

Your Saxenda[®] Coverage Information Is Just a Click Away

To learn more about your Saxenda[®] coverage and the savings program,
look up your co-pay at:

SaxendaCoverage.com

If you do not have Internet access,
you can call the Novo Nordisk
Insurance Reimbursement Hotline

1-888-809-3942

8:30 AM TO 6:00 PM ET | MONDAY - FRIDAY

*Please have your pharmacy prescription card available.
See reverse side for details*

**Please see Prescribing Information,
including Boxed Warning.**



Saxenda[®]
liraglutide injection **3mg**

Your pharmacy prescription card will look like one of these cards

A Insurance Company Name

B John A Doe
ID Number: XYZ999999999 99
GROUP: XXXXXXXX

\$XX EMER ROOM
\$XX OFFICE VISIT

D Rx Bin: 123456
E Rx PCN: ABCD01
C Rx Grp: ABCDEF

CUST SERV: 888-000-0000

A Insurance Company Name

B Member ID: 999999999 GROUP Number: 999999

Member: John A DOE COMPANY NAME
Dependents: Spouse DOE
Child A DOE Payer ID XXXXX
Child B DOE

PRESCRIPTION RX
D Rx Bin: 123456
C Rx Grp: ABCDEF
E Rx PCN: ABC01

Co-pay: Office/Spec/ER/URG
\$XX/\$XX/\$XX/\$XX

A Prescription Insurance Company Name

D Rx Bin: 012345
C Rx Grp: ABCDEF1
E Rx PCN: ABC01
Issuer: Company

B ID Number: 000123456789
Name: John A Doe

Be ready to provide the following information from your card

A Prescription Insurance Name

The Prescription Insurance Name looks similar to this.

C Rx Group ID

The Rx Group ID looks similar to this. If your card has 2 group numbers, enter the one that starts with "Rx."

E Rx PCN #

The Rx PCN # looks similar to this. If you do not have a PCN # on your card, leave the field blank. This number might have numbers and letters (eg, ABC12).

B Member ID

The Member ID looks similar to this. It may include letters and numbers.

D Rx Bin #

The Rx Bin # is a 6-digit number that looks similar to this.

Please see Prescribing Information, including Boxed Warning.



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