



E-Prescribing Platform Manual

Table of Contents

<i>Table of Contents</i>	2
<i>Welcome</i>	3
<i>Register for Electronic Prescribing</i>	4
Register for EPCS – New Users.....	9
Register for EPCS – Existing Users	19
Complete EPCS Registration – All Users.....	21
<i>Start Electronic Prescribing</i>	24
<i>Appendix</i>	28

Welcome

This manual covers the main steps to sign up for electronic prescribing (e-prescribing) access for XYWAV[®] and XYREM[®].

The **first section** reviews the steps to register for e-prescribing, which include the following major steps:

1. **General registration**, which includes the creation of a login username and password for e-prescribing.
2. **Identity proofing** which checks credit information and demographic data to verify your identity.
Note: Prescribers who have already completed identity proofing in the past may not need to repeat this step.
3. **Electronic prescribing of controlled substances (EPCS) inregistration.**
Note: Prescribers who have already completed EPCS registration in the past may not need to repeat this step.
4. **Logical Access Control (LAC)** process, whereby a practice administrator (or other authorized personnel) can verify your status as a prescriber eligible to prescribe controlled substances.

The **second section** reviews the steps to log in and complete the XYWAV or XYREM REMS Prescription Form electronically.

If at any point you receive an error message in the process or require Support, either:

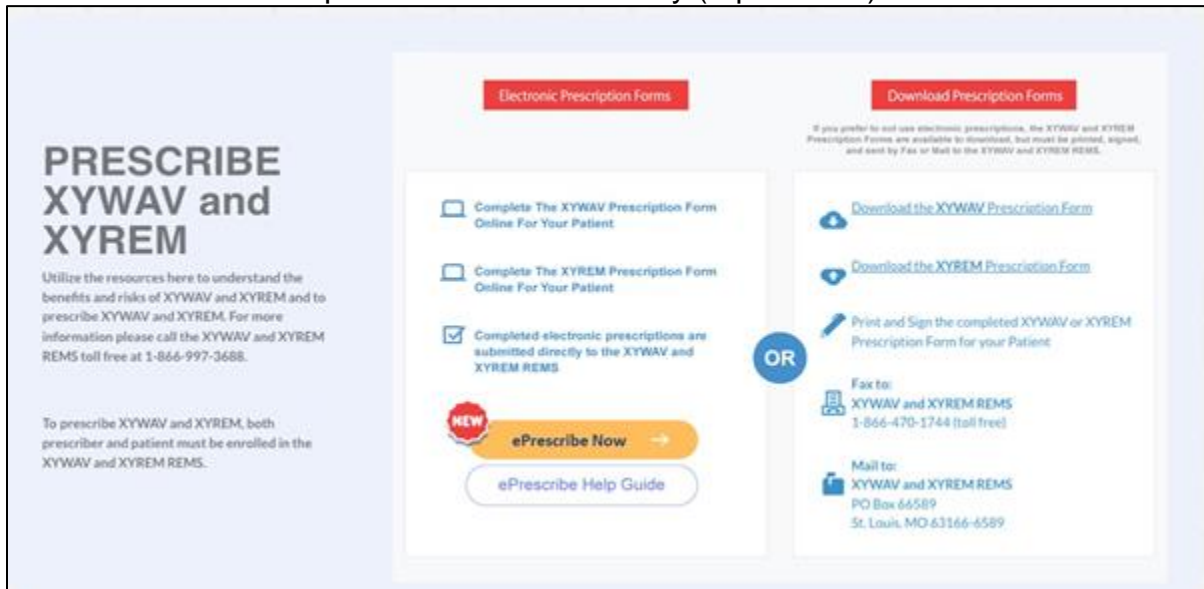
- Go to erxhelp.jazzpharma.com
- Or, call 855-863-1355

Register for Electronic Prescribing

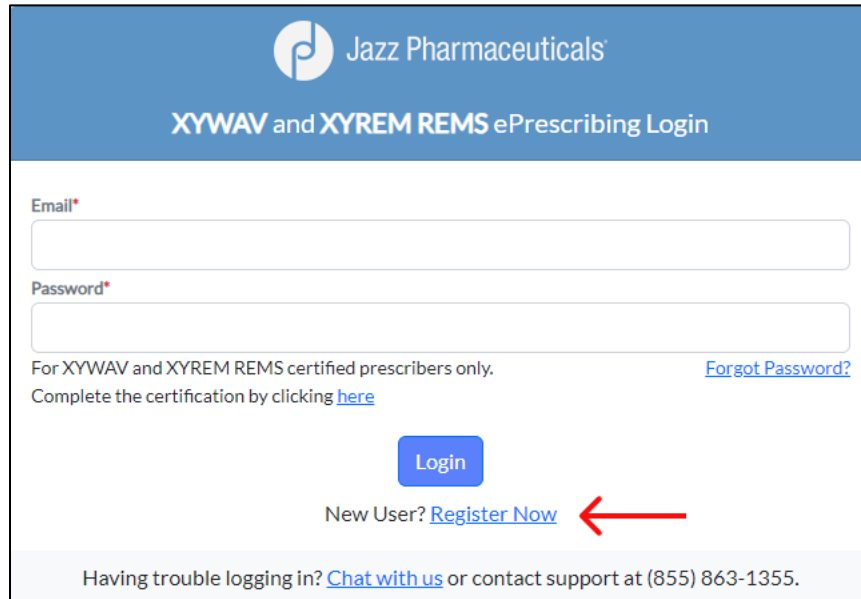
Prescribers certified in XYWAV[®] and XYREM[®] REMS prescribers can **register** for electronic prescribing of controlled substances (EPCS).

1. To begin registration, go to <https://www.xywavxyremrems.com/>.
2. Select **Prescribe XYWAV and XYREM** radio button.
3. Click **ePrescribe Now** to open a login screen.
4. For Support with any error messages, contact Jazz Pharmaceuticals[®] EPCS Support at 855-863-1355 **or submit a request** at erxhelp.jazzpharma.com.
5. Open the login screen. As this is your first time going through this process, you will need to select **Register Now** to sign up for EPCS.

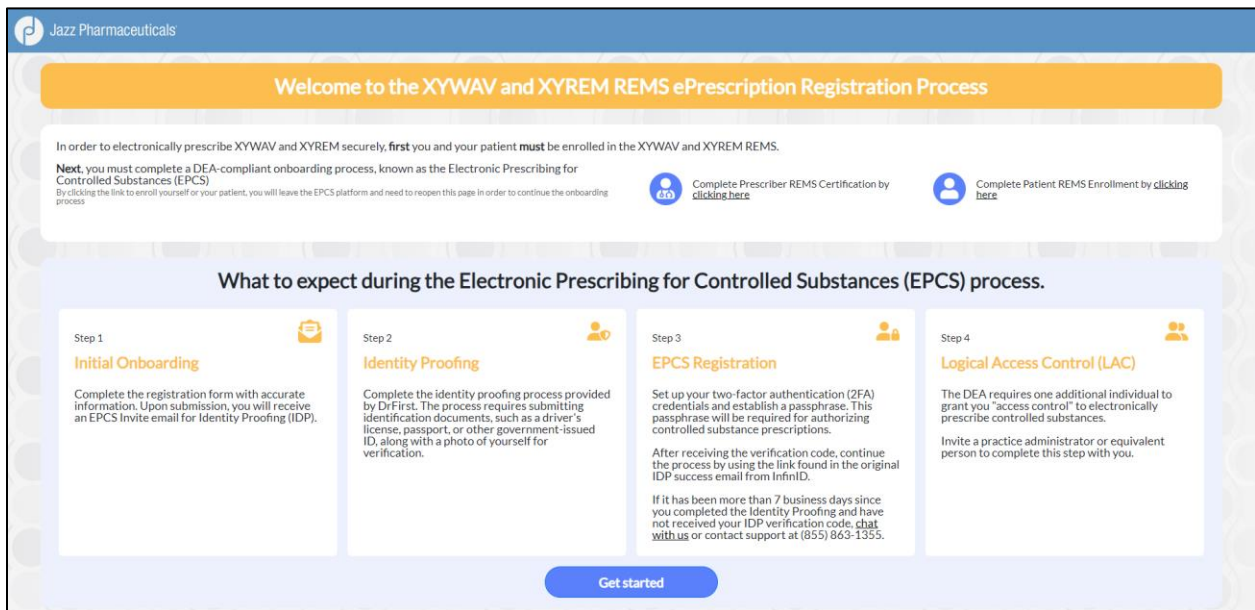
Only after this process is complete will you be able to log in to complete XYWAV and XYREM REMS Prescription Forms electronically (e-prescribe).



The screenshot displays the 'PRESCRIBE XYWAV and XYREM' section of the website. It features two main columns: 'Electronic Prescription Forms' and 'Download Prescription Forms'. The 'Electronic Prescription Forms' column includes instructions to complete online forms for XYWAV and XYREM, a note that completed electronic prescriptions are submitted directly to the REMS, and a prominent orange 'ePrescribe Now' button with a 'NEW' badge. Below it is an 'ePrescribe Help Guide' button. The 'Download Prescription Forms' column provides links to download forms for both drugs, instructions to print and sign them, and contact information for faxing or mailing forms to Jazz Pharmaceuticals. A central 'OR' button separates the two options.



6. Select **Get started** after reviewing a summary of all the steps you need to complete before you can e-prescribe XYWAV and XYREM.



7. On **Step 1 of 4**, complete the **Initial Onboarding** form with your prescriber information.

8. On the form, enter an email and password combination that you will use to log in to e-prescribe XYWAV and XYREM.
9. Continue to fill out prescriber details, including practice information, NPI number, and DEA number. Select **Initiate Onboarding** when you are done. This will generate an email containing a link and unique invitation ID (invite ID).



If you will be prescribing from multiple locations, it is recommended that you register all locations at once on this step. To add another location on the online form, select **+Add Another Location**.

Jazz Pharmaceuticals

●
 Step 1
 Initial Onboarding

○
 Step 2
 Identity Proofing

○
 Step 3
 EPCS Registration

○
 Step 4
 Logical Access Control (LAC)

Step 1 of 4: Initial Onboarding

Welcome to the XYWAV and XYREM REMS ePrescription Onboarding Process

In order to electronically prescribe XYWAV and XYREM securely, prescribers must be certified in the XYWAV and XYREM REMS prior to completing a DEA-compliant onboarding process, known as the Electronic Prescribing for Controlled Substances (EPCS). Complete the XYWAV and XYREM REMS Prescriber Certification by clicking [here](#) Learn More

Login Credentials Setup

The onboarding invite will be sent to the email address provided. Remember your password for subsequent login into the XYWAV and XYREM REMS ePrescribing Portal.

Email*

Password*

Confirm Password*

First Name*

Middle Initial

Last Name*

Suffix*

NPI*

Prescribing Location(s)

This must reflect the location address to be included on an electronic prescription, i.e. where the patient is visiting you. Please ensure you setup all location(s) where you'll be prescribing REMS drugs.

