront co-pay assistance for Norditropin[®].

Through NovoCare[®], Novo Nordisk provides patients with the support they need to receive their therapy as it's been prescribed. For patients with commercial insurance coverage, we offer co-pay assistance to help eligible patients save on their Norditropin[®] prescriptions. Please see the terms and conditions below for details on benefit eligibility.

Patients who qualify for the NordiSure[™] co-pay program can lower their monthly out-of-pocket costs per Norditropin[®] prescription. Our benefits specialists are available from 8:00 AM to 8:00 PM ET.

Please [click here](#) or visit <https://www.novo-pi.com/norditropin.pdf> for Prescribing Information.



Call 1-888-NOVO-444 (1-888-668-6444) to learn more about the patient support options available.

norditropin[®]
(somatropin) injection
5 mg, 10 mg, 15 mg, 30 mg pens

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 participates in or seeks reimbursement or submits a claim for reimbursement to 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, and must seek reimbursement from or submit a claim for reimbursement to, 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. 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 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 in the United States 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.

Patient is responsible for complying with any insurance carrier co-payment disclosure requirements, including disclosing any savings received from this program. It is illegal to (or offer to) sell, purchase, or trade this offer.

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:

Pay as little as ("PALA") \$0 with an annual maximum cap of \$3,000 per calendar year. Annual maximum cap of \$3,000 will reset every January 1st until program expiration.

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 1-800-433-4893.

Please [click here](#) or visit <https://www.novo-pi.com/norditropin.pdf> for Prescribing Information.



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