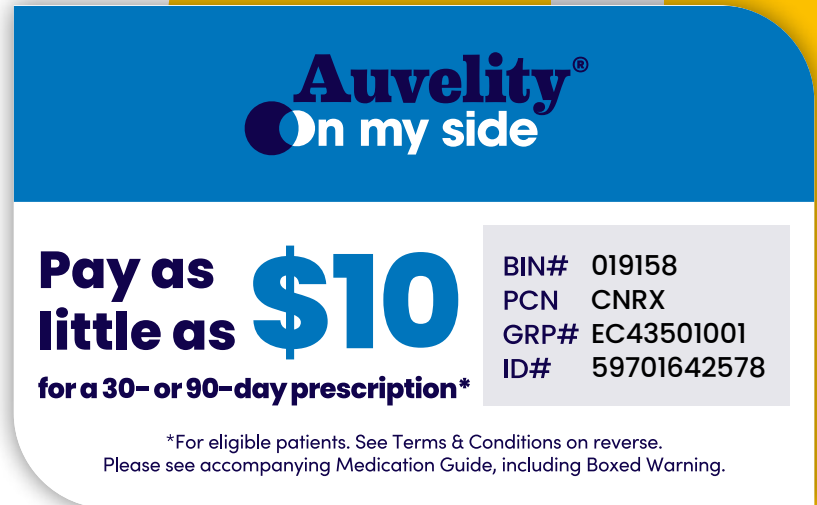


 **Auvelity**[®]
(dextromethorphan HBr and bupropion HCl)
extended-release tablets 45mg/105mg

Savings can be simple with the **Auvelity**[®] **On My Side** Savings Card



Scan the QR code to
get the savings card



Auvelity[®]
On my side

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

BIN#	019158
PCN	CNRX
GRP#	EC43501001
ID#	59701642578

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

Need help processing the savings card?

Follow the instructions to help address common issues that you may encounter when processing the AUVELITY savings card or **call the Help Desk for real-time support at 1-800-641-4654.**

General Instructions:

1. Submit the claim to a primary commercial third-party payer.
2. Enter a valid Other Coverage Code to appropriately apply the savings program:
 - If the primary commercial third-party payer APPROVED the claim, submit the balance due using Other Coverage Code 08 to SS&C Health.
 - If the primary commercial third-party payer DENIED the claim, be sure to submit the claim using Other Coverage Code 03 to SS&C Health. Depending on the reject code/reason provided by the primary commercial third-party payer, the savings card may approve the claim in full via Other Coverage Code 03. Note: the Other Coverage Code 03 can be used up to two times; afterwards, a PA determination must be on file for continued support.

For Prior Authorization support, please visit account.covermymeds.com.



Walgreens[®], please use the following steps:

1. Follow the General Instructions on the front.
2. Further Walgreens Pharmacy information is posted on StoreNet at StoreNet > Third Party > Coordination of Benefits (COB) > Auto-Coordination of Benefits (ACOB).
3. For real-time support, contact the Help Desk at 1-800-641-4654.

Walmart[®], please use the following steps:

1. Submit the claim to a primary commercial third-party payer.
2. If the primary commercial third-party payer APPROVES the claim, submit the balance due using "OCC" (Other Coverage Code) "8" to SS&C Health. If there is a rejection then bypass the rejection, and run the claim as a secondary payer by either choosing "OCC" "3" or selecting "have insurance coverage, no payment collected". Depending on the reject code/reason provided by the primary commercial third-party payer, the savings card may approve the claim in full via "OCC" "3".
3. For real-time support, contact the Help Desk at 1-800-641-4654.

CVS Pharmacy[®], please use the following steps:

1. Follow the General Instructions on the front.
2. If any issues are encountered, contact the CVS Help Desk.
3. For real-time support, contact the Help Desk at 1-800-641-4654.

Rite Aid[®], please use the following steps:

1. Follow the General Instructions on the front.
2. For real-time support, contact 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 with private health insurance coverage. 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 Therapeutics, 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**.