# Waylis Access & Affordability Program

ProModRx

**Phone: (888) 218-8897 • Fax: (844) 470-1931**

## Prescription Information and Enrollment Form

**Please fax completed form to the Waylis Program: (844) 470-1931.**

| **PATIENT INFORMATION** (REQUIRED) | | | |
|---|---|---|---|
| First Name: | Last Name: | Date of Birth:<br>Gender: ☐Female ☐Male | |
| Cell Phone: | Home Phone: | Email: | |
| Preferred Method of Contact: ☐ Phone Call ☐ Text ☐ Email | | | |
| Address: | City: | State: | Zip: |

| **PRESCRIBER INFORMATION** (REQUIRED) | | | |
|---|---|---|---|
| First Name: | Last Name: | NPI: | |
| Phone: | Fax: | Email: | |
| Address: | City: | State: | Zip: |
| Prior Auth Coordinator: | Email: | | |
| Phone: | Ext: | Fax: | |

| **PATIENT DIAGNOSIS** (REQUIRED) | |
|---|---|
| ICD-10 Code: | Allergies: |
| Diagnosis: | |
| Height (cm/in): | Weight (kg/lb): |
| New to Therapy: ☐ Yes ☐ No, Start Date of Current Therapy: _____ | |

| **CURRENT MEDICATIONS** (REQUIRED) | | |
|---|---|---|
| **Drug Name** | **Drug Name** | **Drug Name** |
| • | • | • |
| • | • | • |
| • | • | • |
| • | • | • |

| **PRESCRIPTION INFORMATION** (REQUIRED) | | |
|---|---|---|
| ☐ **LUNESTA 1mg Tablets** | ☐ **LUNESTA 2mg Tablets** | ☐ **LUNESTA 3mg Tablets** |
| Quantity: | Day Supply: | Refills: |
| Directions: | | |
| **Prescriber Signature:** | | **Date:** |
| Brand Medically Necessary (**Must Handwrite**): | | |