

## Wegovy® Savings Guide

Every strategy to reduce your out-of-pocket cost for Wegovy in 2026 — manufacturer programs, insurance optimization, prior authorization tips, and alternative pathways for weight management.

**\$1,349+**

List Price / Month

**\$0–\$25**

With Savings Card

**\$349–\$499**

NovoCare Cash Pay

### 1 UNDERSTANDING WEGOVY PRICING IN 2026

Wegovy (semaglutide 2.4 mg) is manufactured by Novo Nordisk and is the first FDA-approved semaglutide product specifically indicated for **chronic weight management** in adults with obesity (BMI  $\geq 30$ ) or overweight (BMI  $\geq 27$ ) with at least one weight-related comorbidity, as well as for **cardiovascular risk reduction** in adults with established cardiovascular disease and obesity or overweight. Understanding the pricing landscape is essential to finding the most affordable path to treatment.

Cost Scenario	Monthly Cost	Annual Cost	Who Qualifies
Retail / List Price (no insurance)	<b>\$1,349 – \$1,430</b>	\$16,188 – \$17,160	Cash-pay patients
Commercial Insurance (with copay)	<b>\$0 – \$150</b>	\$0 – \$1,800	Insured + plan covers Wegovy
Novo Nordisk Savings Card	<b>\$0</b>	\$0 (up to 13 fills)	Commercially insured
WeGoTogether™ Cash-Pay Program	<b>\$349 – \$499</b>	\$4,188 – \$5,988	Uninsured / cash-pay
Patient Assistance Program (PAP)	<b>\$0</b>	\$0	Income $\leq 400\%$ FPL
Medicare Part D (CV indication)	<b>\$0 – \$35</b>	\$0 – \$420	Medicare + CVD + obesity
Medicare Part D (weight loss only)	<b>Not covered</b>	N/A	Weight loss not a Medicare benefit
GoodRx / Discount Coupons	<b>\$1,000 – \$1,200</b>	\$12,000 – \$14,400	Anyone (modest savings)

#### KEY DIFFERENCE: WEGOVY vs OZEMPIC PRICING

Wegovy and Ozempic both contain semaglutide but are FDA-approved for different indications.

Wegovy (2.4 mg) is approved for weight management; Ozempic (0.5–2 mg) for type 2 diabetes.

Insurance coverage varies significantly based on which product and indication is prescribed.

### 2 WEGOVY SAVINGS CARD (BEST FOR INSURED PATIENTS)

The Wegovy® Savings Card is the most effective way to reduce your cost if you have commercial (private) health insurance that covers Wegovy. Eligible patients may pay **as little as \$0 per fill** for up to 13 fills (approximately 13 months of treatment).

#### Eligibility Requirements:

You have commercial or private health insurance that covers Wegovy

- You are NOT covered by Medicare, Medicaid, TRICARE, or any government-funded program
- You have a valid prescription for Wegovy from a licensed healthcare provider
- You are a resident of the United States or Puerto Rico

**How to Activate:**

- Visit [Wegovy.com/savings](https://www.wegovy.com/savings) or call 1-833-493-4689
- Register online and receive a digital savings card instantly
- Present the card at your pharmacy along with your insurance card
- Maximum benefit: up to \$500 per 28-day supply, up to 13 fills

**IMPORTANT NOTE**

The Savings Card requires that your insurance plan covers Wegovy. If your plan does not cover Wegovy at all, the Savings Card cannot be used. You will need prior authorization first. After 13 fills, the card expires and standard copay applies. Plan ahead for long-term costs.

### 3 WeGoTogether™ CASH-PAY PROGRAM (UNINSURED)

If you do not have insurance or your plan does not cover Wegovy, the **WeGoTogether™** program offers a significant discount over the retail list price. This program provides Wegovy at a fixed monthly cost without requiring insurance approval.

**Program Details:**

- 1-month supply: approximately \$349 – \$499 (varies by dose level)**
- 3-month supply: additional per-unit savings may be available
- No insurance required — open to all U.S. residents with a valid prescription
- Medication ships directly to your home via NovoCare Pharmacy
- Includes all dose levels during titration (0.25 mg through 2.4 mg)

**How to Enroll:**

- Call NovoCare at 1-888-809-3942 (Mon–Fri, 8am–8pm ET)
- Or visit [NovoCare.com](https://www.novocare.com) and select 'Wegovy'
- Your provider can also enroll you directly via the NovoCare HCP portal

**SAVINGS COMPARISON**

Retail price: ~\$1,349–\$1,430/month | WeGoTogether: ~\$349–\$499/month  
That's a potential savings of \$850–\$930 per month vs. paying full retail price.  
First-time patients may qualify for a reduced introductory rate — ask when enrolling.