Location Name*

Set Location As Default

Address 1*

Address 2

City*

State*

Zip*

Phone*

Phone Ext

Fax*

Office Contact

Office Contact Phone

DEA*

State License #*

License State*

[+ Add Another Location](#)

Initiate Onboarding
Cancel

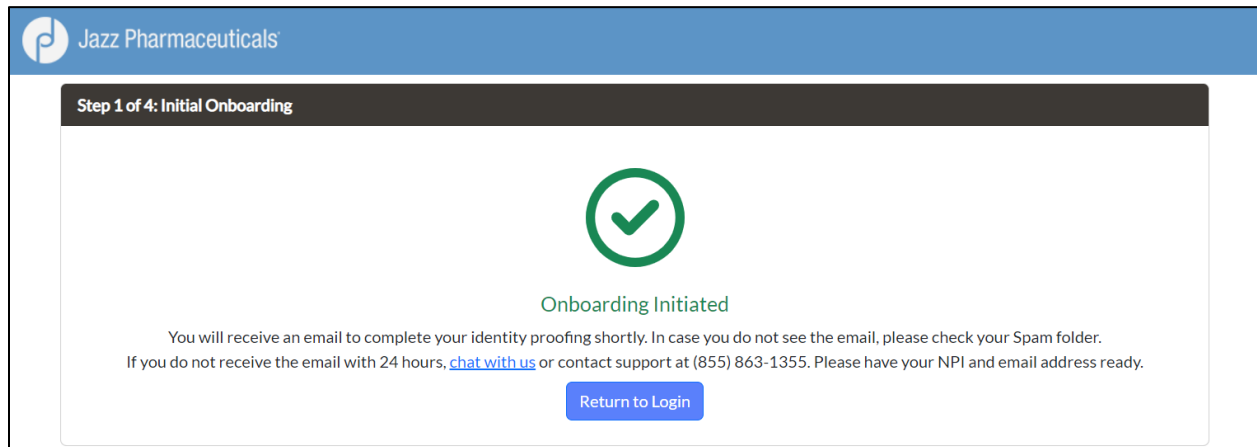
[Click here](#) to learn more about this process. For questions, [chat with us](#) or contact support at (855) 863-1355 Please have your NPI and email address ready.



Your changes will **not** be saved and you will need to repeat Step 1 if you close out of the registration screen before clicking on **Initiate Onboarding** or you close out of the notification screen with green checkmark (below) indicating **Onboarding Initiated**.

10. A notification will appear that you initiated onboarding and indicating an email has been sent to your inbox. If you have received the email, continue with the

onboarding process. Otherwise, follow the instructions on the screen and contact Support if you do not see an email within 24 hours.




*If you are a prescriber who **already completed EPCS registration** in the past, you may skip identity proofing and EPCS registration, unless you choose to repeat these steps. Go to **page 19** if you wish to skip these steps.*

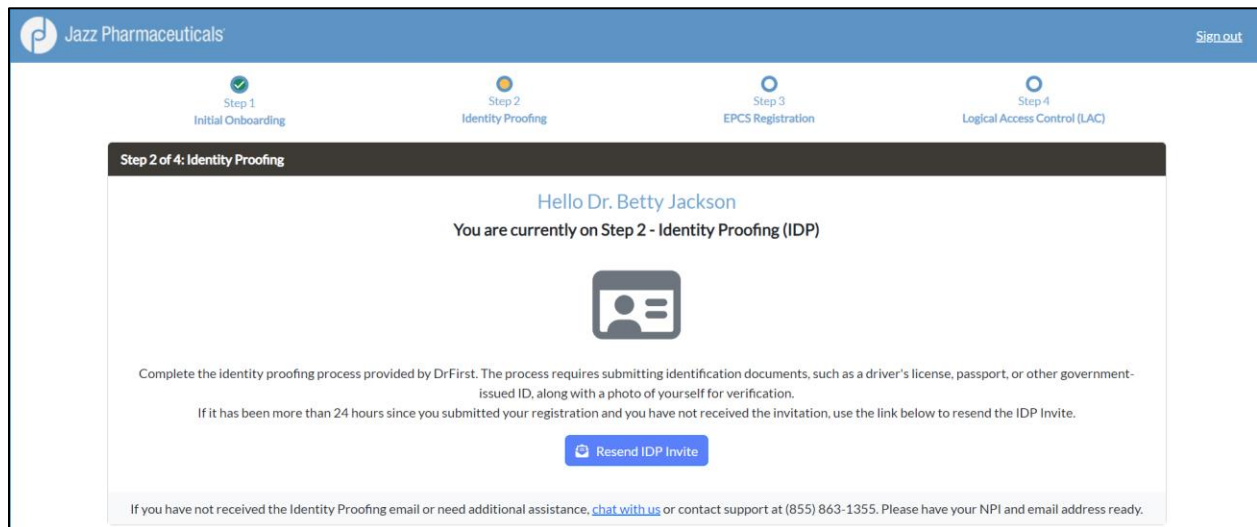
*If you are a **new prescriber**, continue to identity proofing, EPCS registration, and Logical Access Control (LAC) processes below.*

Register for EPCS – New Users

Step 2: Identity Proofing (IDP)

Next, you will complete the identity proofing (IDP) process.

	<p>Before you start:</p> <ul style="list-style-type: none">• Ensure that security freezes are lifted from your credit file to avoid delays.• Ensure you received an email for identity proofing, containing a link and unique invitation ID. Otherwise, select Resend IDP Invite to resend the email.
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Jazz Pharmaceuticals Sign out

Step 1 Initial Onboarding Step 2 Identity Proofing Step 3 EPCS Registration Step 4 Logical Access Control (LAC)

Step 2 of 4: Identity Proofing

Hello Dr. Betty Jackson
You are currently on Step 2 - Identity Proofing (IDP)



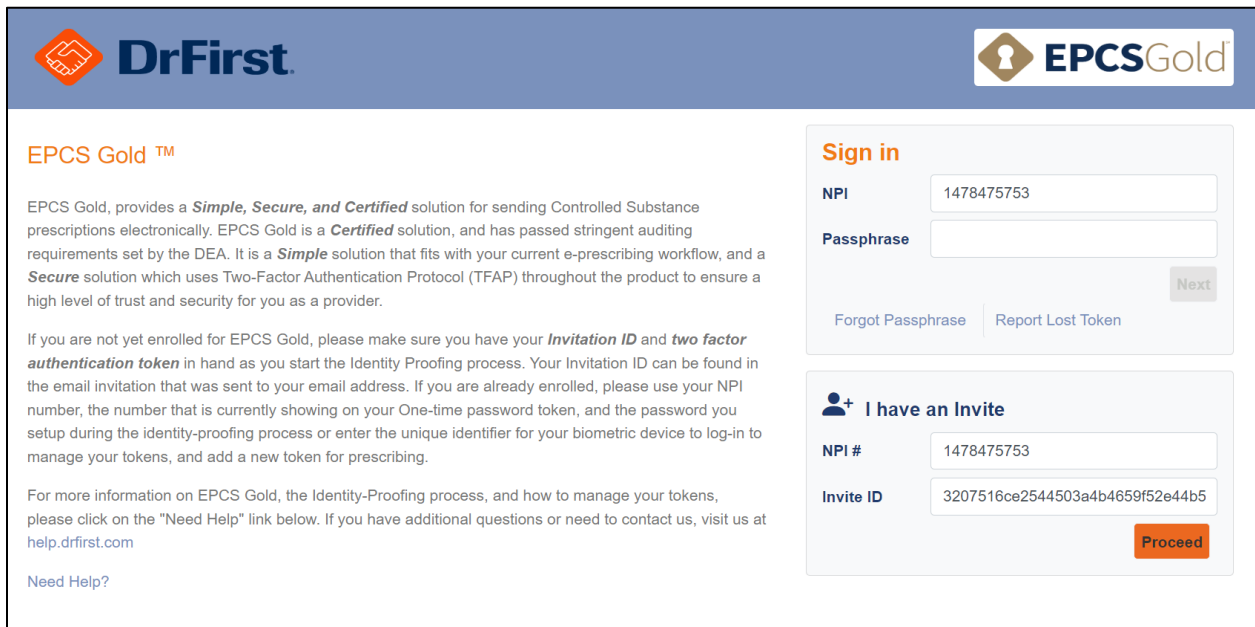
Complete the identity proofing process provided by DrFirst. The process requires submitting identification documents, such as a driver's license, passport, or other government-issued ID, along with a photo of yourself for verification.

If it has been more than 24 hours since you submitted your registration and you have not received the invitation, use the link below to resend the IDP Invite.

[Resend IDP Invite](#)

If you have not received the Identity Proofing email or need additional assistance, [chat with us](#) or contact support at (855) 863-1355. Please have your NPI and email address ready.


1. Click the link on the email you received to begin IDP; this should pre-populate the fields.
 - a. If the fields did not pre-populate, manually enter NPI number and the **Invite ID** listed on the email in the **I have an invite** section.
 - b. If the I have an invite section is missing altogether contact Support at 855-863-1355 or Submit a request at erxhelp.jazzpharma.com.




The screenshot shows the DrFirst EPCS Gold login interface. At the top left is the DrFirst logo, and at the top right is the EPCS Gold logo. The main content area is divided into two columns. The left column contains text explaining EPCS Gold and providing instructions for new and existing users, along with a 'Need Help?' link. The right column contains two login forms. The top form is titled 'Sign in' and has fields for 'NPI' (with the value 1478475753) and 'Passphrase'. Below these fields are links for 'Forgot Passphrase' and 'Report Lost Token', and a 'Next' button. The bottom form is titled 'I have an Invite' and has fields for 'NPI #' (with the value 1478475753) and 'Invite ID' (with the value 3207516ce2544503a4b4659f52e44b5). A 'Proceed' button is located at the bottom right of this form.


