

**Patient Prescription Form – Veterans Administration (VA) ONLY**

Patient Last Name \_\_\_\_\_  
 Patient First Name \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_  
 Other Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Patient ID \_\_\_\_\_  
 Language Preference:  English  Spanish  Other \_\_\_\_\_  
 Best Time to Call Patient:  AM \_\_\_\_\_  PM \_\_\_\_\_  
 Indicate ICD-10 Code(s):  
 G47.24 CRSD, free-running type (Non-24)  H54.0 Blindness, both eyes  
 Patient Allergies \_\_\_\_\_  
 Other Current Medications \_\_\_\_\_

Today's Date \_\_\_\_\_  
 Date Rx Needed \_\_\_\_\_  
 Prescriber Name \_\_\_\_\_  
 Prescriber DEA Number \_\_\_\_\_  
 Prescriber Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 Prescriber Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Office Contact Name \_\_\_\_\_  
 Office Contact Phone Number \_\_\_\_\_

**VA Pharmacy Information** (Fill out entirely)

**VA Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
**VA Pharmacist Name** \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 Walgreens Distribution Account #: \_\_\_\_\_

**Shipping Information**

Check below for direct delivery to patient. If any information is omitted, product will be shipped to the VA Pharmacy.

Patient

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**For further information on HETLIOZ<sup>®</sup>, please refer to the full Prescribing Information.**

**HETLIOZ<sup>®</sup> Prescription**

(Please print. All information marked with an \* is required.)

Quantity\*: \_\_\_\_\_ Refills\*: \_\_\_\_\_  
 Dosing Instructions: 20mg prior to bedtime, at same time every night  
 Date \* \_\_\_\_\_

**PRESCRIBER SIGNATURE\***

**How to Fill a HETLIOZ<sup>®</sup> (tasimelteon) prescription in the Veterans Administration (VA)**

- 1) Prescriber completes patient prescription form
- 2) Prescriber sends prescription to the VA Pharmacy  
 The following information must be filled in:
  - i. Rx must include Account Number
  - ii. Rx must include VA address (Name, Street, City, State, Zip)
  - iii. Rx must include VA Pharmacist contact information (Name, Phone and Fax #)
- 3) VA Pharmacist faxes the form, including prescription, to:  
 Walgreens Specialty at 1-888-591-8482
- 4) Prescriber advises patient that a representative from Walgreens Specialty will be in contact
- 5) Walgreens Specialty Pharmacist conducts patient education
- 6) Walgreens Specialty Pharmacy ships HETLIOZ<sup>®</sup> to the VA Pharmacy or directly to the patient
- 7) VA Pharmacist gives HETLIOZ<sup>®</sup> to VA patient
- 8) Walgreens Specialty faxes delivery confirmation summary to ordering pharmacy within 72 hours for prescriptions shipped directly to the patient