

 **Auvelity**<sup>®</sup>  
(dextromethorphan HBr and bupropion HCl)  
extended-release tablets 45mg/105mg

**Saving can  
be simple with  
the Auvelity<sup>®</sup>  
On My Side  
Savings Card**

Welcome to  
**Auvelity<sup>®</sup> On My Side.**  
Through this program,  
you can save on your  
Auvelity prescriptions.

**Auvelity<sup>®</sup>  
On my side**

Powered by Change Healthcare

**Pay as  
little as \$10**  
for a 30- or 90-day prescription\*

BIN# 600426  
PCN# 54  
GRP# EC43501001  
ID# 59701642578

\*For eligible patients. See Terms & Conditions on reverse.  
Please see accompanying Medication Guide, including Boxed Warning.

### For Patients

Show this card to your pharmacist when you fill your Auvelity prescription to start saving. Your pharmacist will make sure you're eligible and keep your details on file for next time.

When using your AUVELITY savings card, your insurance company may require a prior authorization be submitted by your healthcare provider to continue using the card after the first two fills of AUVELITY. Once a coverage determination is made, the savings card may provide savings support after the first two fills.

Talk to your healthcare provider today to avoid any potential disruptions to your AUVELITY treatment.

### For Pharmacists

#### How to redeem (for a Patient with an Eligible Third Party):

1. Submit the claim to the primary Third-Party Payer first
2. Submit the balance due to Change Healthcare as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code. Valid Other Coverage Code required.
  - Use Other Coverage Code 08 for commercially insured and medication-covered patients
  - Use Other Coverage Code 03 for commercially insured and medication-not-covered patients. Note: The Other Coverage Code 03 can be used up to two times; afterwards, a prior authorization determination must be on file for continued support.

**For any questions regarding Change Healthcare online processing, call the Help Desk at 1-800-641-4654**

**Terms and Conditions:** By using this offer, the patient certifies that he or she understands and will comply with all the following Terms and Conditions and any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer.

**Patient Eligibility Requirements:** This offer is valid only for patients 18 years of age or older. Patient must have a valid prescription for Auvelity® (dextromethorphan HBr and bupropion HCl) extended-release tablets 45mg/105mg at the time the prescription is filled by the pharmacist and dispensed to the patient. Patient must have private health insurance that provides coverage for some portion of the cost of Auvelity. Patient is a resident of the United States or U.S. territories based on patient's address.

**Important Restrictions:** Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. Offer not valid for cash-paying patients. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Copay card cannot be combined with any other savings, free trial or similar offer for the specified prescription. Program managed by ConnectiveRx on behalf of **Axsome Therapeutic, Inc.** The parties reserve the right to rescind, revoke or amend this offer without notice at any time. **Program expires [12/31/2025.]**

**Program Benefits:**

**To the Patient:** Eligible patients will pay as little as \$10 for 30- or 90-day supply. To redeem this offer you must have a valid prescription for Auvelity® (dextromethorphan HBr and bupropion HCl) extended-release tablets 45mg/105mg. Follow the dosage instructions given by the doctor. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section. Patients with questions about the **Auvelity On My Side Savings Offer** should call 1- 800-805-8621.

**To the Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription.** Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section.

Please see full [Prescribing Information](#), including [Boxed Warning](#), and [Medication Guide](#).

**axsome**®