2. Accept the terms of use.

3. Complete the required demographic data.

	<p>If you provide a business address instead of a home address, your information might not get validated.</p> <p>Tip: Update address information on your credit profile(s) before starting.</p>
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Identity Proofing Process: Evidence Collection



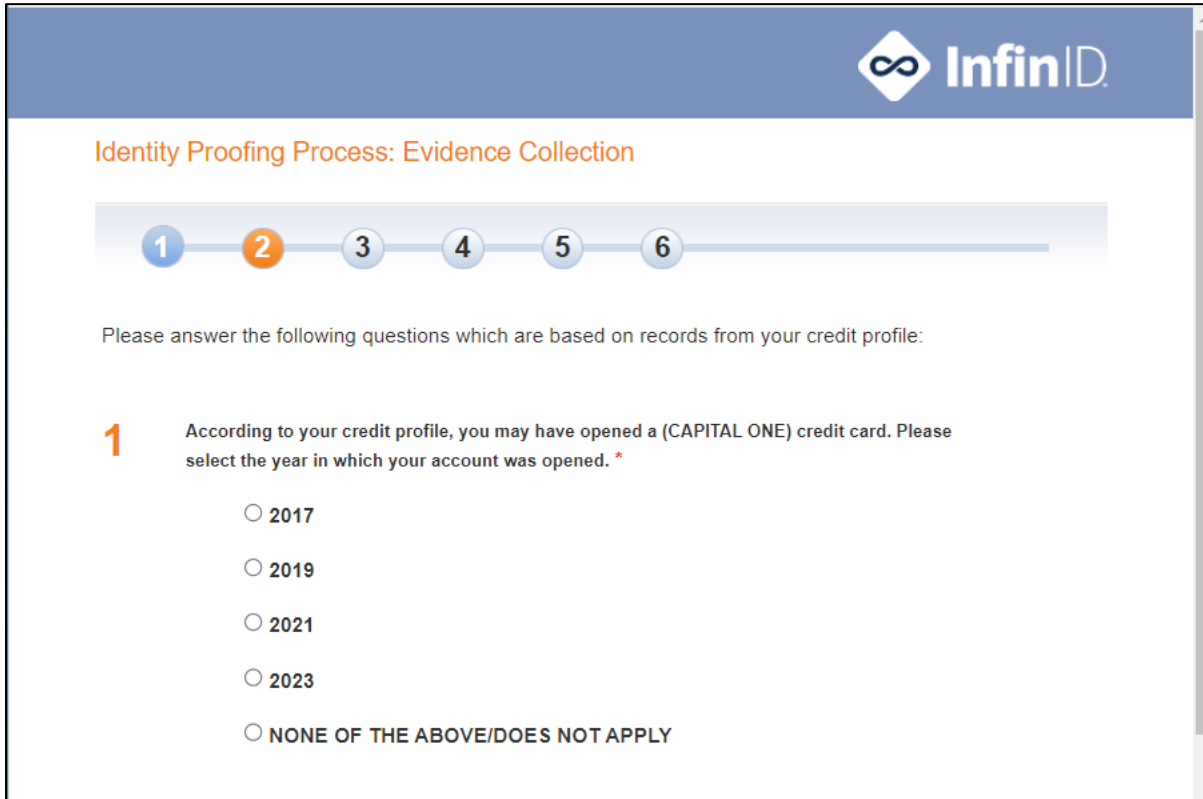
Please fill out the following information related to:
Betty Jackson test2@drfirstteam212489.testinator.com NPI: 1478475753 DEA: [FJ1416189]


<p>Home Street Address * <input type="text"/></p> <p>Home City * <input type="text"/></p> <p>Home State * <input type="text" value="Choose a Value"/></p> <p>Home Zip Code * <input type="text"/></p> <p>Date of Birth (mmddyyyy) * <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/></p>	<p>Mobile Phone Number * <input style="font-size: small; color: #4a7ebb; float: right; margin-left: 5px;" type="text"/> i</p> <p>Social Security Number * <input type="text"/></p> <p>Credit Card Number <input style="font-size: small; color: #4a7ebb; float: right; margin-left: 5px;" type="text"/> i</p> <ul style="list-style-type: none"> VISA or MASTERCARD only Your card will NOT be charged May reduce your number of Identity Proofing Steps
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We have partnered with Experian to ensure only authorized prescribers have access to DrFirst.



4. You **may** need to complete credit-related questions for your identity proofing if your demographic information was not immediately verified.





Identity Proofing Process: Evidence Collection

1 — 2 — 3 — 4 — 5 — 6

Please answer the following questions which are based on records from your credit profile:

1 According to your credit profile, you may have opened a (CAPITAL ONE) credit card. Please select the year in which your account was opened. *

2017

2019

2021


2023

NONE OF THE ABOVE/DOES NOT APPLY

5. Next, you will be prompted to use your device's camera to take and upload photos of your:
- Identification (driver's license, ID card, or passport)
 - Face (without glasses)

This is to comply with Identity Assurance Level 2 (IAL2) federal security standards for identity proofing completed from a remote setting.

6. You will get a screen confirming that you completed identity proofing and move on to EPCS registration.

	<p>Record the temporary password provided here.</p> <p>If your session is interrupted for any reason, use the temporary password to come back to where you were.</p>
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Step 3 of 4: EPCS Registration.

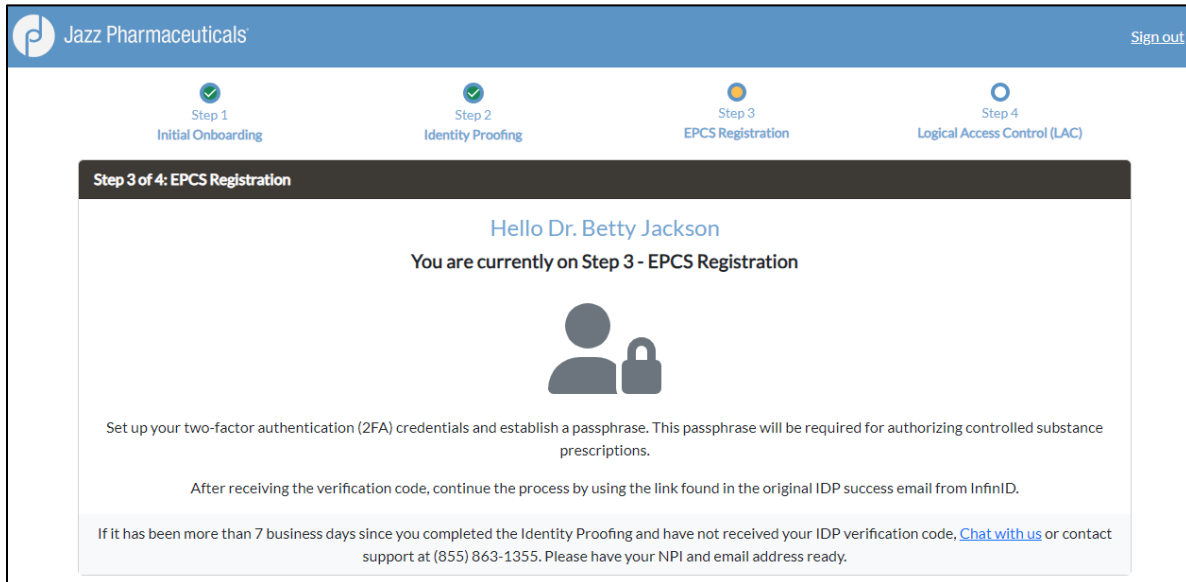
About Two-Factor Authentication

The DEA requires **two-factor authentication** to prescribe controlled substances. Two-factor authentication requires two unique identifiers to prove you are the authorized prescriber prescribing controlled substances (CS). The two unique identifiers are:

- A unique password (**passphrase**) that you will use to sign and send XYWAV and XYREM.
- A **token** that generates a different one-time pin (OTP) each time you use the token. It is recommended that prescribers have both types of tokens available:
 - **Hard token** device that gets mailed to the address on file with DEA. This may take up to 7 business days to arrive at your address.
 - **Soft token** app (VIP Access by Symantec) that can be downloaded to your device by going to <https://vip.symantec.com/> or finding VIP Access on the app store.




- **Recommended:** Add **both** a hard token device and a soft token (app) to ensure you always have a back-up device for two-factor identification in case you lose access to one type of token.
- **DEA requires** that the soft token (app) be on a separate device from the device you use to prescribe controlled substances.
- **Download** a soft token at <https://vip.symantec.com/> or by searching for VIP Access app on Google Play or Apple Stores.
- Enter **DRFIRST** as your **Token Issuer**.

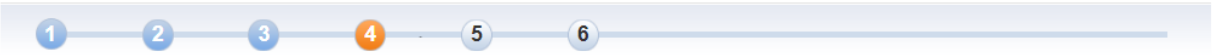


The screenshot shows the Jazz Pharmaceuticals onboarding interface. At the top, there is a blue header with the Jazz Pharmaceuticals logo and a "Sign out" link. Below the header, there are four steps in a progress bar: Step 1 (Initial Onboarding) with a green checkmark, Step 2 (Identity Proofing) with a green checkmark, Step 3 (EPCS Registration) with a yellow circle, and Step 4 (Logical Access Control (LAC)) with a blue circle. The main content area is titled "Step 3 of 4: EPCS Registration" and displays a personalized message: "Hello Dr. Betty Jackson. You are currently on Step 3 - EPCS Registration." Below this is an icon of a person and a padlock. The text instructs the user to "Set up your two-factor authentication (2FA) credentials and establish a passphrase. This passphrase will be required for authorizing controlled substance prescriptions." It also provides instructions: "After receiving the verification code, continue the process by using the link found in the original IDP success email from InfiniD." At the bottom, there is a note: "If it has been more than 7 business days since you completed the Identity Proofing and have not received your IDP verification code, [Chat with us](#) or contact support at (855) 863-1355. Please have your NPI and email address ready."

7. You will receive an email containing a link for you to set up two-factor authentication:
 - a. Select **Add New Token** to add a hard (physical fob device) and/or soft (app) token. **Note:** Contact Support at 855-863-1355 **or submit a request** at erxhelp.jazzpharma.com if you need to request a hard token.
 - b. Create a passphrase (password to prescribe controlled substances).
 - c. Create a security question and answer to help you retrieve your passphrase should you forget it in the future. **Note:** These are case and space sensitive; an exact match will be required.



Identity Proofing Process: Token Registration



Progress saved! To avoid restarting identity proofing, a token must be added within 24 hours of beginning the process. To re-access your session for any reason, use the link in your email, along with this code: **vQYAs**

Registering a Two Factor Authentication Token

A token is **required** to complete identity proofing and to send controlled substance prescriptions. A second token is **recommended** so that in the event of token failure, a backup token may be used. If no backup token is present, you will be required to complete the **entire identity proofing process** again.

Token Management Fields marked with * are mandatory

Token Nickname	Credential ID	Manufacturer	Issuer	Type	Auth
TW	SYDC34195523	SYMANTEC	DRFIRST	OTP SOFT TOKEN	OTP <input type="text"/> <input type="button" value="Auth"/> <input type="checkbox"/> Show Clear Text

Add Two Factor Authentication Token

Token Manufacturer * ?

Token Issuer * ?

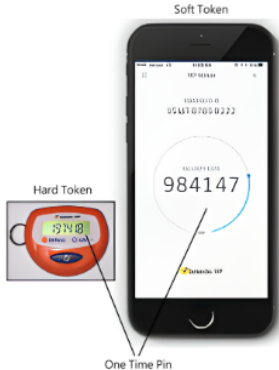
Token Type * ?

Token Nickname * ?

Serial Number or Credential ID * ?

One Time Pin (OTP) * ?

Show Clear Text




Hard Token


Soft Token

One Time Pin

Note: Enter **DRFIRST** as **Token Issuer** on this screen.



Identity Proofing Process: Passphrase Creation



A passphrase is a password used to authenticate any controlled substance prescriptions. This passphrase is used in combination with your token in a two factor authentication (TFA) process.

Please create your passphrase and security question. This security question is used in the event you forget your passphrase and need to recover it.

Passphrase *

Confirm Passphrase *

Security Question *

Security Answer *

Hide Clear Text

Verification code

You will receive a verification code by:

- **Text message** if you provided a valid (personal) mobile number that was verified.
- **Mail** if your (personal) mobile number was not verified immediately.

8. If you receive the verification code via **text message**, you will be able to enter it onto the screen immediately.

Identity Proofing Process: Verification Code

1 2 3 4

Confirmation Required


Your identity has been verified.

