

Thank you for downloading this prescription assistance document from NeedyMeds. We hope this program will help you get the medicine you need.

**REMEMBER — Send your completed application to the address on the form, NOT to NeedyMeds.**

Did you know that NeedyMeds has thousands of other free resources?

Here's a look at more ways we can help you save money on medicine and healthcare costs. Each one can be found under the "**Healthcare Savings**" tab on our website:

- **Diagnosis-Based Assistance** — NeedyMeds lists thousands of assistance programs for almost any health condition. If you are going through chemo treatment for cancer, there are programs that can help with wig costs and scalp-cooling products. We also list resources for free diabetes testing supplies, caregiver lodging support, and much more.
- **Free, Low-Cost, and Sliding Scale Clinics** — This popular collection contains information on 18,000+ free, low-cost, and sliding scale medical, dental, mental health and substance abuse clinics across the U.S. It's a great resource if you need affordable medical treatment and don't know where to go.
- **Coupons, Rebates & More** — You can use the NeedyMeds website to find 2,600+ cost-saving opportunities for both prescription and over-the-counter drugs and medical supplies.
- **Medical Transportation** — Need help getting to the doctor's office or medical facility? You may be eligible for financial assistance if you meet certain requirements.

NeedyMeds also offers information on diagnosis-based camps and retreats, recreational programs, scholarships, government programs, \$4 generic drug programs, and more.

Finally, I want to tell you about the NeedyMeds Drug Discount Card. Thousands of people use this free, anonymous, and easy-to-use tool to get the best price on their medications. Use the card to get discounts on lab tests and also to save 40% on durable medical equipment. To date, our drug discount card has saved patients over \$300,000,000. Check out the following page to learn more.

Feel free to call our toll-free helpline if you have any questions. We can be reached at 1-800-503-6897 Monday-Friday, 9am-5pm Eastern Time.

Thank you for using NeedyMeds. Please let us know if we can do anything else to help you afford the costs of your healthcare.



Rich Sagall, MD  
President, NeedyMeds

# Clip the card and save



**DRUG DISCOUNT CARD**

BIN: 020750  
RX PCN: NMeds  
RX GRP: PDFPDF  
ID: NMNA019309901930

**Customer Care**  
1-888-602-2978

**This is a drug discount program, not an insurance plan.**

**NeedyMeds Drug Discount Card**  
[www.needymeds.org](http://www.needymeds.org)

**Patient:** You may use this card at any of over 65,000 participating pharmacies to save on all prescription medicines. You cannot use this card with Medicare including part D, Medicaid, or any other state or federal programs unless you choose not to use your government-sponsored program. In addition, you cannot use this card with any health insurance program, but you can use it in place of your insurance if the card offers a better price. For questions call 1-888-602-2978 or visit [www.drugdiscountcardinfo.com](http://www.drugdiscountcardinfo.com).

**Pharmacist:** Administered by Medical Security Company, LLC, Tucson, AZ.

**Pharmacy Help Desk:** 1-800-404-1031.



- Save up to 80% on medications\*
- Use at over 65,000 pharmacies nationwide including all major chains
- Share the card with friends and family

- Use the card as often as needed
- Free, no fees or registration
- Never expires

## What will receive a discount?

All prescription medications are eligible for savings, including over-the-counter medicines and medical supplies written as a prescription, as well as human-equivalent pet medications with a prescription by a veterinarian.

Save up to 40% off durable medical equipment, including canes, crutches, splints, incontinence supplies and more. You can also save on diabetic supplies such as glucose meters, test strips, lancets and diabetic shoes. Visit [www.needymeds.org/dme](http://www.needymeds.org/dme) to learn more.

You can also save an extra 5% on affordable lab tests and online results. No doctor's order or insurance needed. Visit [www.needymeds.org/L2L](http://www.needymeds.org/L2L) for more information.

