

# XYREM REMS PROGRAM PRESCRIPTION FORM

XYREM<sup>®</sup> (sodium oxybate) oral solution 500 mg/mL



Fax completed form to XYREM REMS Program: 1-866-470-1744 (toll free)  
OR mail to: XYREM REMS Program, PO Box 66589, St. Louis, MO 63166-6589  
For more information, call the XYREM REMS Program at 1-866-997-3688 (toll free)

Please Print (\*denotes required field)

### Prescriber Information

*FIRST NAME:	M.I.:	*LAST NAME:	*NPI No.:	*DEA No.:
*STREET ADDRESS:				*PHONE:
*CITY:	*STATE:	*ZIP CODE:	*FAX:	
OFFICE CONTACT:		OFFICE CONTACT PHONE:	*STATE LICENSE No.:	

### Patient Information

*FIRST NAME:	M.I.:	*LAST NAME:	*PRIMARY PHONE:
*DATE OF BIRTH (MM/DD/YYYY):		*Gender: <input type="checkbox"/> M <input type="checkbox"/> F	CELL PHONE:
*ADDRESS:			WORK PHONE:
*CITY:	*STATE:	*ZIP CODE:	E-MAIL:

\*MEDICATIONS: (list all known current prescription and non-prescription medications and dosages or submit as a separate page)  
 Check box if separate page attached

Please complete either the fixed dosing or titrated dosing section.

### Fixed XYREM Dosing

Dose: First dose (bedtime): \_\_\_\_\_ g + Second dose (2.5 to 4 hours later): \_\_\_\_\_ g = \_\_\_\_\_ g Total Nightly Dose

### Titrated XYREM Dosing (First dose is at bedtime; second dose is taken 2.5 to 4 hours later)

Starting Dose:	First dose: _____ g	+	Second dose: _____ g	=	_____ g	Total Nightly Dose for _____ days
1 <sup>st</sup> Titration:	First dose: _____ g	+	Second dose: _____ g	=	_____ g	Total Nightly Dose for _____ days
2 <sup>nd</sup> Titration:	First dose: _____ g	+	Second dose: _____ g	=	_____ g	Total Nightly Dose for _____ days
3 <sup>rd</sup> Titration:	First dose: _____ g	+	Second dose: _____ g	=	_____ g	Total Nightly Dose for _____ days

### Dispensing Instructions

Total Quantity: 1 2 3 month(s) supply (circle one) (initial prescription fill cannot exceed 1 month of therapy; refills cannot exceed 3 months)	Refills: 0 1 2 3 4 5 (circle one)
Directions: Take first dose p.o., diluted in ¼ cup of water at bedtime. Take second dose p.o., diluted in ¼ cup of water 2.5 to 4 hours later.	
Note: Prepare both doses at the same time prior to bedtime. The XYREM shipment does not include water for dilution.	
Special Instructions:	

**Prescriber Verification**—My signature below signifies that: I understand the statements and agree to the REMS requirements which are found on the back of this form; XYREM is medically appropriate for this patient; and, I have informed the patient that the XYREM REMS Program will send him or her a copy of the XYREM Medication Guide with each prescription fill and a XYREM REMS Program Patient Quick Start Guide prior to his or her first prescription fill, if I have not previously provided one.

*Prescriber Signature: _____	*Date: _____
Supervising Physician Signature: _____ (If required by state law for prescriptions written by NPs or PAs)	Date: _____

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**Prescriber:** Signature verification is required on the **front** page of this XYREM REMS Program Prescription Form as acknowledgment that you have an understanding of and/or agree to the following:

**I understand that XYREM is approved for:**

- Treatment of cataplexy in narcolepsy
- Treatment of excessive daytime sleepiness (EDS) in narcolepsy

**I understand that:**

- XYREM is a 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
  - If use of these CNS depressants in combination with XYREM is required, dose reduction or discontinuation of one or more CNS depressants (including XYREM) should be considered
  - If short-term use of an opioid (e.g., post- or perioperative) is required, interruption of treatment with XYREM should be considered
- 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
- XYREM is a Schedule III controlled substance with potential for abuse and misuse
- Safe use and handling by patients is important in order to prevent abuse/misuse and accidental exposure to family/friends including children
- XYREM is to be prescribed only to patients enrolled in the XYREM REMS Program

**I have read and understand the Prescribing Information and XYREM REMS Program Prescriber Brochure.**

**I have screened this patient for:**

- History of alcohol or substance abuse
- History of sleep-related breathing disorders
- History of compromised respiratory function
- Concomitant use of sedative hypnotics, other CNS depressants, or other potentially interacting agents
- History of depression or suicidality

**I have counseled this patient on:**

- The serious risks associated with XYREM
- Contraindications (alcohol and sedative hypnotics)
- Risk of concomitant use of XYREM with alcohol, other CNS depressants, or other potentially interacting agents
- Preparation and dosing instructions for XYREM
- Risk of abuse and misuse associated with use of XYREM
- Risk of operating hazardous machinery, including automobiles or airplanes, for the first 6 hours after taking a dose of XYREM
- Preparation and dosing instructions for XYREM
- Safe use, handling, and storage of XYREM