You will receive a code at the following number:
(***). (***) -

Codes may take up to 5 minutes to be received.
You will need to enter this number to complete the process.

Verification Code *

[Didn't receive your code?](#)




If you receive the verification code via **mail**, follow these steps once it arrives:

- Click the link on an email that you received at the end of the identity proofing process (from InfinIDAdmin@drfirst.com).
- Enter the verification code.
- Enter your recently created passphrase, token, and one-time pin from your token.



Save the email from InfinIDAdmin@drfirst.com even if you are still waiting for a verification code in the mail.

If you accidentally delete and cannot retrieve the email, you may need to redo the identity proofing process again.




Identity Proofing Process: Verification Code

Confirmation Required

Please enter your Verification Code from your DrFirst mailer.

Verification Code *	<input type="text"/>
Passphrase *	<input type="text"/>
	Forgot Passphrase?
Select Token *	(Test Token) SYMC v
One Time Pin *	<input type="text"/>
	<input type="checkbox"/> Show Clear Text



{Physician Name}
{Address}
{City, State, Zip}

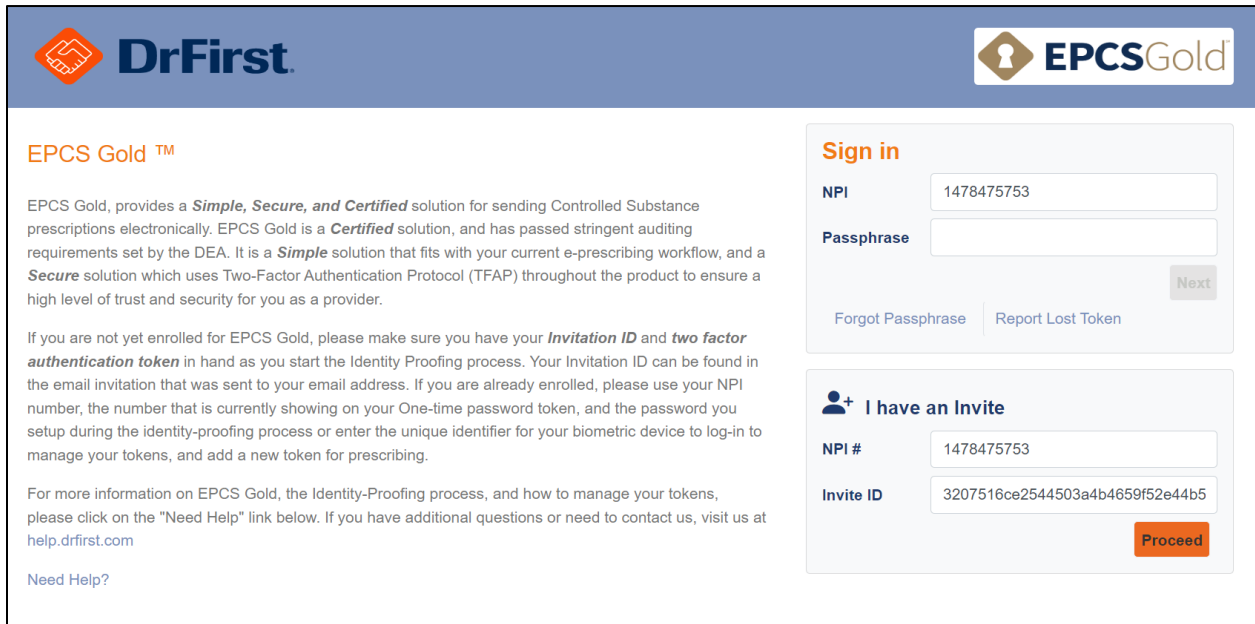
Verification Code: xxxxxxxxxxxx

Continue Cancel

Go to **page 21** for next steps.

Register for EPCS – Existing Users

1. Click the link on the email you received to begin IDP. Clicking the email link should pre-populate NPI number and **Invite ID** fields.
 - a. If the fields did not pre-populate, enter NPI number and the **Invite ID** listed on the email manually in the **I have an invite** section.
 - b. If the **I have an invite** section is missing, contact Support at 855-863-1355 or **submit a request** at <https://support.erp-jazzpharma.com/hc/en-us>.



The screenshot shows the DrFirst EPCS Gold login interface. At the top left is the DrFirst logo, and at the top right is the EPCS Gold logo. The main content area is divided into two columns. The left column contains text about EPCS Gold, including a description of its benefits and instructions for users who are not yet enrolled. The right column contains two login forms. The top form is titled 'Sign in' and has fields for 'NPI' (with the value 1478475753) and 'Passphrase'. Below these fields are links for 'Forgot Passphrase' and 'Report Lost Token', and a 'Next' button. The bottom form is titled 'I have an Invite' and has fields for 'NPI #' (with the value 1478475753) and 'Invite ID' (with the value 3207516ce2544503a4b4659f52e44b5). A 'Proceed' button is located at the bottom right of this form.

DrFirst **EPCS Gold**

EPCS Gold™

EPCS Gold, provides a *Simple, Secure, and Certified* solution for sending Controlled Substance prescriptions electronically. EPCS Gold is a *Certified* solution, and has passed stringent auditing requirements set by the DEA. It is a *Simple* solution that fits with your current e-prescribing workflow, and a *Secure* solution which uses Two-Factor Authentication Protocol (TFAP) throughout the product to ensure a high level of trust and security for you as a provider.

If you are not yet enrolled for EPCS Gold, please make sure you have your *Invitation ID* and *two factor authentication token* in hand as you start the Identity Proofing process. Your Invitation ID can be found in the email invitation that was sent to your email address. If you are already enrolled, please use your NPI number, the number that is currently showing on your One-time password token, and the password you setup during the identity-proofing process or enter the unique identifier for your biometric device to log-in to manage your tokens, and add a new token for prescribing.

For more information on EPCS Gold, the Identity-Proofing process, and how to manage your tokens, please click on the "Need Help" link below. If you have additional questions or need to contact us, visit us at help.drfirst.com

[Need Help?](#)

Sign in

NPI

Passphrase


[Forgot Passphrase](#) [Report Lost Token](#)

+ I have an Invite

NPI #

Invite ID

2. Accept the terms of use.
3. Select **Use my existing authentication credentials** to skip identity proofing and EPCS registration.



Hi Betty Jackson,

DrFirst has requested you to do identity proofing.

Our records indicate that you have previously completed the identity proofing. Please select if you would like to attempt to re-authenticate with your existing credentials or start the process over.

If you have forgotten your passphrase and are unable to reset it, you must start over.

[Use my existing authentication credentials](#) [Complete the identity proofing process again](#)

4. Enter your existing passphrase, token, and one-time pin (OTP) from your token to verify your credentials.

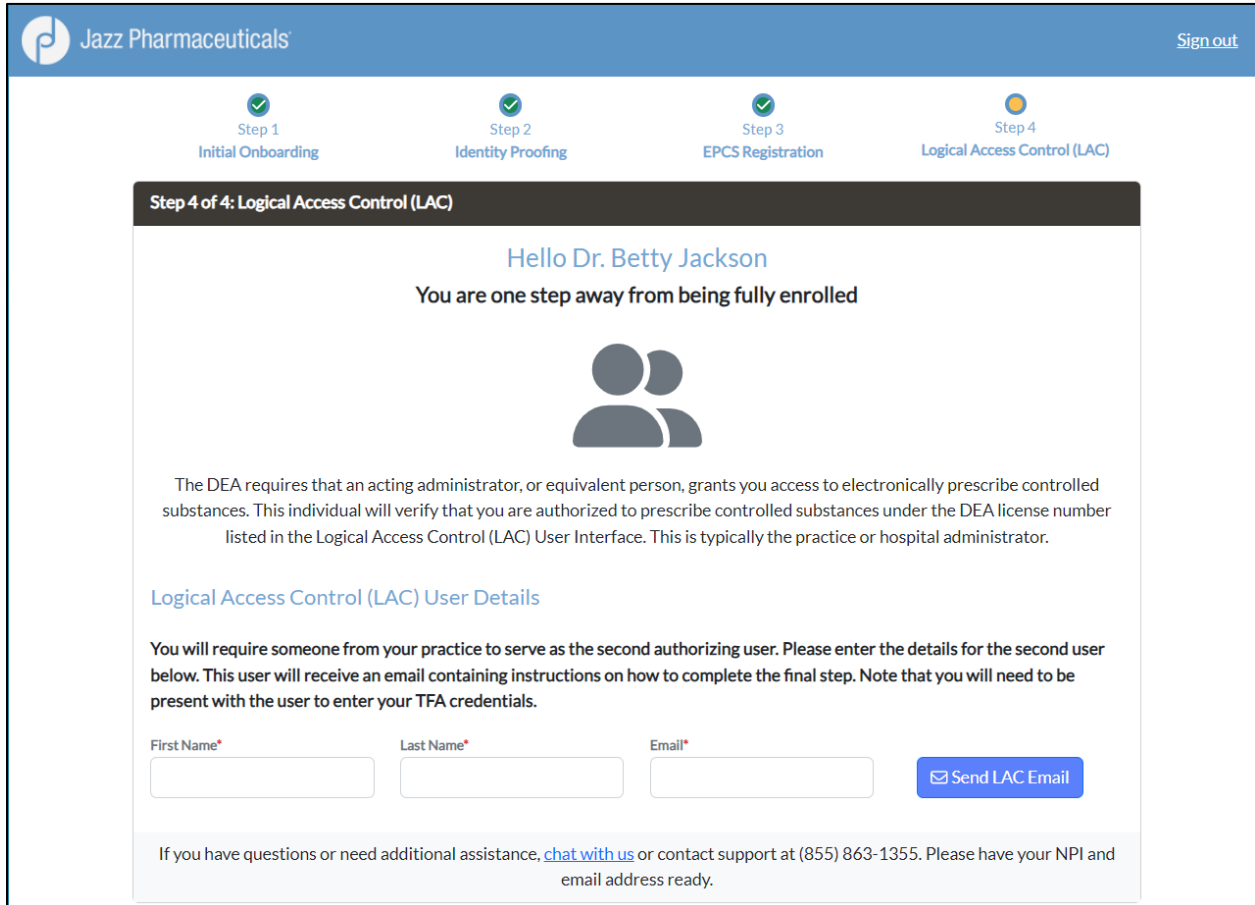
Complete EPCS Registration – All Users

Step 4 of 4: Logical Access Control (LAC)

1. Enter the contact details (first name, last name, email) of an individual over 18 years of age to act as a witness and verify that you are authorized to use the e-prescribing platform. This individual can be a colleague or office staff member.

Note: Selecting a practice administrator or colleague available at your same physical location streamlines their ability to properly validate your identity. This person will need to enter their name on a screen while you or another provider enters two-factor authentication on the same screen.

Once you select **Send LAC Email**, the practice administrator will receive email instructions to complete this step.



