



Commerically Insured Patients  
**pay as little as \$10\***  
for up to a 90-day prescription

## AUVELITY Savings Program

This Savings Card may help you get your AUVELITY prescription for **as little as \$10\*** for up to a 90-day prescription.

To receive this offer, bring a valid prescription and this AUVELITY savings card to the Pharmacy.

\*See below for program eligibility, terms and conditions.



**BIN:** 025706

**PCN:** IFX

**Group:** AUVRET

**ID:** 59701642578

**Save this savings offer to use on future prescriptions**

### AUVELITY® (dextromethorphan HBr and bupropion HCl) Savings Card Terms & Conditions

This Co-Pay Assistance Program is designed to assist eligible commercially insured patients who have been prescribed an Axsome medicine for an FDA-approved indication.

#### Patient Benefit:

- Eligible patients will pay as little as \$10 for up to a 90-day supply with a valid prescription for an FDA approved indication; monthly, annual, and/or per-claim maximum program benefits may apply and vary depending on the patients' specific terms of their prescription drug plan and to ensure that the funds are used for the benefit of the patient, based on factors determined by Axsome.

#### Program Eligibility Requirements and Benefits:

- Patients must have commercial (private) health insurance. This program is not valid where the entire cost of the medication is reimbursed by insurance or where insurance does not cover the medication.
- Offer not valid for patients with prescription insurance through federal or state healthcare programs, including but not limited to Medicaid, Medicare drug benefit plan, Tricare, or other federal or state health programs (such as medical assistance programs).
- Some prescription drug plans have implemented programs commonly known as "co-pay maximizer" or "accumulator" programs. These programs adjust the patient's out-of-pocket cost to reflect the availability of financial support received from a co-pay support program, so that out-of-pocket payments that are subsidized by a manufacturer's co-pay program are not treated as a patient's out-of-pocket payments. Patients enrolled in these types of programs may receive benefits from the Axsome Co-Pay Program that vary over time to ensure funds are used for the benefit of the patient.
- This offer may not be redeemed for cash.
- Patient must be a resident of the United States or U.S. territories.
- Patient or patient's guardian must be 18 years of age or older.
- Patients with questions about the Auvelity On My Side Savings Offer please call 1-800-805-8621.

#### Additional Terms & Conditions of Program:

- By using this offer, the patient and pharmacist certify that the patient meets the eligibility criteria and will comply with all the terms and conditions.

- Cash Discount Cards and other non-insurance plans are not valid as primary insurer under this offer. 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 patient. This co-pay offer cannot be combined with any other savings, free trial, or similar offer(s) for the specified prescription.
- Void where prohibited by law. Not valid if reproduced.
- **This program is not insurance.**
- Axsome Therapeutics reserves the right to rescind, revoke or amend this offer without notice at any time.

#### 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. You are certifying that you will comply with the terms and conditions described in the Restrictions section.
- For any questions regarding pharmacy processing, please call the Concierge Desk at 1-800-641-4654.

#### For commercially insured/covered claims:

1. Submit the claim to the primary Third-Party Payer first.
2. Submit the balance due to InfinityRx as a secondary claim with Other Coverage Code 08.

#### For commercially insured/not covered claims:

1. Submit the claim to the primary Third-Party Payer first.
2. If the primary claim response shows a prior authorization is required, please initiate the appropriate prior authorization process before proceeding with processing.
3. If the claim is not covered by the primary Third-Party Payer, submit a secondary claim to InfinityRx with Other Coverage Code 03.

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

**By using this card, you and your pharmacist understand and agree to comply with these eligibility requirements and terms of use.**

**axsome**

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