

**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**

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

BIN# 025706  
PCN IFX  
GRP# AUVRET  
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.

The AUVELITY Savings Card will allow up to two fills at as little as \$10 each for commercially insured patients; afterwards, patients must have approved coverage to continue to receive the benefit. Your insurance company may require a prior authorization be submitted by your healthcare provider to approve coverage. Not valid for patients with Medicare, Medicaid or other federal or state government insurance programs.

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

### For Pharmacists

#### **How to redeem (for eligible patients with commercial insurance):**

1. Submit the claim to the commercial payer as primary.
2. Submit the AUVELITY On My Side Savings Card as the secondary payer. Valid Other Coverage Code required.
  - For Commercially insured patients, with approved coverage, use Coverage Code 08.
  - For Commercially insured patients, without approved coverage, use Coverage Code 03.

Note: Coverage Code .03 can be used up to two (2) times; afterwards, approved coverage must be on file for continued support.

**For any questions regarding 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 InfinityRx 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**®