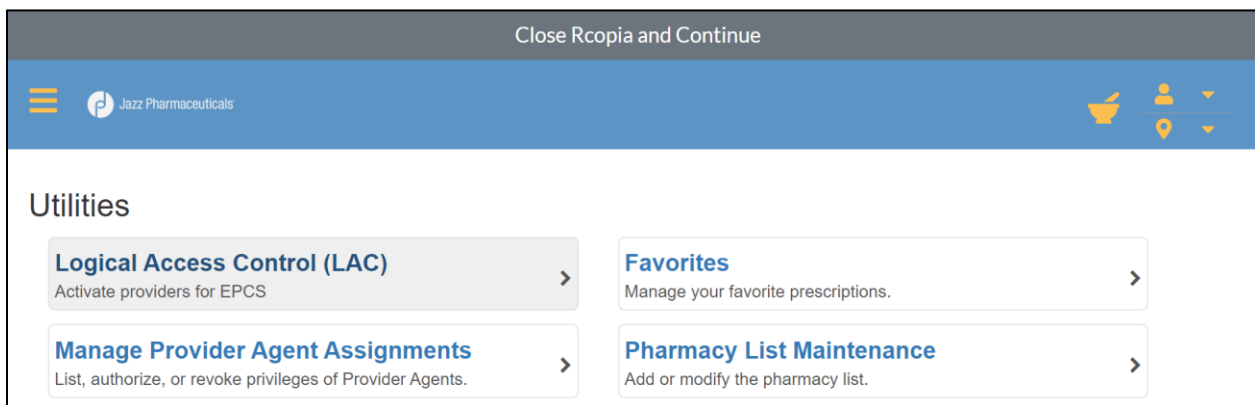
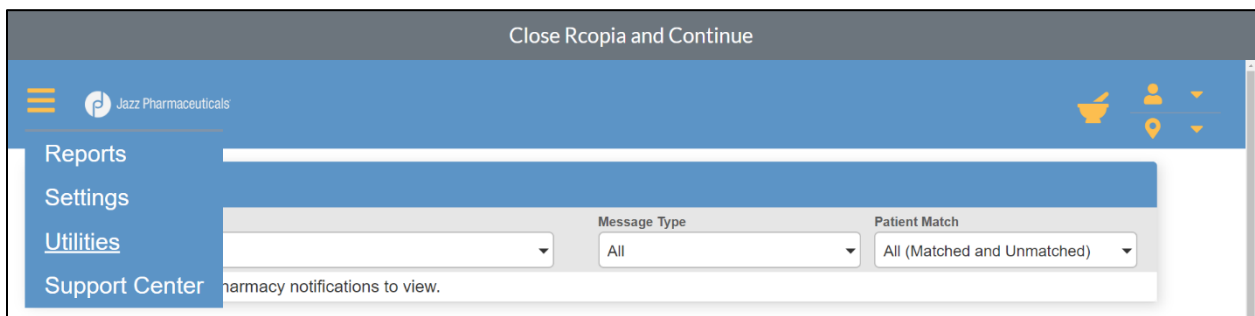
The screenshot shows the Jazz Pharmaceuticals user interface for the final step of EPCS registration. At the top, a blue header contains the Jazz Pharmaceuticals logo and a 'Sign out' link. Below the header, a progress bar indicates four steps: Step 1 (Initial Onboarding), Step 2 (Identity Proofing), Step 3 (EPCS Registration), and Step 4 (Logical Access Control (LAC)). Step 4 is currently active and highlighted in orange. The main content area is titled 'Step 4 of 4: Logical Access Control (LAC)' and greets the user as 'Hello Dr. Betty Jackson'. It states 'You are one step away from being fully enrolled' and includes a silhouette icon of two people. A paragraph explains that the DEA requires an acting administrator to grant access to electronically prescribe controlled substances. Below this is a section titled 'Logical Access Control (LAC) User Details' with instructions to enter details for a second authorizing user. There are three input fields for 'First Name*', 'Last Name*', and 'Email*'. A blue button labeled 'Send LAC Email' with an envelope icon is positioned to the right of the email field. At the bottom, a light gray box contains contact information: 'If you have questions or need additional assistance, [chat with us](#) or contact support at (855) 863-1355. Please have your NPI and email address ready.'



Prescribers with more than one DEA number may have DEA numbers that appear inactive. The practice administrator will need to activate multiple DEA numbers in this case.

1. **To complete LAC, an administrator will:**

- a. Review emailed instructions.
- b. Go to the main menu on the top left corner, select **Utilities**, then **Logical Access Control (LAC)**.



- c. Find the prescriber by name and NPI number, then select the **Active** radio button to indicate the prescriber will be active for EPCS.
- d. Enter their full name, which serves as an e-signature.
- e. Enter the provider's NPI number and click **Validate**.

Close Rcopia and Continue

Prescriber	NPI	DEA Number	Last Change	Grant Status	Grant
Jackson, Betty	1478475753	FJ1416189	Fri Apr 19 16:44:05 EDT 2024	INACTIVE	<input checked="" type="radio"/> Active <input type="radio"/> Inactive

[EPCS Logical Access Control Help](#)

Granting Administrator

I have verified that each prescriber selected for activation above is authorized to prescribe controlled substances for this organization using the DEA number listed and that the DEA license for that DEA number is active and in good standing.

Please confirm your first and last name: *

* Subject to DEA regulations, this will be audited within DEA auditable event records for each digitally signed access change

Signature

Authorizing Prescriber

Enter NPI: Validate

By entering your two-factor authentication details above, you are agreeing to change access for the prescribers and locations listed above. This transaction will be digitally signed.

Choose your Device from list ?

Enter your signing passphrase ?

Enter the pin from your OTP token ?

Show Clear Text

Authorize
Exit

- f. The **administrator** will work with the requesting prescriber or another practice prescriber so they can fill out two-factor authentication on the screen shown below.

Close Rcopia and Continue

Prescriber	NPI	DEA Number	Last Change	Grant Status	Grant
Jackson, Betty	1478475753	FJ1416189	Fri Apr 19 16:44:05 EDT 2024	INACTIVE	<input checked="" type="radio"/> Active <input type="radio"/> Inactive

[EPCS Logical Access Control Help](#)

Granting Administrator

I have verified that each prescriber selected for activation above is authorized to prescribe controlled substances for this organization using the DEA number listed and that the DEA license for that DEA number is active and in good standing.

Please confirm your first and last name: *

* Subject to DEA regulations, this will be audited within DEA auditable event records for each digitally signed access change

Signature

Authorizing Prescriber

Betty Jackson

Enter NPI: Validate

By entering your two-factor authentication details above, you are agreeing to change access for the prescribers and locations listed above. This transaction will be digitally signed.

Choose your Device from list ?

Enter your signing passphrase ?

Enter the pin from your OTP token ?

Show Clear Text

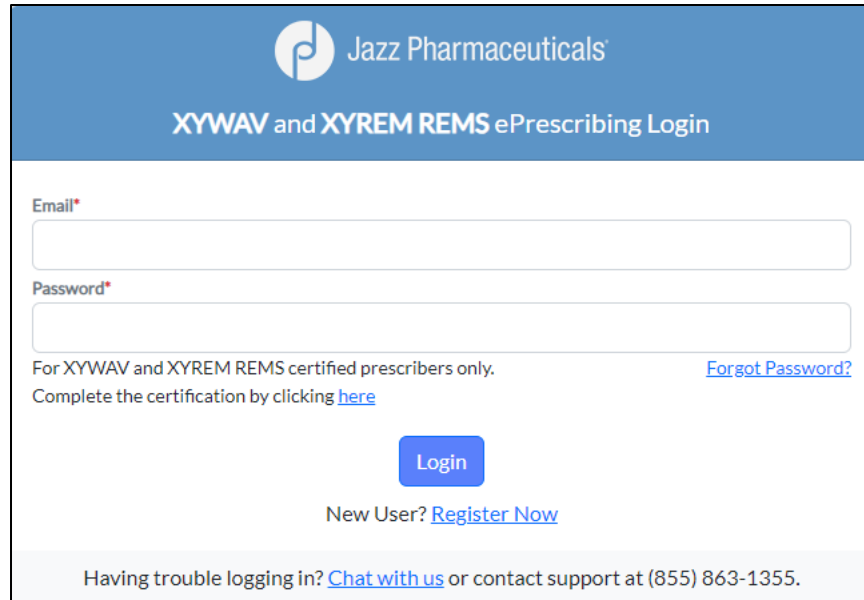
Authorize
Exit

Start Electronic Prescribing


Prerequisite: Completion of registration for EPCS listed in previous section.

To begin completing a XYWAV or XYREM REMS Prescription Form, navigate to:

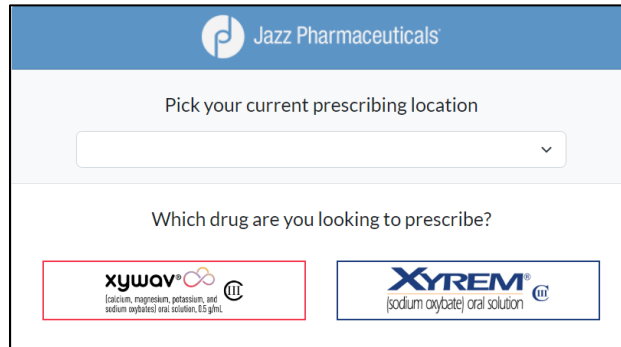
1. <https://www.xywavxyremrems.com/>
2. Select **Prescribe XYWAV and XYREM** radio button.
3. Click **ePrescribe Now** to open the login screen.
4. Use the email and password that you created during the registration process.



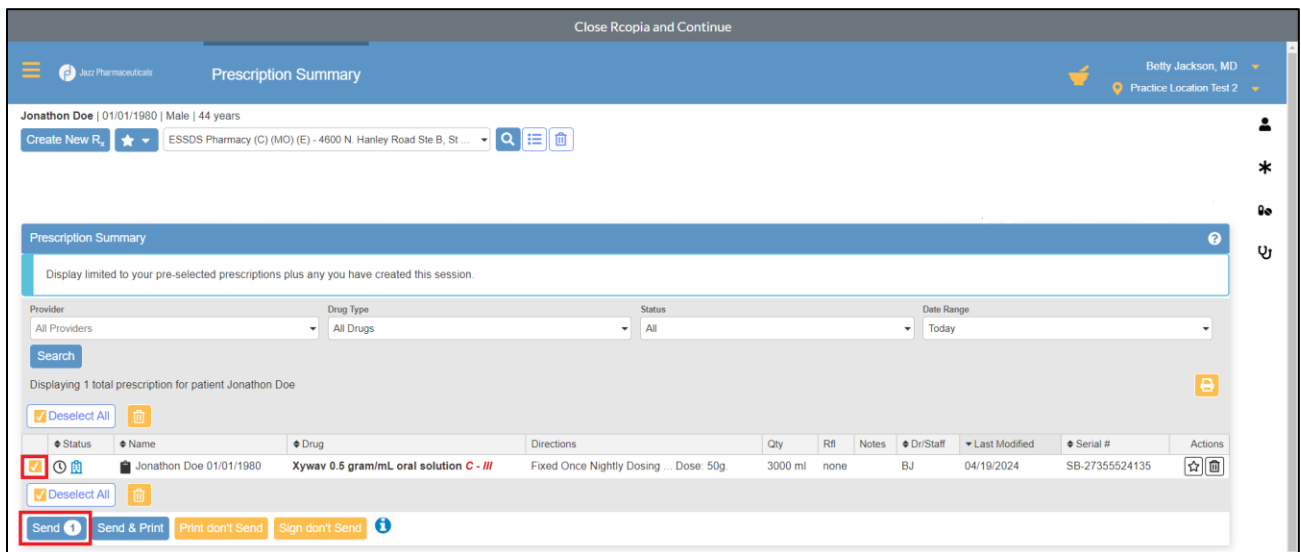
5. Select your current prescribing location from the drop-down menu.