### 4 PATIENT ASSISTANCE PROGRAM — PAP (FREE WEGOVY)

Novo Nordisk offers a Patient Assistance Program (PAP) that provides Wegovy **completely free of charge** to qualifying patients. This is the best option for low-income, uninsured individuals who meet the eligibility criteria.

**Eligibility Criteria:**

- U.S. citizen or legal resident**
- No health insurance (uninsured), OR underinsured with no Wegovy coverage
- Household income at or below 400% of the Federal Poverty Level (FPL)**  
2026 FPL 400%: ~\$62,400 for individual, ~\$129,600 for family of 4
- Not eligible for Medicare, Medicaid, or other government programs
- Valid prescription from a licensed U.S. healthcare provider
- BMI  $\geq 30$ , or BMI  $\geq 27$  with at least one weight-related comorbidity

#### How to Apply:

- Download the PAP application from NovoCare.com or call 1-866-310-7549
- Complete the application with your provider (provider signature required)
- Submit proof of income (tax return, pay stubs, or signed attestation)
- Processing time: approximately 2–4 weeks
- If approved: receive a 90-day supply shipped to your provider's office

## 5 PRIOR AUTHORIZATION: HOW TO GET APPROVED

Most commercial insurance plans require **prior authorization (PA)** before covering Wegovy. Understanding the process and preparing the right documentation can significantly increase your chances of approval on the first attempt.

#### Common PA Requirements:

- Documented BMI  $\geq 30$ , or BMI  $\geq 27$  with comorbidity (hypertension, T2D, dyslipidemia, OSA)**
- Evidence of prior weight loss attempts (diet, exercise, behavioral counseling)
- Duration of obesity: typically 6–12 months of documented history
- Some plans require failure of other weight loss medications first (step therapy)
- Provider Letter of Medical Necessity (LMN) with clinical justification

#### Tips to Improve Approval Odds:

- Include all relevant ICD-10 codes: E66.01 (morbid obesity), E66.09 (other obesity), Z68.x (BMI)
- Document ALL comorbidities: hypertension (I10), T2D (E11.x), sleep apnea (G47.33)
- Reference clinical trial data: STEP 1–5 trials showing 15–17% weight loss
- Reference the SELECT trial for cardiovascular risk reduction (20% MACE reduction)
- If denied: request a peer-to-peer review between your provider and the insurer's medical director

#### PRO TIP: CARDIOVASCULAR INDICATION

In March 2024, the FDA expanded Wegovy's approval to include cardiovascular risk reduction. If your patient has established CVD + obesity/overweight, this indication may improve insurance coverage, as many plans cover CV risk reduction more readily than weight loss alone.

## 6 MEDICARE PATIENTS: YOUR OPTIONS IN 2026

Medicare coverage for Wegovy is complex and depends on the **indication** for which it is prescribed. The Inflation Reduction Act (IRA) has introduced important cost protections, but significant limitations remain for weight loss indications.

### Covered: Cardiovascular Risk Reduction

- Medicare Part D may cover Wegovy when prescribed for CV risk reduction
- Patient must have established cardiovascular disease AND obesity/overweight
- \$2,000 annual out-of-pocket cap on Part D drugs (IRA benefit)
- Prior authorization typically required with CV diagnosis documentation

### NOT Covered: Weight Loss Only

- Medicare does NOT cover anti-obesity medications for weight loss alone
- The Treat and Reduce Obesity Act has been proposed but not yet passed
- If prescribed solely for weight management, you must pay out-of-pocket

#### Action Steps for Medicare Patients:

- Ask your provider if you qualify under the CV risk reduction indication
- If eligible: ensure PA is submitted with CVD + obesity diagnosis codes
- If not eligible: consider WeGoTogether cash-pay program (\$349–\$499/mo)
- Check if your Medicare Advantage plan offers any supplemental obesity drug coverage

#### IMPORTANT FOR MEDICARE PATIENTS

The Novo Nordisk Savings Card is NOT available to Medicare beneficiaries. However, the \$2,000 annual OOP cap under the IRA significantly reduces your maximum exposure if Wegovy IS covered under the cardiovascular indication.

