XYREM® REMS PROGRAM PRESCRIBER ENROLLMENT FORM

XYREM (sodium oxybate) oral solution 0.5 g/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.

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

- [x] Enroll each patient in the XYREM REMS Program
- [x] 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
- [x] Counsel each patient prior to initiating therapy on the serious risks and safe use, handling, and storage of XYREM
- [x] 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
- [x] 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: Diwakar	M.I.:	*LAST NAME: Balachandran	*PROF. DESIGNATION (MD, DO, PA, NP): MD
*DEA No.: BB6055099	*STATE LICENSE No.: L5669		*NPI No.: 1571325030
FACILITY/PRACTICE NAME: UT MD Anderson Cancer Center			
*STREET ADDRESS: 1400 Pressler Unit 403			
*CITY: Houston	*STATE: TX		*ZIP CODE: 77030
*PHONE: 7137924017	*FAX: 7137453949	E-MAIL: dbalachandran@mdanderson.org	
OFFICE CONTACT: Vickie Murphy, PAC, V. Esquivel, RN		OFFICE CONTACT PHONE: 7137924017	

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:** [signature] ***Date:** 08/17/2016

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

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Please Print (*denotes required field)

Patient Information

*FIRST NAME: Jeffrey	M.I.: T.	*LAST NAME: Bodin	*PRIMARY PHONE: 985 264 5272
*DATE OF BIRTH (MM/DD/YYYY): 05/22/1997		*GENDER: ● M ○ F	CELL PHONE: 9852645277
*ADDRESS: 528 BEAU CHENE DR			WORK PHONE: N/A
*CITY: MANDEVILLE		*STATE: LA / *ZIP CODE: 70471	E-MAIL: MLJSCOMP@CHARTER.NET

Insurance Information

DOES PATIENT HAVE PRESCRIPTION COVERAGE?	● YES (Provide photocopy of both sides of Insurance Identification Card with this form)		○ NO
POLICY HOLDER'S NAME: MARK BODIN		POLICY HOLDER'S DATE OF BIRTH: 09/12/1962	
INSURANCE COMPANY NAME: Blue Cross Blue Shield of Louisiana		RELATIONSHIP TO PATIENT: FATHER	
INSURANCE PHONE: 800-363-9150	RxID No.: ?	RxGrp No.: BSLA BC PLAN 170 BS PLAN 670	
RxBIN No.: 003858 PCN-A4	RxPCN No.: ?	Group 77307FF4/0000	

Prescriber Information

*FIRST NAME: Diwakar	M.I.:	*LAST NAME: Balachandran	*DEA No.: BB6055099
*STREET ADDRESS: 1400 Pressler Unit 403			*PHONE: 7137924017
*CITY: Houston		*STATE: TX / *ZIP CODE: 77030	*FAX: 713745393/9
OFFICE CONTACT: VICKIE MURPHY DAC		OFFICE CONTACT PHONE:	*NPI No.: 1571325030

V. ESQUIVEL RN

PATIENT: FORM MUST BE SIGNED BEFORE ENROLLMENT CAN BE PROCESSED.

By signing below, I acknowledge that:

- My doctor/prescriber has counseled me on the serious risks and safe use of XYREM
- I have asked my doctor/prescriber any questions I have about XYREM

***Patient/Guardian Signature:** [signature] ***Date:** 8/23/16

***Printed Guardian Name (if applicable):** Jeffrey Bodin.

PRESCRIBER: FORM MUST BE SIGNED BEFORE ENROLLMENT CAN BE PROCESSED.

By signing below, I acknowledge that:

- I have counseled the patient about the serious risks associated with the use of XYREM and the safe use conditions as described in the XYREM REMS Program Patient Quick Start Guide
  - ☐ I have provided the patient with the XYREM REMS Program Patient Quick Start Guide (optional)

***Prescriber Signature:** [signature] ***Date:** 8/17/16

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BlueCross BlueShield of Louisiana

PreferredCare. PPO

An independent licensee of the Blue Cross and Blue Shield Association.
Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company

Member Name
MARK BODIN
Member ID
XUP200597860

MCGLINCHEY STAFFORD

Grp/Subgroup	77307FF4/0000
RxMbr ID	200597860
RxBIN	003858 PCN-A4
RxGrp	BSLA

BC PLAN 170 BS PLAN 670

Deductible	$650
Coinsurance: Preferred	90%/10%
All Other Providers	70%/30%

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BlueCross BlueShield of Louisiana

An independent licensee of the Blue Cross and Blue Shield Association.

Hospitals and Physicians: File claims with your local Blue Cross and/or Blue Shield Plan.
File Medicare primary claims with Medicare.

Blue Cross and Blue Shield of Louisiana provides administrative services only and does not assume any financial risk for claims.

www.bcbsla.com

Customer Service	800-363-9150
Find a Provider	800-810-2583
Authorizations	800-523-6435
Pharmacy Questions	866-781-7533

Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

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EXPRESS SCRIPTS

Pharmacy Benefits Administrator