WAKIX® (pitolisant) Prescription Form for VA Patients

Forward completed form to the VA Pharmacy. The VA Pharmacy will fax completed form to PANTHERx Rare Pharmacy at 1-866-387-4619.

PANTHERx Rare Pharmacy
Phone: 1-866-797-4135
DUNS #: 078411876

Please complete all fields to avoid delays in processing.

VA PATIENT INFORMATION

First name: Sex: ☐ M ☐ F	Address:
Last name:	City: State: ZIP:
DOB: / /	Email:
Home phone:	Preferred language other than English:
Mobile phone:	Authorized representative:
Preferred number: ☐ Home ☐ Mobile ☐ OK to leave message	Relationship to patient:
Best time to reach me: ☐ Morning ☐ Afternoon ☐ Evening	Phone number (authorized representative): ☐ OK to leave message

☐ Check here for delivery directly to patient's shipping address listed above. If information is incomplete, the prescription will be shipped to the VA pharmacy listed below.

VA PHARMACY INFORMATION

VA name:	Payment method: ☐ Credit card (call pharmacy contact) ☐ E-Invoice Tungsten Network
Address:	
City: State: ZIP:	**Purchase Order #**:
Primary purchasing contact:	Secondary purchasing contact:
Phone: Fax:	Phone: Fax:
Email:	Email:
Primary clinical contact:	Secondary clinical contact:
Phone: Fax:	Phone: Fax:
Email:	Email:

PRESCRIBER INFORMATION

Prescriber name:	Address:
License #: or NPI #:	City: State: ZIP:
Office contact name:	Email:
Office contact phone:	Phone: Fax:

DIAGNOSIS

Diagnosis (ICD-10): ☐ G47.411 Narcolepsy with cataplexy ☐ G47.419 Narcolepsy without cataplexy	☐ Other (specify):

WAKIX® (pitolisant) PRESCRIPTION INFORMATION Check titration prescription, maintenance prescription, or BOTH.

See Full Prescribing Information for recommended dosage and dosage modifications.

ADULT PATIENTS: WAKIX Titration Prescription (No Refills) Take once daily in the morning, upon wakening.	**ADULT PATIENTS:** WAKIX Maintenance Prescription Take once daily in the morning, upon wakening.
☐ Titration to 17.8 mg 8.9 mg (two 4.45-mg tablets [NDC 72028-045-03]) PO once daily x 7 days (14 tablets) 17.8 mg (one 17.8-mg tablet [NDC 72028-178-03]) PO once daily x 23 days (23 tablets)	☐ 17.8 mg (one 17.8-mg tablet [NDC 72028-178-03]) PO once daily x _____ days #_____ tablets ☐ 35.6 mg (two 17.8-mg tablets [NDC 72028-178-03]) PO once daily x _____ days #_____ tablets
☐ Titration to 35.6 mg 8.9 mg (two 4.45-mg tablets [NDC 72028-045-03]) PO once daily x 7 days (14 tablets) 17.8 mg (one 17.8-mg tablet [NDC 72028-178-03]) PO once daily x 7 days (7 tablets) 35.6 mg (two 17.8-mg tablets [NDC 72028-178-03]) PO once daily x 16 days (32 tablets)	☐ Other: x _____ days #_____ tablets
☐ Other:	#Refills: _____

I authorize the VA Pharmacy to act on my behalf for the purpose of transmitting this prescription to the PANTHERx Rare Pharmacy for the purpose of processing and dispensing this prescribed medication for my patient.

» **Prescriber Signature** (*Dispense as written.*)	» **Prescriber Signature** (*Substitution permissible.*)
Date (MM/DD/YYYY):	Date (MM/DD/YYYY):

Original signature required. Signature stamp not acceptable.

HARMONY BIOSCIENCES

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