## 7 ADDITIONAL COST-SAVING STRATEGIES

### A. Compare Pharmacy Prices

Wegovy prices can vary by hundreds of dollars between pharmacies. Always compare before filling your prescription.

- Use GoodRx.com or RxSaver.com to compare local pharmacy prices
- Check Costco Pharmacy (no membership required for Rx in most states)
- Consider specialty pharmacies that may offer better pricing
- Ask about mail-order options for potential 90-day supply savings

### B. Insurance Optimization

If your current plan does not cover Wegovy or places it on a high tier, consider these strategies.

- During Open Enrollment: compare plans specifically for GLP-1/anti-obesity drug coverage
- Request a formulary exception from your insurer (with Letter of Medical Necessity)
- Ask your employer's HR department to advocate for obesity medication coverage
- If you have CVD: ensure the claim uses the CV risk reduction indication for better coverage

### C. Upcoming Oral Semaglutide for Weight Loss

Novo Nordisk is developing a high-dose oral semaglutide tablet for weight management, which may offer a more affordable alternative.

- Oral semaglutide 50 mg tablet is in late-stage clinical trials for obesity
- If approved, oral formulation may have different (potentially lower) pricing
- Ask your provider about timeline and whether you may be a candidate

### D. Nonprofit & State Assistance Programs

- NeedyMeds.org — database of patient assistance programs
- RxAssist.org — comprehensive directory of pharmaceutical assistance
- State Pharmaceutical Assistance Programs (SPAPs) — varies by state
- Patient Advocate Foundation (PAF) — free case management for coverage issues
- Obesity Action Coalition (OAC) — advocacy and resources for obesity treatment access

## 8 QUICK-REFERENCE: WHICH PROGRAM IS RIGHT FOR YOU?

Your Situation	Best Option	Expected Cost	Action
Commercial ins. covers Wegovy	Savings Card	<b>\$0/fill</b>	Wegovy.com/savings
Commercial ins. + PA required	PA + Savings Card	<b>\$0/fill</b>	Provider submits PA first
Insurance denied coverage	Appeal + Peer-to-Peer	<b>\$0 if approved</b>	See Appeal Checklist
Uninsured, income >400% FPL	WeGoTogether™	<b>\$349–\$499/mo</b>	Call 1-888-809-3942
Uninsured, income ≤400% FPL	Patient Assistance (PAP)	<b>\$0</b>	NovoCare.com PAP app
Medicare + CVD + obesity	Part D + IRA cap	<b>\$0–\$35/mo</b>	PA with CV indication
Medicare + weight loss only	WeGoTogether / PAP	<b>\$0–\$499/mo</b>	Check PAP eligibility
Savings Card expired (13 fills)	Insurance copay / switch	<b>Varies</b>	Discuss with provider

## 9 WEGOVY TITRATION SCHEDULE & COST TIMELINE

Wegovy requires a 16-week dose escalation (titration) before reaching the maintenance dose. Understanding this timeline helps you plan your costs and savings card usage effectively.

Phase	Weeks	Dose	Fills Used	Cost w/ Card
Titration 1	1–4	0.25 mg/week	1 of 13	<b>\$0</b>
Titration 2	5–8	0.5 mg/week	2 of 13	<b>\$0</b>
Titration 3	9–12	1.0 mg/week	3 of 13	<b>\$0</b>
Titration 4	13–16	1.7 mg/week	4 of 13	<b>\$0</b>

<b>Maintenance</b>	<b>17+</b>	<b>2.4 mg/week</b>	5–13 of 13	<b>\$0</b>
<i>After card expires</i>	Month 14+	2.4 mg/week	Card expired	<b>Insurance copay</b>

**PLANNING AHEAD**

The Savings Card covers 13 fills (~13 months). Titration uses 4 fills, leaving 9 fills at maintenance. Plan your long-term cost strategy BEFORE the card expires. Options: insurance copay, WeGoTogether, or discuss with your provider about transitioning to oral semaglutide if available.

 **YOUR PERSONAL SAVINGS TRACKER**

Use this section to track your progress in securing affordable Wegovy access.

**Current Monthly Cost:** .....

**Target Monthly Cost:** .....

**Program Applied For:** .....

**Application Date:** .....

**Status / Result:** .....

**Savings Card #:** .....

**Fills Remaining:** .....

**Card Expiration Date:** .....

**Notes:**

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