



Novo Nordisk Patient Assistance Program

**P.O. Box 181640
Louisville, KY 40261
866-310-7549**

Fax: 866-441-4190

Instructions:

- Healthcare Practitioner Information Section must be filled out completely.
- Patient Information and Eligibility Section must be filled out completely.
- **Attach the completed prescription sheet for a 90-day supply of medication for all products except where indicated differently (see official program application).**
- **Attach a copy of the patient's most recent Federal Tax Return (1040), Social Security Income (SSA 1099), Pensions, Interest, Retirement, Child Support, etc. This information is only required annually. It is not required for 90-day reorders.**
- **Submit the completed application with photocopies of the required proof of income to FAX 866-441-4190. Faxed requests must be sent from the healthcare practitioner's office.** Please allow up to 10 business days for processing. Applications may also be mailed to the address above. Allow an additional 7 days for processing if mailed.
- Both the patient and healthcare practitioner will be advised in writing of approved and denied requests.
- All incomplete applications will be sent to either the patient or healthcare practitioner for completion.

Program Eligibility:

- Patient cannot have or qualify for any government prescription coverage such as Medicare, Medicaid, Veteran's Administration or any state or local programs.
- Patient cannot have or qualify for any private prescription coverage such as an HMO or PPO.
- Patient's total household income must be at or below 200% of the Federal Poverty Level. See Chart below for specific income amounts per household size.

Household Size	Total Household Income 48 Contiguous States & DC	Alaska	Hawaii
1	\$21,660	\$27,060	\$24,920
2	\$29,140	\$36,420	\$33,520
3	\$36,620	\$45,780	\$42,120
4	\$44,100	\$55,140	\$50,720
5	\$51,580	\$64,500	\$59,320
6	\$59,060	\$73,860	\$67,920
7	\$66,540	\$83,220	\$76,520
8	\$74,020	\$92,580	\$85,120
	For families with more than 8 persons, add \$3,740 for each additional person.	For families with more than 8 persons, add \$4,680 for each additional person.	For families with more than 8 persons, add \$4,300 for each additional person.

Effective date: January 23, 2009

Approved patients will receive a 90-day supply of medication.

A new application must be submitted for each new product request. Income documentation is only required annually.

All requests are subject to product availability and patient eligibility verification.

Novo Nordisk reserves the right to modify or cancel this program at any time without notice.