## What if I have insurance?

Anyone can use the card, but it can't be combined with state or federal insurance. You can use the card instead of insurance if:

- A drug isn't covered by your insurance
- Your insurance has no drug coverage
- You have a high drug deductible
- You have met a low medicine cap
- The card offers a better price than your copay
- You are in the Medicare Part D donut hole

To obtain a plastic drug discount card, send a self-addressed, stamped envelope to:

NeedyMeds Drug Discount Card  
50 Whittemore St.  
Gloucester, MA 01930

*The card is not valid in combination with insurance plans, including Medicare, Medicaid or any state or federal prescription insurance. The card can be used only if you decide not to use your government-sponsored drug plan for your purchases.*

\* Average savings of 60%, with potential savings of up to 80% or more (based on 2018 national program savings data). All prescription medications are eligible for savings.

**This is a drug discount program, not an insurance plan.** Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Users are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may call 1-888-602-2978 with questions or concerns or to obtain further information.

## Novo Nordisk Patient Assistance Program Refill/Reorder Request



Asterisks indicate required field. Do not leave blank.

Form must be submitted directly by the HCP and must include a cover letter/HCP letterhead to clearly identify HCP as the sender.

### Applicant Information (One patient per form)

Check if this request is for a new product or dosage increase

Patient First & Last Name*:		Patient DOB*:
Other Medications*:	Known Drug Allergies*:	
Patient's Street Address* (NO PO BOX):		
City, State, Zip:		
Note: MN residents who qualify for insulin under MN Insulin Safety Net Program will have their medication shipped directly to their home		
Patient ID Number:	Patient's State:	

### Licensed Health Care Practitioner Information

Name*:		Designation*:	
Street Address* Include Suite/Building# (NO PO BOX):			
Phone*:	State License Number#*:	State Where Licensed:	
Fax*:	Office Contact:	NPI*:	

### Order Information (see next page for additional options)

Product	Max Dose/Day (units)	Sig/Directions (e.g., QD, BID)	Formulation	Quantity
Fiasp® (insulin aspart injection) 100 U/mL			Vial FlexTouch® Cartridge	
Tresiba® (insulin degludec injection) U-100			Vial FlexTouch®	
Tresiba® (insulin degludec injection) U-200			FlexTouch®	
Levemir® (insulin detemir injection) 100 U/mL			Vial FlexTouch®	
NovoLog® (insulin aspart injection) 100 U/mL			Vial FlexPen® Cartridge	
Insulin Aspart Injection 100 U/mL (Unbranded Biologic*)			Vial FlexPen® Cartridge	
NovoLog® Mix 70/30 (insulin aspart protamine and insulin aspart injectable suspension) 100 U/mL			Vial FlexPen®	
Insulin Aspart Protamine and Insulin Aspart Injectable Suspension Mix 70/30 100 U/mL (Unbranded Biologic*)			Vial FlexPen®	
Novolin® R (insulin human injection) 100 U/mL			Vial	
Novolin® N (isophane insulin human suspension) 100 U/mL			Vial	
Novolin® 70/30 (human insulin isophane suspension and human insulin injection) 100 U/mL			Vial	
NovoFine® 32G (100 needles/box)				
NovoFine® Plus 32G (100 needles/box)				
NovoTwist® 32G (100 needles/box)				
All orders will be filled with up to a <b>120-day</b> supply unless otherwise indicated by the prescriber. Patients applying for PAP because of loss of health insurance coverage due to <b>COVID-19</b> will be provided a 90-day supply of insulin medication. Prescribers, please complete the application with max daily dose and sig accordingly. All reorder requests must be made directly by the prescriber to the Novo Nordisk Patient Assistance Program. FlexPen®/FlexTouch® is used with Novo Nordisk disposable needles. <b>Needles will not be sent as part of the PAP order if they are not requested.</b>				
My signature below indicates that I have read, understood, and agree to the Health Care Practitioner Declaration on page 2. Products are dispensed as written. (Handwritten/valid electronic signatures accepted; no photocopies, power or attorney, or stamped signatures allowed)				
Practitioner's Signature*:				Date*:

\*Unbranded Biologics of Novo Nordisk-branded analog insulins are available from Novo Nordisk Pharma, Inc. (NNPI).