	<p>Prescriber and location information will auto-populate based on the information you provided during EPCS registration.</p> <p>If you need to add a new location, select Add New Location from the drop-down menu.</p>
---	---

6. Select whether you will be e-prescribing XYWAV or XYREM.

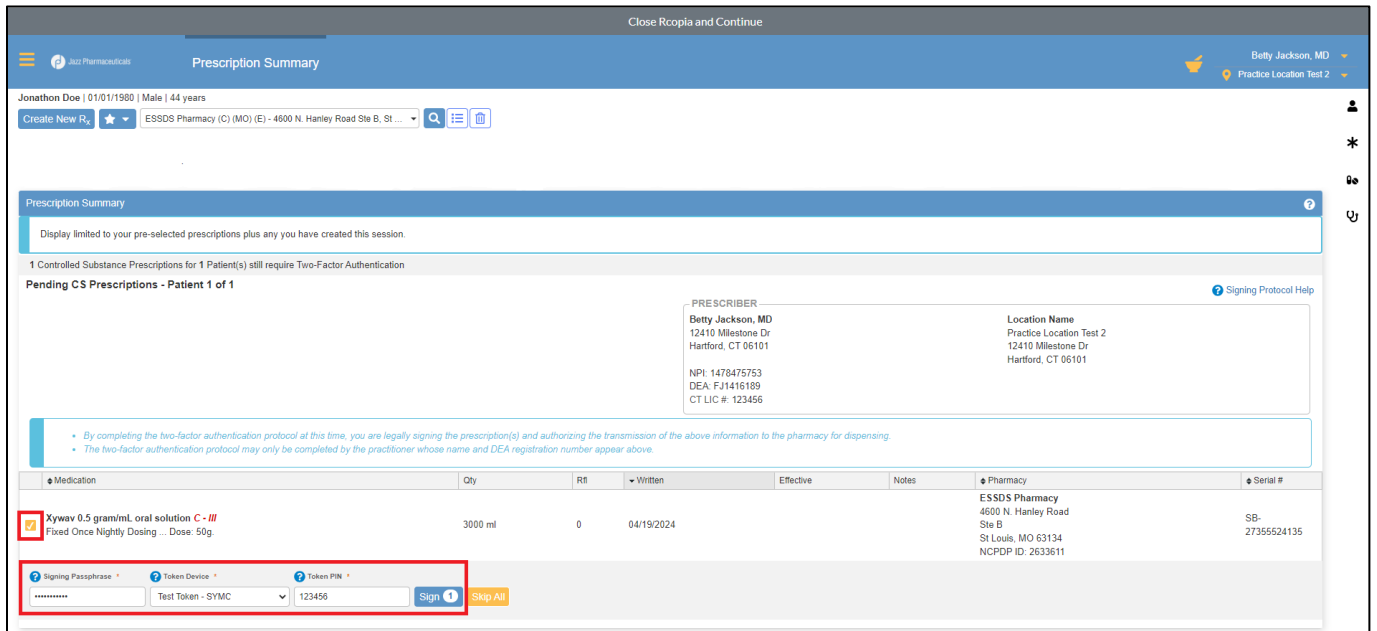


- 7. E-prescribe either XYWAV or XYREM.** To e-prescribe either XYWAV or XYREM, you will follow a similar sequence of steps:
- Enter indication for use, patient information, medications, and comorbidities.
 - Fill in dosing information for either XYWAV or XYREM, **Total Quantity**, and number of **Refills**. See **Appendix A** for screens specific to XYWAV and **Appendix B** for screens specific to XYREM.
 - Sign and date the online form to acknowledge your understanding of the risks and safe use of XYWAV or XYREM, and to agree to requirements for screening the patient and counseling the patient or the caregiver of the pediatric patient.
 - Check the prescription information on screen, click the checkbox next to the prescription information, and click **Send**.



- If you receive any clinical alerts, acknowledge the alerts by providing a reason for bypassing the alert, select the checkbox next to **Prescribe Anyway**, and click **Continue**.

- f. Check the prescription information again and click **Submit**.
- g. Click the checkbox next to the prescription information.
- h. Enter two-factor authentication (controlled substance passphrase and a one-time pin from a token device) and click **Sign**.



Close Rcopia and Continue

Jazz Pharmaceuticals Prescription Summary Betty Jackson, MD Practice Location Test 2

Jonathon Doe | 01/01/1980 | Male | 44 years

Create New Rx ESSDS Pharmacy (C) (MO) (E) - 4600 N. Hanley Road Ste B, St...

Prescription Summary

Display limited to your pre-selected prescriptions plus any you have created this session.

1 Controlled Substance Prescriptions for 1 Patient(s) still require Two-Factor Authentication

Pending CS Prescriptions - Patient 1 of 1

PRESCRIBER

Betty Jackson, MD
12410 Milestone Dr
Hartford, CT 06101

Location Name
Practice Location Test 2
12410 Milestone Dr
Hartford, CT 06101

NPI: 1478475753
DEA: FJ1416189
CT LIC #: 123456

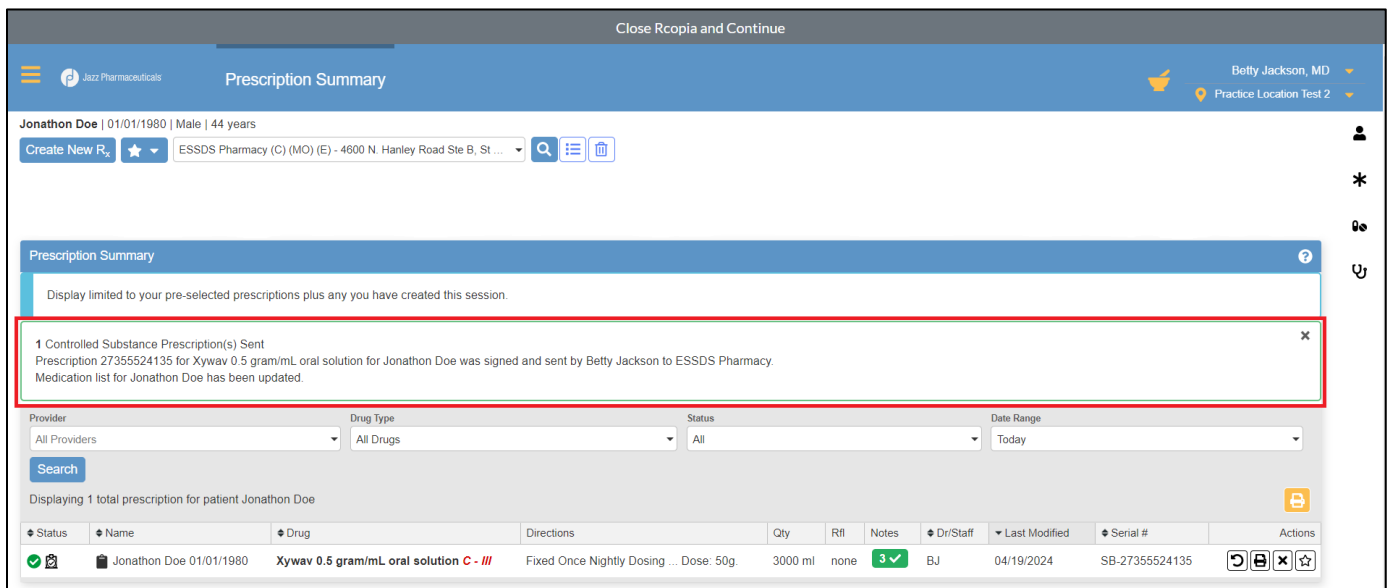
By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing.
The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

Medication	Qty	Rfl	Written	Effective	Notes	Pharmacy	Serial #
<input checked="" type="checkbox"/> Xywav 0.5 gram/mL oral solution C - III Fixed Once Nightly Dosing ... Dose: 50g.	3000 ml	0	04/19/2024			ESSDS Pharmacy 4600 N. Hanley Road Ste B St Louis, MO 63134 NCPDP ID: 2633611	SB- 27355524135

Signing Passphrase Token Device Token PIN

..... Test Token - SYMC 123456 Sign Skip All

- i. If you successfully sent the prescription to the REMS certified pharmacy, you will see a success message.



Close Rcopia and Continue

Jazz Pharmaceuticals Prescription Summary Betty Jackson, MD Practice Location Test 2

Jonathon Doe | 01/01/1980 | Male | 44 years

Create New Rx ESSDS Pharmacy (C) (MO) (E) - 4600 N. Hanley Road Ste B, St...

Prescription Summary

Display limited to your pre-selected prescriptions plus any you have created this session.

1 Controlled Substance Prescription(s) Sent
Prescription 27355524135 for Xywav 0.5 gram/mL oral solution for Jonathon Doe was signed and sent by Betty Jackson to ESSDS Pharmacy.
Medication list for Jonathon Doe has been updated.

