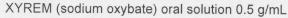
## XYREM®REMS PROGRAM PRESCRIBER ENROLLMENT FORM





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: Diwakar	M.I.:	*LAST NAME:	Balachandran	n *PROF. DESIGNATION MD (MD, DO, PA, NP):
*DEA No.: BB6055099	*STATE LICENSE No.: L5669			*NPI No.: 1571325030
FACILITY/PRACTICE NAME: UT MD Ander	son Cancer	Center		
*STREET ADDRESS: 1400 Pressler Unit 40	)3			
*CITY: Houston		*STATE: TX		*ZIP CODE: 77030
*PHONE: 7137924017	*FAX: 7137	7453949		E-MAIL: dbalachandran@mdanderson.org
OFFICE CONTACT: Vickie Murphy, PAC, \	/. Esquivel, F	RN	OFFICE CONT	TACT PHONE: 7137924017

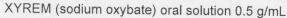
SPROGRAM	REM REMS	MENT IN THE XYREM	RESCRIBER SIGNATURE IS REQUIRED BELOW FOR ENR
4	REM REMS	MENT IN THE XYREN	RESCRIBER SIGNATURE IS REQUIRED BELOW FOR ENR

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:	D. Hulur	*Date: 08/17/2016	
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# XYREM®REMS PROGRAM PATIENT ENROLLMENT FORM





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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).

For more information, call the XYREM REMS Program at 1-866-997-3688 (toll free). Please Print (\*denotes required field) **Patient Information** \*LAST NAME: Bodin \*GENDER: 05/22/1997 DR MANDEVILLE \*STATE: LA \*ZIP CODE 70471 CHARTER NET **Insurance Information** DOES PATIENT HAVE PRESCRIPTION COVERAGE? YES (Provide photocopy of both sides of Insurance Identification Card with this form) ONO POLICY HOLDER'S NAME: MARK BODIN POLICY HOLDER'S DATE OF BIRTH: 09/12/1962 INSURANCE COMPANY NAME: 13 Luc Cross Blue Shield of Louisiana INSURANCE PHONE: 800 - 363 - 9150 PLAN 170 BS PLAN 670 RxID No.: RXBIN NO.: 003858 PCN-A4 **RXPCN No.:** Group 77307FF4/0000 **Prescriber Information** \*LAST NAME: Balachardran \*DEA No .: STREET ADDRESS: 1400 Pressler Unit 403 Houston 7703 OFFICE CONTACT: VICKIE MURPITY OFFICE CONTACT PHONE: \*NPI No.: 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 \*Date: 8/23/16 \*Patient/Guardian Signature: \*Printed Guardian Name (if applicable):

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

described in the XYREM REMS Program Patient Quick Start Guide

I have counseled the patient about the serious risks associated with the use of XYREM and the safe use conditions as

I have provided the patient with the XYREM REMS Program Patient Quick Start Guide (optional)

By signing below, I acknowledge that:

\*Prescriber Signature:



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PreferredCare.

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

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RxMbr ID 200597860
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### BlueCross BlueShield of Louisiana

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

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Baton Rouge, LA 70898-9029

Blue Cross and Blue Shield of Louisiana

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