**PLEASE DO NOT INCLUDE PATIENT MEDICAL RECORDS WITH THIS APPLICATION.**

Fiasp®, FlexPen®, FlexTouch®, GlucaGen®, HypoKit®, Levemir®, NovoFine®, NovoFine® Plus, Novolin®, NovoLog®, NovoPen Echo®, NovoTwist®, Ozempic®, PenFill®, RYBELSUS®, Tresiba®, Victoza®, and Xultophy® are registered trademarks of Novo Nordisk A/S. Novo Nordisk is a registered trademark of Novo Nordisk A/S.

**Novo Nordisk Patient Assistance Program Refill/Reorder Request**



Asterisks indicate required field. Do not leave blank.

**Patient Information**

Patient First & Last Name*:	Patient DOB*:
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**Order Information** (continued)

Product	Max Dose/Day (units)	Sig/Directions (e.g., QD, BID)	Formulation	Quantity
Ozempic® (semaglutide) injection 1.5 mL Pen that delivers doses of 0.25 mg or 0.5 mg			1 pen pack	
Ozempic® (semaglutide) injection 3 mL Pen that delivers doses of 1 mg			1 pen pack	
Victoza® (liraglutide) injection 1.2 mg 2 Pen pack			2 pen pack	
Victoza® (liraglutide) injection 1.8 mg 3 Pen pack			3 pen pack	
Xultophy® 100/3.6 (insulin degludec & liraglutide injection) 100 U/mL & 3.6 mg/mL			1 pen pack	
GlucaGen® HypoKit® (glucagon for injection) 1 mg/mL			1 kit	
NovoPen Echo®			1 pen	
Rybelsus® (semaglutide) tablets <i>Select 1 of the combination options</i>			3 mg / 7 mg 7 mg / 7 mg 7 mg / 14 mg 14 mg / 14 mg	60-day supply
			7 mg 14 mg	120-day supply

All orders will be filled with up to a **120-day** supply unless otherwise indicated by the prescriber. Patients applying for PAP because of loss of health insurance coverage due to **COVID-19** will be provided a 90-day supply of insulin medication. Prescribers, please complete the application with max daily dose and sig accordingly. All reorder requests must be made directly by the prescriber to the Novo Nordisk Patient Assistance Program.

FlexPen®/FlexTouch® is used with Novo Nordisk disposable needles. **Needles will not be sent as part of the PAP order if they are not requested.**

**Health Care Practitioner Declaration:** "My signature certifies that I am a licensed health care practitioner eligible under state law to prescribe, receive, and dispense the requested medication(s) listed on the attached order, shipped from Novo Nordisk, and that I am not prohibited from participating in federally funded health care programs. If I am a Nurse Practitioner, Physician Assistant, Pharmacist, or PharmD, I certify that I am authorized and eligible in the state within which I am currently practicing to prescribe these products, and that I have my supervising Physician's approval to do so if required by law. I further certify that all information provided in the Licensed Health Care Practitioner Information section is correct. I agree that medication(s) provided to me by Novo Nordisk for the applicant named in the Applicant Information section will be provided by me to such eligible applicant for his or her own use without charge. I will not otherwise use any of such medications or prescribe, provide or dispense all or any portion thereof for the use of any other person. I consent that Novo Nordisk may contact the applicant named in the Applicant Information section for verification of applicant status and receipt of the indicated medication(s). I further consent that Novo Nordisk may perform an on-site audit of Novo Nordisk Diabetes Patient Assistance Program (PAP) records related to the applicant named above on this application. I understand that I am not eligible to seek reimbursement for any medication dispensed by the Novo Nordisk Diabetes PAP from any government program or third-party insurer and will not apply any Novo Nordisk Diabetes PAP medication towards the applicant's True-Out-Of-Pocket (TrOOP) costs. I also understand that eligibility under the PAP is subject to Novo Nordisk's discretion and that Novo Nordisk reserves the right to modify or terminate the PAP at any time. Finally, I certify that I receive no direct or indirect payments related to the PAP."

**PLEASE DO NOT INCLUDE PATIENT MEDICAL RECORDS WITH THIS APPLICATION.**