Getting Your Patients Started on WAKIX®

WAKIX for You provides comprehensive support to help your patients get started and stay on track with WAKIX

Call **1-855-WAKIX4U** (1-855-925-4948)

Wakix®
pitolisant tablets

WAKIX for You™ Patient Support Program Overview

1 — Prescription Referral

Fax the completed WAKIX Prescription Referral Form to *WAKIX for You* at 1-855-635-8520.

To obtain a WAKIX Prescription Referral Form:
- Download an editable PDF from WAKIX.com
- Ask your WAKIX sales representative
- Call *WAKIX for You*

COMPLETE ALL FIELDS
An incomplete Prescription Referral Form may delay the process.
Be sure to include:
- Prescriber signature(s)
- Diagnosis code

Other important items to facilitate the process include:
- Titration *and* maintenance prescriptions
- Patient Services Authorization signature

INFORM PATIENTS
Tell your patients to expect a call from *WAKIX for You* (1-855-925-4948).

POTENTIAL CONTACT POINT
Your *WAKIX for You* Patient Case Manager may call your office:
- For prescription clarification
- If unable to contact your patient

2 — Coverage and Access

A — Coverage Determination

WAKIX for You will conduct a benefits investigation to:
- Determine patient insurance coverage
- Identify approval requirements (e.g., prior authorization [PA])

CONTACT POINT
WAKIX for You will communicate information required for benefits approval (e.g., PA, re-authorization). This information will be faxed, followed by a call from your Patient Case Manager.
Monitor your office fax for this communication.

If PA is required
Your Patient Case Manager can assist by providing any necessary forms for completion, as well as communicating any additional information needed (e.g., test results, medical history, past and current treatments).

If no PA is required, skip to Financial Support (2C).

B — Approval Process

Your Patient Case Manager will coordinate with the insurance plan and your office to help facilitate the PA and appeals process.

Once your office has completed and submitted the PA to the insurance plan, the insurance plan will notify your office directly of the decision (approval, denial, or additional information required).

COMPLETE AND SUBMIT THE PA
Your office must complete and submit PA requests and appeals directly to the insurance plan.

NOTIFY *WAKIX FOR YOU*
- Notify *WAKIX for You* of the decision (approval, denial, or additional information required) when received from the insurance plan
- Fax a copy of all PA and appeals submissions to *WAKIX for You*

REMEMBER
You can contact *WAKIX for You* for a sample letter of medical necessity.

C — Financial Support

Your Patient Case Manager will assess patient eligibility for financial support programs, such as:
- Copay program (patients may pay as little as $0)
- Patient assistance program (PAP)
- Third-party resources

REMEMBER
Patient Services Authorization signature on the WAKIX Prescription Referral Form is required for patient eligibility for financial support programs.

3 — Specialty Pharmacy

A — Receipt of Prescription

WAKIX for You will send the approved Prescription Referral Form to one of a select group of Specialty Pharmacies. Your office will receive a fax notification from *WAKIX for You* when this occurs.

The Patient Case Manager will inform the patient which Specialty Pharmacy will be dispensing their WAKIX prescription, and that the Specialty Pharmacy will be contacting them to arrange shipment.

POTENTIAL CONTACT POINTS
The Specialty Pharmacy may contact your office for:
- Drug utilization review (DUR) (e.g., drug interactions)
- Prescription clarification
- Newly identified insurance requirement
- Refill prescriptions when required

INFORM PATIENTS
Tell your patients to expect a call from the Specialty Pharmacy to arrange their shipment of WAKIX. (*WAKIX for You* will also communicate this to your patients.)

B — Delivery to Patient

The Specialty Pharmacy will call to review the patient's financial responsibility and coordinate directly with the patient to deliver WAKIX to the location of their choice.

The Specialty Pharmacy will dispense and ship WAKIX to the patient and offer assistance with titration support calls.

INFORM PATIENTS
The Specialty Pharmacy must speak live with the patient to schedule their first shipment and future refills.

CONTACT POINT
The Specialty Pharmacy will keep your office informed via fax communication when WAKIX is first shipped to your patient.
Monitor your office fax for this communication.

POTENTIAL CONTACT POINT
The Specialty Pharmacy may call your office with additional questions about reimbursement or distribution to patients.

C — Prescription Refills

The initial number of refills can be provided when completing the WAKIX Prescription Referral Form (maximum, 11 refills). Refills will be handled by the Specialty Pharmacy up to the number prescribed.

For re-authorizations, the Specialty Pharmacy will contact your office directly.
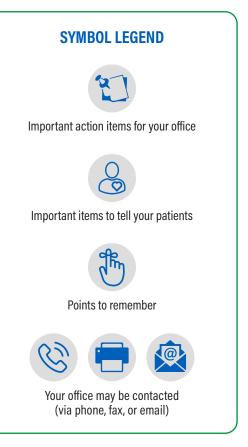
CALL IN DOSE CHANGES
Dose changes can be called in to the Specialty Pharmacy. If you are unsure which Specialty Pharmacy to call, contact *WAKIX for You* at 1-855-WAKIX4U (1-855-925-4948).

CONTACT POINT
The Specialty Pharmacy will contact your office when a new refill prescription is required. Refill prescriptions will be handled directly with the Specialty Pharmacy.

SYMBOL LEGEND

Important action items for your office

Important items to tell your patients

Points to remember

Your office may be contacted (via phone, fax, or email)

For questions or updates: Contact *WAKIX for You* at **1-855-WAKIX4U** (1-855-925-4948)

Patient Case Managers are available to assist you Monday–Friday from 8 AM–8 PM ET

WAKIX for You™ Program Overview

1 **Prescription Referral**

Healthcare provider office faxes the WAKIX Prescription Referral Form to 1-855-635-8520

2 **Coverage and Access**

WAKIX for You:
- Conducts a benefits investigation
- Helps facilitate prior authorization
- Assesses patient eligibility for financial support

3 **Specialty Pharmacy**

WAKIX for You sends the WAKIX Prescription Referral Form to the Specialty Pharmacy, which:
- Ships WAKIX directly to the patient
- Handles all refills

Contact *WAKIX for You*

1-855-WAKIX4U

(1-855-925-4948)

Your dedicated
Patient Case Manager:

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HARMONY BIOSCIENCES

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