

XYREM REMS PROGRAM PRESCRIBER ENROLLMENT FORM

XYREM[®] (sodium oxybate) oral solution 500 mg/mL



**Fax completed form to XYREM REMS Program at 1-866-470-1744 (toll free),
OR scan and e-mail to XYREMPrescribers @express-scripts.com
OR mail to: XYREM REMS Program, PO Box 66589, St. Louis, MO 63166-6589
For further information, please call the XYREM REMS Program at 1-866-997-3688**

Step 1: ALL BOXES BELOW MUST BE CHECKED IN ORDER FOR THE ENROLLMENT PROCESS TO BE COMPLETE AND BEFORE YOU CAN ENROLL PATIENTS AND PRESCRIBE XYREM

- I understand that XYREM is approved for the treatment of:
 - Cataplexy in narcolepsy
 - Excessive daytime sleepiness (EDS) in narcolepsy

- I have read the Prescribing Information (PI) and the XYREM REMS Program Prescriber Brochure and understand that:
 - XYREM is a Schedule III CNS depressant and can cause obtundation and clinically significant respiratory depression at recommended doses
 - Alcohol and sedative hypnotics are contraindicated in patients who are using XYREM
 - Concurrent use of XYREM with other CNS depressants, including but not limited to opioid analgesics, benzodiazepines, sedating antidepressants or antipsychotics, sedating anti-epileptics, general anesthetics, muscle relaxants, and/or illicit CNS depressants, may increase the risk of respiratory depression, hypotension, profound sedation, syncope, and death
 - Patients who have sleep apnea or compromised respiratory function (e.g., asthma, COPD, etc.) may be at higher risk of developing respiratory depression, loss of consciousness, coma, and death with XYREM use

I agree to:

- Enroll each patient in the XYREM REMS Program
- Screen each patient for history of alcohol or substance abuse, sleep-related breathing disorders, compromised respiratory function, depression, suicidality, and concomitant use of sedative hypnotics, other CNS depressants, or other potentially interacting agents
- Counsel each patient prior to initiating therapy on the serious risks and safe use, handling, and storage of XYREM
- Evaluate patients within the first 3 months of starting XYREM. It is recommended that patients be re-evaluated every 3 months thereafter while taking XYREM
- Report all potential serious adverse events, including CNS depression, respiratory depression, loss of consciousness, coma, and death, and any cases of suspected abuse, misuse, or diversion to Jazz Pharmaceuticals

Step 2: TO HELP EXPEDITE THE ENROLLMENT PROCESS, PLEASE PRINT CLEARLY (*denotes required field)

Prescriber Information			
*FIRST NAME:	M.I.:	*LAST NAME:	*PROF. DESIGNATION (MD, DO, PA, NP):
*DEA No.:	*STATE LICENSE No.:	*NPI No.:	
FACILITY/PRACTICE NAME:			
*STREET ADDRESS:			
*CITY:	*STATE:	*ZIP CODE:	
*PHONE:	*FAX:	E-MAIL:	
OFFICE CONTACT:		OFFICE CONTACT PHONE:	

Step 3: PRESCRIBER SIGNATURE IS REQUIRED BELOW FOR ENROLLMENT IN THE XYREM REMS PROGRAM

By signing below, I acknowledge the above attestations, and I understand that my personally identifiable information provided above will be shared with Jazz Pharmaceuticals, Inc., its agents, contractors, and affiliates and entered into a prescriber database for the XYREM REMS Program. I agree that I may be contacted in the future by mail, e-mail, fax, and/or telephone concerning XYREM, the XYREM REMS Program, and other XYREM programs and services.

***Prescriber Signature:** _____ ***Date:** _____

**Report SERIOUS ADVERSE EVENTS by contacting Jazz Pharmaceuticals
at 1-800-520-5568 or jazzsafety@jazzpharma.com**