Provider Drug Type Status Date Range

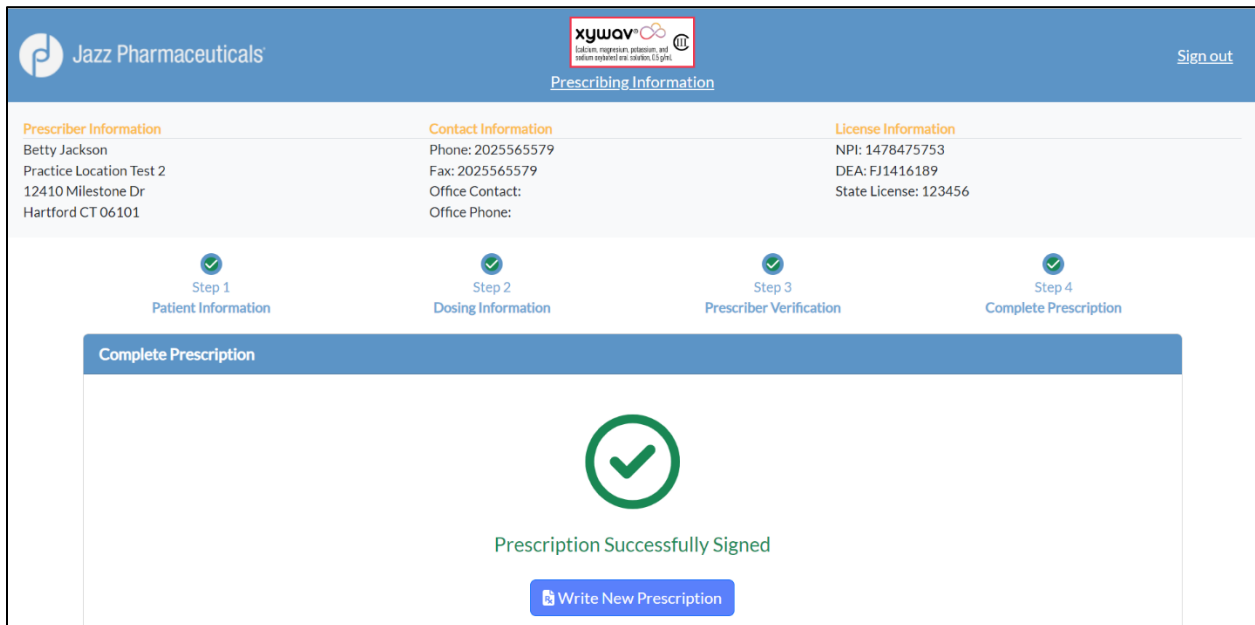
All Providers All Drugs All Today

Search

Displaying 1 total prescription for patient Jonathon Doe

Status	Name	Drug	Directions	Qty	Rfl	Notes	Dr/Staff	Last Modified	Serial #	Actions
<input checked="" type="checkbox"/>	Jonathon Doe 01/01/1980	Xywav 0.5 gram/mL oral solution C - III	Fixed Once Nightly Dosing ... Dose: 50g.	3000 ml	none	3 ✓	BJ	04/19/2024	SB-27355524135	


- j. Close out of the prescription window by clicking the top bar that says **Close Rcopia and Continue**.
- k. At this point, all required forms for XYWAV or XYREM will be sent electronically to the REMS certified pharmacy.
- l. From here, you can opt to write a new prescription or sign out by selecting the respective links.




The screenshot displays the Jazz Pharmaceuticals prescribing information interface. At the top, there is a blue header with the Jazz Pharmaceuticals logo on the left, the 'xywav' logo in the center, and a 'Sign out' link on the right. Below the header, the page is titled 'Prescribing Information'. The main content area is divided into three columns: 'Prescriber Information', 'Contact Information', and 'License Information'. The 'Prescriber Information' column lists Betty Jackson, Practice Location Test 2, 12410 Milestone Dr, and Hartford CT 06101. The 'Contact Information' column lists Phone: 2025565579, Fax: 2025565579, Office Contact, and Office Phone. The 'License Information' column lists NPI: 1478475753, DEA: FJ1416189, and State License: 123456. Below this information, there are four steps in a progress bar: Step 1 (Patient Information), Step 2 (Dosing Information), Step 3 (Prescriber Verification), and Step 4 (Complete Prescription). All steps are marked with a green checkmark. A blue bar at the bottom of the progress bar is labeled 'Complete Prescription'. Below the progress bar, there is a large green checkmark icon and the text 'Prescription Successfully Signed'. At the bottom, there is a blue button labeled 'Write New Prescription'.

Appendix

Appendix A: XYWAV Dosing Screens


Jazz Pharmaceuticals



xywav
ORAL, PROPRIO, CONTROLLED, AND
 EXTENDED-RELEASE HYDROXYSTYRENE

[Sign out](#)

Prescriber Information

Betty Jackson
 Practice Location Test 2
 12410 Milestone Dr
 Hartford CT 06101

Contact Information

Phone: 2025565579
 Fax: 2025565579
 Office Contact:
 Office Phone:

License Information

NPI: 1478475753
 DEA: FJ1416189
 State License: 123456

●
Step 1
 Patient Information


○
Step 2
 Dosing Information

○
Step 3
 Prescriber Verification

○
Step 4
 Complete Prescription

Patient Information

*Indication for Use (required for initial prescription and any change in diagnosis) Select One: Cataplexy or EDS in Narcolepsy Idiopathic Hypersomnia Other

First Name*	M.I.	Last Name*		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Gender*	Date of Birth*	Weight (required if patient under 18 yrs) †		
<input type="radio"/> M <input type="radio"/> F	<input type="text" value="MM/DD/YYYY"/> 	<input type="text"/> kg	† denotes required field for pediatric patients on initial fill and restarts	

Address*	Address	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	Choose State ▼	<input type="text"/>

Primary Phone*	Cell Phone	Work Phone	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medications*
 List all known current prescription and non-prescription medications and dosages.
 If there are no medications to report, enter 'None'.

[+Add New Medications](#)

Comorbidities*
 List all known comorbidities.
 If there are no comorbidities to report, enter 'None'.


[+Add New Comorbidities](#)

Next Step >

Step 1: Patient Information

Appendix A: XYWAV Dosing Screens (cont.)

Jazz Pharmaceuticals



Prescribing Information

Sign out

Prescriber Information

Betty Jackson
Practice Location: Test 2
12410 Milestone Dr
Hartford CT 06101

Contact Information

Phone: 2025565579
Fax: 2025565579
Office Contact:
Office Phone:

License Information

NP: 1479-475793
DGA: F1414109
State License: 122456

Step 1
Patient Information

Step 2
Dosing Information

Step 3
Prescriber Verification

Step 4
Complete Prescription

XYWAV Dosing Information

Dispensing Instructions
 Directions For 1 Time a Night Dosing (IH Patients): Take the dose p.o., diluted in 1/4 cup of water, at bedtime.
 Directions For 2 Times a Night Dosing (For Narcolepsy and IH): Take first dose p.o., diluted in 1/4 cup of water, at bedtime. Take second dose p.o., diluted in 1/4 cup of water, 2.5 to 4 hours later.
 Note: Prepare both doses at the same time prior to bedtime. The XYWAV shipment does not include water for dilution.

- Initial prescription fill cannot exceed 1 month of therapy. Refills cannot exceed 3 months supply.
- Please complete **either** the titrated dosing **OR** fixed dosing section.
- Please see the Prescriber Brochure and the Prescribing Information for additional dosing instructions.

Titrated XYWAV Dosing
(2 times a night)

Titrated XYWAV Dosing
(1 time a night)

Fixed XYWAV Dosing
(2 times a night)

Fixed XYWAV Dosing
(1 time a night)

Titrated XYWAV Dosing: Titrate to Effect

2 times a night dosing (For Narcolepsy and IH)

	First Dose*	+	Second Dose*	=	Total Nightly Dose	Number of Days (at each titration step)
Starting Dose	<input type="text"/>		<input type="text"/>		<input type="text"/>	Dose for* <input type="text"/> days
1st Titration	<input type="text"/>		<input type="text"/>		<input type="text"/>	Dose for* <input type="text"/> days
2nd Titration	<input type="text"/>		<input type="text"/>		<input type="text"/>	Dose for <input type="text"/> days
3rd Titration	<input type="text"/>		<input type="text"/>		<input type="text"/>	Dose for <input type="text"/> days

First dose is ordinarily taken at bedtime second dose is taken 2.5 to 4 hours later.
 *For pediatric patients who sleep more than 8 hours per night, the first dose of XYWAV may be given at bedtime or after an initial period of sleep.
 **If XYWAV is used in patients 7 years of age and older who weigh less than 20 kg, a lower starting dosage, lower maximum weekly dosage increases, and lower total maximum nightly dosage should be considered.

Special Dosing Instructions

Total Quantity (month supply)*

1 month 2 months 3 months

Refills*

0 1 2 3 4 5

< Previous
Next Step >

Step 2: Dosing Information

Appendix A: XYWAV Dosing Screens (cont.)

Jazz Pharmaceuticals

Prescribing Information

[Sign out](#)

Prescriber Information

Betty Jackson
Practice Location Test 2
12410 Milestone Dr
Hartford CT 06101

Contact Information

Phone: 2025565579
Fax: 2025565579
Office Contact:
Office Phone:

License Information

NPI: 1472475752
DEA: FJ1416189
State License: 122456

Step 1
Patient Information
Step 2
Dosing Information
Step 3
Prescriber Verification
Step 4
Complete Prescription

XYWAV Dosing Information

Dispensing Instructions
 Directions For 1 Time a Night Dosing (IH Patients): Take the dose p.o., diluted in 1/2 cup of water, at bedtime.
 Directions For 2 Times a Night Dosing (For Narcoscopy and IH): Take first dose p.o., diluted in 1/2 cup of water, at bedtime. Take second dose p.o., diluted in 1/2 cup of water 2.5 to 4 hours later.
 Note: Prepare both doses at the same time prior to bedtime. The XYWAV shipment does not include water for dilution.

- Initial prescription fill cannot exceed 1 month of therapy; Refills cannot exceed 3 months supply.
- Please complete **EITHER** the titrated dosing **OR** fixed dosing section.
- Please see the Prescriber Brochure and the Prescribing Information for additional dosing instructions.

Titrated XYWAV Dosing
(2 times a night)

Titrated XYWAV Dosing
(1 time a night)

Fixed XYWAV Dosing
(2 times a night)

Fixed XYWAV Dosing
(1 time a night)

Titrated XYWAV Dosing: Titrate to Effect

1 time a night dosing (IH patients)

	Dose*	Number of Days (at each titration step)
Starting Dose	<input type="text"/>	Dose for* <input type="text"/> days
1st Titration	<input type="text"/>	Dose for* <input type="text"/> days
2nd Titration	<input type="text"/>	Dose for <input type="text"/> days
3rd Titration	<input type="text"/>	Dose for <input type="text"/> days

First dose is ordinarily taken at bedtime second dose is taken 2.5 to 4 hours later.
 *For pediatric patients who sleep more than 8 hours per night, the first dose of XYWAV may be given at bedtime or after an initial period of sleep.
 **XYWAV is used in patients 7 years of age and older who weigh less than 20 kg, a lower starting dosage, lower maximum weekly dosage increases, and lower total maximum nightly dosage should be considered.

Special Dosing Instructions

Total Quantity (month supply)*
 1 month 2 months 3 months

Refills*
 0 1 2 3 4 5


< Previous
Next Step >


Step 2: Dosing Information (cont.)

Confidential & Proprietary Information

30

Appendix A: XYWAV Dosing Screens (cont.)


Jazz Pharmaceuticals



xywav[®] is a registered trademark of Jazz Pharmaceuticals, Inc.

[Sign out](#)

Prescriber Information

Betty Jackson
Practice Location Test 2
12410 Milestone Dr
Hartford CT 06101

Contact Information

Phone: 2025565579
Fax: 2025565579
Office Contact:
Office Phone:

License Information

NPI: 1478475753
DEA: FJ1416189
State License: 123456

Step 1
Patient Information

Step 2
Dosing Information

Step 3
Prescriber Verification

Step 4
Complete Prescription

XYWAV Dosing Information

Dispensing Instructions

Directions For 1 Time a Night Dosing (IH Patients): Take the dose p.o., diluted in ¼ cup of water, at bedtime.
Directions For 2 Times a Night Dosing (For Narcolepsy and IH): 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 XYWAV shipment does not include water for dilution.

- Initial prescription fill cannot exceed 1 month of therapy. Refills cannot exceed 3 months supply.
- Please complete **EITHER** the titrated dosing **OR** fixed dosing section.
- Please see the Prescriber Brochure and the Prescribing Information for additional dosing instructions.

