

Patient Enrollment Form | MASH

Phone: 1-888-809-3942 | Monday - Friday
Fax: 877-219-7626 | 8:00 AM to 8:00 PM ET



This Patient Enrollment Form is to enroll patients in the NovoCare® program (benefit investigation, prior authorization or appeal information, patient outreach, patient device training, Savings Offer enrollment, Optional Initiation Prescription, and Optional Prescription)

PATIENT/INSURANCE INFORMATION

Patient first name:		Patient last name:		DOB (MM/DD/YYYY):	
Gender*: ☐ Male ☐ Female		Preferred language: ☐ English ☐ Spanish ☐ Other:			
Home address:					
City:		State:		Zip:	Preferred phone:
Email:					
Please fill out section below or attach a copy of the insurance card(s) if available				☐ No insurance	
Primary pharmacy insurance:					Phone:
Rx ID#:			Rx Group:		
Rx PCN:			Rx BIN:		
* Novo Nordisk and its partners recognize that patients may not identify as male or female. However, many insurance companies still require that one of these two fields be used for each of their members. Please indicate the gender on file with the patient's insurance company.					

HEALTH CARE PROVIDER INFORMATION

Prescriber name:			NPI #:		
Practice name:					
Office contact:				Preferred time of day to contact? ☐ Morning ☐ Afternoon	
Phone:	Fax:	Email:			
Address:		City:	State:		Zip:

DIAGNOSIS INFORMATION

What is the primary diagnosis for which you are prescribing Wegovy®?

Common MASH codes:

☐ K75.81 - Nonalcoholic steatohepatitis (NASH) Other diagnosis:

☐ K76.0 - Fatty (change of) liver, not elsewhere classified ICD-10 code: _____

PRESCRIPTION INFORMATION

1. Initiation Prescription (restricted to Wegovy®-naïve; available for commercial or uninsured patients only) ☐ Wegovy® 0.25 mg/0.5 mL Pen Inject 0.25 mg subcutaneously once weekly #4 pens, 28 day supply, 0 refills Initiation prescription is not guaranteed; please see full Initiation Terms & Conditions for more information.	2. Optional Prescription ☐ Wegovy® 0.5 mg/0.5 mL Pen Inject 0.5 mg subcutaneously once weekly #4 pens, 28 day supply, 0 refills HCPs providing a patient with an Initiation prescription through this enrollment form are not required to write any subsequent prescription.
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Health care provider release: By signing below, I hereby certify that: (a) I am a licensed practitioner, in good standing under applicable state law; (b) in my medical judgment, I have determined that the product being prescribed is to treat a diagnosis(es) consistent with MASH indication, dosing, and appropriate uses as described in the product's prescribing information for the optional Initiation Prescription and Optional Prescription; (c) the information I have provided on this enrollment form is, to the best of my knowledge, true, complete, and accurate in all respects; and (d) I have obtained the necessary authorization from the patient, or where appropriate the patient's parent, caregiver, and/or legal representative to use, disclose, share, and/or release the above-referenced information along with other protected health information (as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")) for the sole purpose of providing patient assistance. I will immediately notify Novo Nordisk Inc., its employees, or partners, including AssistRx, Inc. (collectively, "NovoCare®") if the above-named patient, or where appropriate the patient's parent, caregiver, and/or legal representative, revokes their consent to share their PHI with NovoCare®. I give you permission to contact me, or the above named patient/caregiver, with any questions related to NovoCare®.

HEALTH CARE PROVIDER SIGNATURE (SIGNATURE STAMPS NOT ACCEPTABLE)

The prescriber is to comply with their state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.

_____	OR	_____
Dispense as Written		Substitution Permitted
		Date

TERMS AND CONDITIONS NOVOCARE[®] WEGOVY[®] LH CORE PATIENT SUPPORT PROGRAM SERVICES

Program Purpose

NovoCare Patient Support Program is to provide patient access and affordability support for Wegovy[®] LH for appropriate patients whose physicians (healthcare providers or HCPs) believe are appropriate candidates for product use to treat products on-label indications for MASH. Personal Health Information (PHI) may be shared with health care providers, pharmacies, service providers and their contractors, health plans, and health insurer(s) and their contractors to administer the program. Services include:

- Intake and enrollment: Patient Enrollment Form (PEF) (HCP release, Optional Initiation Prescription, Optional Prescription), and Patient Authorization Form (PAF) (HIPAA and optional SMS and Marketing opt-in)
- Reimbursement and coverage support: benefits investigation/verification, and prior authorization and appeal support.
- Patient and HCP education and information: phone, email, SMS, mail, and/or portals
- Patient Device Training
- Initiation Prescription; eligibility criteria applies
- Triage Optional Prescription to a commercial pharmacy

Terms & Conditions

- Patient must be diagnostically confirmed or clinically determined to have MASH
- Patient is 18 years of age or older
- Patients must be a resident of the United States or a U.S. Territory
- The Program is not insurance, not transferable, and not conditioned on any past, present, or future purchase, including refill
- Patient HIPAA consent is valid for ten (10) years, unless otherwise specified by Federal or state law. Patient or Patient Representative may withdraw HIPAA consent by notifying NovoCare[®] Wegovy LH Patient Support Program
- The NovoCare Wegovy[®] LH Patient Support Program is not contingent upon any product purchase
- Novo Nordisk reserves the right to rescind, revoke, or amend this offer at any time without notice

TERMS AND CONDITIONS NOVOCARE[®] WEGOVY[®] LH INITIATION PRESCRIPTION OFFER

Program Purpose

The free of charge initiation prescription offer is to assess the safety and tolerability of Wegovy[®] for appropriate MASH patients who are new to therapy and have commercial or no insurance. This offer is for one 28-day, 0.25 mg dispense of Wegovy[®].

Terms & Conditions

- Patient is 18 years of age or older
- Patients must be a resident of the United States or a U.S. Territory
- Patients are not eligible for the Offer if they are enrolled in any government program, including but not limited to Medicare, Medicaid, TRICARE, or Veterans Affairs (VA) health care
- The Offer is available only to new patients who have not previously received a sample or previously filled a prescription for Wegovy[®]
- The Offer is limited to one per patient lifetime and is nontransferable. By redeeming this offer, the patient certifies that they have not previously filled a prescription for Wegovy[®]
- This offer is a 28-day supply, equivalent to one month of treatment
- Patient must have a valid 28-day, 0.25 mg prescription for Wegovy[®] for a patient diagnosed with an on-label MASH indication; no substitutions are allowed for other Wegovy[®] doses or other non-MASH Wegovy[®] approved indications
- Offer provides Wegovy[®] medication at no cost to the patient. The Offer is not contingent on HCP completing an optional subsequent prescription on the Patient Enrollment Form, nor contingent on any product purchase, and the patient and HCP must not: (1) bill any third party for the free product, or (2) resell the free product. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party, including state or federally funded programs. This offer may not be redeemed for cash
- The Offer is not insurance, not transferable, and not conditioned on any past, present, or future purchase, including refill
- Patients may not count the Offer of as an expense incurred for purposes of determining out-of-pocket costs for any plan for purposes of calculating the out-of-pocket threshold
- The Offer will comply with all state licensing laws regarding these types of offers
- Novo Nordisk reserves the right to rescind, revoke, or amend this offer at any time without notice