

APPEALS GUIDE:

Key Steps in Appealing a Denial and Process Checklist for Auvelity™

- Introduction to appeals
- Key steps in appealing a health plan's denial of Auvelity
- Appeals checklist

Introduction to Appeals

What Is an Appeal?

There are occasions when a health plan may deny coverage for Auvelity even if treatment is medically necessary. In the event that a health plan denies a prior authorization (PA), medical exception (ME), or request for reauthorization, your patient has the right to appeal the decision. Under these circumstances, you may be required to submit an appeal to your patient's health plan.

How This Guide Can Help With Appeals

To help you understand the process of appealing a denial for Auvelity, this guide includes



**Key steps in appealing
a denial**

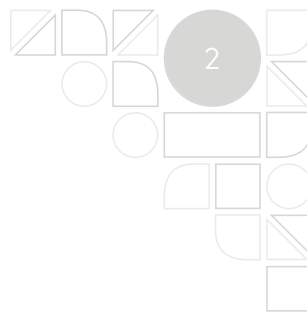


Appeals Checklist

DISCLAIMER: The completion and accuracy of this form is the sole responsibility of the healthcare provider.

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

Key Steps in Appealing a Health Plan's Denial of Auvelity



Once you have identified the need for an appeal, please follow the steps below:

Step 1: Understand the reason for the denial

There can be several reasons that coverage for Auvelity may be denied. Therefore, you should read the denial letter carefully to understand why. You may also call and speak with the health plan. This may help you better understand the reason for the denial and find a way to quickly resolve the matter.

- One of the main reasons that PA or ME requests are denied is incomplete or inaccurate information on the form
- Check to ensure all information is complete and accurate. Resubmit the form and required information



When submitting an appeal, timing is critical. Refer to the denial letter to find out the timelines for submitting your appeal.

Step 2: Gather forms and documents necessary for appeal

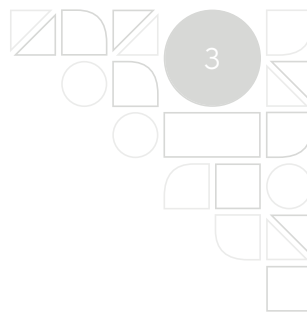
To communicate your reasoning for the appeal, you may need to gather many forms and documents.

- Make sure you have the proper appeal form for that health plan. Appeal forms can be obtained through the health plan's website or by contacting the health plan's customer service
- Include a formal letter of appeal, if required
 - Refer to the **Letter of Appeal Template for Auvelity** and the **How-To Guide: Letter of Appeal for Auvelity**, available at www.auvelityhcp.com/samples-support, for support
- Providing additional documentation may help justify the use of Auvelity. These documents may include
 - Patient clinical notes, including relevant medical records and treatment history
 - Clinical studies or peer-reviewed journal articles documenting the medical effectiveness of Auvelity
 - Auvelity full Prescribing Information available at www.axsome.com/auvelity-prescribing-information.pdf



It may be helpful to contact the health plan directly to have a peer-to-peer discussion regarding the patient, clinical issues, and the reasons for prescribing Auvelity. This may help the health plan better understand your treatment decision and appeal.

Key Steps in Appealing a Health Plan's Denial of Auvelity (cont'd)



Step 3: Submit the appeal for the denial

- Determine whether the information should be shared over the phone, faxed, emailed, or submitted via the health plan's website. This information is often listed on the actual form. Include supplemental documents in your submission
- Keep a copy of everything your practice or facility submits with the request. You may need to reference these documents later

Step 4: Monitor the appeal

- Follow up with the health plan to confirm that your request was received and to check the status of its decision. Notify the patient when your office may need their involvement



At the end of the appeals process, the health plan must provide you and your patient with a written decision. If coverage is denied, your patient may need to take additional steps to gain coverage.

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



Appeals Checklist for Auvelity™ (dextromethorphan–bupropion) Steps for Appealing a Denial

☐ Step 1: Understand the reason for the denial

- ☐ Read the denial letter from the health plan to identify the reason for denial
- ☐ Obtain a written description of the health plan's appeals process to understand the instructions for appealing the denial
- ☐ Optional: Contact the health plan to better understand the reason for denial and quickly resolve the matter

☐ Step 2: Gather forms and documents necessary for appeal

- ☐ Appeal form
 - Appeal forms can be obtained through the health plan's website or by contacting the health plan's customer service
- ☐ Letter of Appeal
 - Refer to the **Letter of Appeal Template for Auvelity** and the **How-To Guide: Letter of Appeal for Auvelity**, available at www.auvelityhcp.com/samples-support, for support

Additional documents to be considered:

- ☐ Patient clinical notes, including relevant medical records and treatment history
- ☐ Clinical studies or peer-reviewed journal articles documenting the medical effectiveness of Auvelity
- ☐ Auvelity full Prescribing Information available at www.axsome.com/auvelity-prescribing-information.pdf

☐ Step 3: Submit the appeal for the denial

- ☐ Submit the appeal form, letter of appeal, and supplemental documents per the health plan's guidelines and timeframes
- ☐ Keep a copy of everything submitted with the request
- ☐ Optional: Contact the health plan directly to have a peer-to-peer discussion. This may help the health plan better understand your treatment decision

☐ Step 4: Monitor the appeal

- ☐ Follow up with the health plan to confirm that your request was received and to check the status of its decision
- ☐ Notify the patient when your office may need their involvement

Print Checklist

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