

**SODIUM OXYBATE REMS PROGRAM
PRESCRIPTION FORM**

Sodium oxybate oral solution 500 mg/mL

Sodium Oxybate
REMS Program

Fax the completed *Sodium Oxybate REMS Program Prescription Form* to one of the certified pharmacies for the patient.
You can look up certified pharmacies on www.SodiumOxybateREMSProgram.com,
or call the Sodium Oxybate REMS Program at 855-705-2424.
For more information, please call the Sodium Oxybate REMS Program at 855-705-2424.

Please Print (*denotes required field)

Prescriber Information			
*FIRST NAME:	M.I.:	*LAST NAME:	*DEA No.:
*STREET ADDRESS:			*PHONE:
*CITY:	*STATE	*ZIP CODE:	*FAX:
OFFICE CONTACT:	OFFICE CONTACT PHONE:		*NPI No.:
Patient Information			
*FIRST NAME:	M.I. (opt):	*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:	EMAIL:
*MEDICATIONS: (list all known current prescription and non-prescription medications and dosages or submit as a separate page) <input type="checkbox"/> Check box if separate page attached			

Please complete either the fixed dosing or titrated dosing section.

Fixed Sodium Oxybate Dosing

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

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

Starting Dose	First dose: _____ g +	Second dose: _____ g	=	Total Nightly Dose for _____ days
1 st Titration:	First dose: _____ g +	Second dose: _____ g	_____ g	Total Nightly Dose for _____ days
2 nd Titration:	First dose: _____ g +	Second dose: _____ g	=	Total Nightly Dose for _____ days
3 rd 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 sodium oxybate shipment does not include water for dilution.	
Special Instructions:	

Prescriber Verification – My signature below signifies that: I understand the statements and agree to the Sodium Oxybate REMS Program requirements which are found on the back of this form; sodium oxybate is medically appropriate for this patient; and, I have informed the patient that the Sodium Oxybate REMS Program will send him or her a copy of the sodium oxybate Medication Guide with each prescription fill and a *Sodium Oxybate 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: _____ Date: _____
(if required by state law for prescriptions written by NPs or PAs)

Note: This form may not satisfy all legal requirements for prescribing sodium oxybate in your state. Please submit all prescriptions in accordance with applicable state laws.

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

I understand that sodium oxybate is approved for:

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

I understand that:

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

I have read and understand the Prescribing Information (PI) and *Sodium Oxybate 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 sodium oxybate
- Contraindications (alcohol and sedative hypnotics)
- Risk of concomitant use of sodium oxybate with alcohol, other CNS depressants, or other potentially interacting agents
- Preparation and dosing instructions for sodium oxybate
- Risk of abuse and misuse associated with use of sodium oxybate
- Risk of operating hazardous machinery, including automobiles or airplanes, for the first 6 hours after taking a dose of sodium oxybate
- Preparation and dosing instructions for sodium oxybate
- Safe use, handling, and storage of sodium oxybate

Pharmacy Use Only – My signature below signifies that: I have contacted the Xyrem REMS Program to:

- Verify that the patient has no other active prescriptions for sodium oxybate that overlap with the current prescription
- Verify the patient/prescriber has not been disenrolled in the Xyrem REMS Program for suspected abuse, misuse, or diversion
- Report this prescription filled for sodium oxybate

*Pharmacist Name (please print): _____ *Phone: _____

*Pharmacist Signature: _____ *Date: _____