Titrated XYWAV Dosing

(2 times a night)

Titrated XYWAV Dosing

(1 time a night)

Fixed XYWAV Dosing

(2 times a night)

Fixed XYWAV Dosing

(1 time a night)

Fixed XYWAV Dosing

2 times a night dosing (For Narcolepsy and IH)

First Dose* g + Second Dose* g = Total Nightly Dose g

Special Dosing Instructions

Total Quantity (month supply)*

1 month 2 months 3 months


Refills*


0 1 2 3 4 5

< Previous Next Step >

Step 2: Dosing Information (cont.)

Appendix A: XYWAV Dosing Screens (cont.)


Jazz Pharmaceuticals



[Sign out](#)

Prescribing Information

Prescriber Information

Betty Jackson
Practice Location Test 2
12410 Milestone Dr
Hartford CT 06101

Contact Information

Phone: 2025565579
Fax: 2025565579
Office Contact:
Office Phone:

License Information

NPI: 1478475753
DEA: FJ1416189
State License: 123456

✔
Step 1
Patient Information

●
Step 2
Dosing Information

○
Step 3
Prescriber Verification

○
Step 4
Complete Prescription

XYWAV Dosing Information

Dispensing Instructions

Directions For 1 Time a Night Dosing (IH Patients): Take the dose p.o., diluted in ¼ cup of water, at bedtime.

Directions For 2 Times a Night Dosing (For Narcolepsy and IH): 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 XYWAV shipment does not include water for dilution.

- Initial prescription fill cannot exceed 1 month of therapy. Refills cannot exceed 3 months supply.
- Please complete **EITHER** the titrated dosing **OR** fixed dosing section.
- Please see the Prescriber Brochure and the Prescribing Information for additional dosing instructions.

Titrated XYWAV Dosing

(2 times a night)

Titrated XYWAV Dosing

(1 time a night)

Fixed XYWAV Dosing

(2 times a night)

Fixed XYWAV Dosing

(1 time a night)

Fixed XYWAV Dosing

1 time a night dosing (IH patients)

Dose*

Special Dosing Instructions

Total Quantity (month supply)*

1 month 2 months 3 months


Refills*


0 1 2 3 4 5

< Previous
Next Step >

Step 2: Dosing Information (cont.)

Appendix A: XYWAV Dosing Screens (cont.)


Jazz Pharmaceuticals



XYWAV[®] (lacosamide) is a Schedule III controlled substance. It is a prescription drug. It is not for sale.

[Sign out](#)

Prescriber Information

Betty Jackson
Practice Location Test 2
12410 Milestone Dr
Hartford CT 06101

Contact Information

Phone: 2025566579
Fax: 2025566579
Office Contact:
Office Phone:

License Information

NPI: 1478475753
DEA: FJ1416189
State License: 123456

✔
Step 1
Patient Information

✔
Step 2
Dosing Information

●
Step 3
Prescriber Verification

○
Step 4
Complete Prescription

Prescriber Verification

Prescriber: Signature verification is required on the XYWAV Prescription Form as acknowledgment that you have an understanding of and/or agree to the following:

I understand that XYWAV is indicated for the treatment of cataplexy or excessive daytime sleepiness (EDS) in patients 7 years of age and older with narcolepsy. I understand that XYWAV is indicated for the treatment of idiopathic hypersomnia in adults.

I understand that:

- XYWAV 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 XYWAV
- Concurrent use of XYWAV 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 XYWAV is required, dose reduction or discontinuation of one or more CNS depressants (including XYWAV) should be considered
 - If short-term use of an opioid (e.g., post- or perioperative) is required, interruption of treatment with XYWAV 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 XYWAV use
- XYWAV 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
- XYWAV is to be prescribed only to patients enrolled in the XYWAV and XYREM REMS

I have read and understand the Prescribing Information and XYWAV and XYREM REMS 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 and/or caregiver on:

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

Prescriber Verification - My signature below signifies that: I understand the statements and agree to the REMS requirements; XYWAV is medically appropriate for this patient; and I have informed the patient and/or caregiver that the XYWAV and XYREM REMS will send him or her the appropriate educational material (XYWAV Patient Quick Start Guide for adult patients and XYWAV Brochure for Pediatric Patients and their Caregivers for pediatric patients) with the first prescription fill.

Signing Date*

04/19/2024

🗑️

Provider Signature*

Clear

< Previous
Complete Prescription >

Step 3: Prescriber Verification

Appendix B: XYREM® Dosing Screens

Jazz Pharmaceuticals

XYREM[®] is a registered trademark of Jazz Pharmaceuticals, Inc.

[Sign out](#)

Prescriber Information

Betty Jackson
Practice Location Test 2
12410 Milestone Dr
Hartford CT 06101

Contact Information

Phone: 2025565579
Fac: 2025565579
Office Contact:
Office Phone:

License Information

NPI: 1478475753
DEA: FJ1416189
State License: 123456

● Step 1
Patient Information

○ Step 2
Dosing Information

○ Step 3
Prescriber Verification

○ Step 4
Complete Prescription

Patient Information

*Indication for Use (required for initial prescription and any change in diagnosis) Select One: Cataplexy or EDS in Narcolepsy Other

First Name* M.I. Last Name*

Gender* M F Date of Birth* Weight (if patient under 18 yrs) † kg † denotes required field for pediatric patients on initial fill and restarts

Address* Address City* State* Zip Code*

Primary Phone* Cell Phone Work Phone E-mail

Medications*

List all known current prescription and non-prescription medications and dosages.
If there are no medications to report, enter 'None.'

[+Add New Medications](#)

Comorbidities*


List all known comorbidities.
If there are no comorbidities to report, enter 'None.'


[+Add New Comorbidities](#)

[Next Step >](#)

Step 1: Patient Information

Appendix B: XYREM® Dosing Screens (cont.)


Jazz Pharmaceuticals



XYREM
sodium oxybate oral solution

[Sign out](#)

Prescribing Information

Prescriber Information

Betty Jackson
Practice Location Test 2
12410 Milestone Dr
Hartford CT 06101

Contact Information

Phone: 2025565579
Fax: 2025565579
Office Contact:
Office Phone:

License Information

NPI: 1478475753
DEA: FJ1416189
State License: 123456

✔
Step 1
Patient Information

●
Step 2
Dosing Information

○
Step 3
Prescriber Verification

○
Step 4
Complete Prescription

XYREM Dosing Information

Dispensing Instructions
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.

- Initial prescription fill cannot exceed 1 month of therapy. Refills cannot exceed 3 months supply.
- Please complete **EITHER** the titrated dosing **OR** fixed dosing section.
- Please see the Prescriber Brochure and the Prescribing Information for additional dosing instructions.

Titrated XYREM Dosing: Titrate to Effect

Fixed XYREM Dosing

Titrated XYREM Dosing: Titrate to Effect

Starting Dose	First Dose* <input type="text" value=""/> g	+	Second Dose* <input type="text" value=""/> g	=	* <input type="text" value=""/> g	Total Nightly Dose for* <input type="text" value=""/> days
1st Titration	First Dose* <input type="text" value=""/> g	+	Second Dose* <input type="text" value=""/> g	=	* <input type="text" value=""/> g	Total Nightly Dose for* <input type="text" value=""/> days
2nd Titration	First Dose <input type="text" value=""/> g	+	Second Dose <input type="text" value=""/> g	=	<input type="text" value=""/> g	Total Nightly Dose for <input type="text" value=""/> days
3rd Titration	First Dose <input type="text" value=""/> g	+	Second Dose <input type="text" value=""/> g	=	<input type="text" value=""/> g	Total Nightly Dose for <input type="text" value=""/> days

First dose is ordinarily taken at bedtime second dose is taken 2.5 to 4 hours later.
*For pediatric patients who sleep more than 8 hours per night, the first dose of XYREM may be given at bedtime or after an initial period of sleep.
**If XYREM is used in patients 7 years of age and older who weigh less than 20 kg, a lower starting dosage, lower maximum weekly dosage increases, and lower total maximum nightly dosage should be considered. Some patients may achieve better responses with unequal doses at bedtime and 2.5 to 4 hours later.

Special Dosing Instructions

Total Quantity (month supply)*

1 month 2 months 3 months


Refills*

0 1 2 3 4 5


< Previous
Next Step >

Step 2: Dosing Information

Appendix B: XYREM® Dosing Screens (cont.)



Jazz Pharmaceuticals


(sodium oxybate) oral solution
Prescribing Information

[Sign out](#)

Prescriber Information Betty Jackson Practice Location Test 2 12410 Milestone Dr Hartford CT 06101	Contact Information Phone: 2025565579 Fax: 2025565579 Office Contact: Office Phone:	License Information NPI: 1478475753 DEA: FJ1416189 State License: 123456
---	--	--

Step 1
Patient Information

Step 2
Dosing Information

Step 3
Prescriber Verification

Step 4
Complete Prescription

XYREM Dosing Information

Dispensing Instructions
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.

- Initial prescription fill cannot exceed 1 month of therapy. Refills cannot exceed 3 months supply.
- Please complete **EITHER** the titrated dosing **OR** fixed dosing section.
- Please see the Prescriber Brochure and the Prescribing Information for additional dosing instructions.

Titrated XYREM Dosing: Titrate to Effect

Fixed XYREM Dosing

Fixed XYREM Dosing

First Dose* Second Dose (2.5 to 4 hours later)* Total Nightly Dose

g + g = g

Special Dosing Instructions

Total Quantity (month supply)*

1 month
 2 months
 3 months

Refills*


0
 1
 2
 3
 4
 5


< Previous

Next Step >

Step 2: Dosing Information (cont.)

Appendix B: XYREM® Dosing Screens (cont.)


Jazz Pharmaceuticals



XYREM
bupropion extended release tablets

[Sign out](#)

Prescriber Information

Betty Jackson
Practice Location Test 2
12410 Milestone Dr
Hartford CT 06101

Contact Information

Phone: 2025565579
Fax: 2025565579
Office Contact:
Office Phone:

License Information

NPI: 1478475753
DEA: F1416189
State License: 123456

✔
Step 1
Patient Information

✔
Step 2
Dosing Information

●
Step 3
Prescriber Verification

○
Step 4
Complete Prescription

Prescriber Verification

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

I understand that XYREM is indicated for the treatment of cataplexy or excessive daytime sleepiness (EDS) in patients 7 years of age and older with 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 XYWAV and XYREM REMS

I have read and understand the Prescribing Information and XYWAV and XYREM REMS 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 and/or caregiver 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

Prescriber Verification – My signature below signifies that: I understand the statements and agree to the REMS requirements; XYREM is medically appropriate for this patient; and I have informed the patient and/or caregiver that the XYWAV and XYREM REMS will send him or her the appropriate educational material (XYREM Patient Quick Start Guide for adult patients and XYREM Brochure for Pediatric Patients and their Caregivers for pediatric patients) with the first prescription fill.

Select One*

Dispense as Written Substitution Allowed

Signing Date*

04/22/2024

Provider Signature* Clear

< Previous
Complete Prescription >

Step 3: Prescriber Verification