



**Jazz** Pharmaceuticals®

# **E-Prescribing Platform Manual**

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## 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.
  - a. **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) in registration.**
  - a. **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](http://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 **Prescribers** then navigate to **Prescribe XYWAV & XYREM**.
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](http://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.

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

**3 Prescribe XYWAV & XYREM**

To prescribe XYWAV and XYREM, the prescriber must be certified and the patient enrolled in the XYWAV and XYREM REMS.

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**OPTION 1**  
**Submit Electronic Prescription Forms**

To submit the XYWAV or XYREM Prescription Form online for your patient, select the ePrescribe Now button. Completed electronic prescriptions are submitted directly to the XYWAV and XYREM REMS.

**ePrescribe Now**

**ePrescribe Help Guide**

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**OPTION 2**  
**Download Prescription Forms**

If you prefer to not use electronic prescriptions, the XYWAV and XYREM Prescription Forms are available to download, but must be printed, signed, and sent by Fax or Mail to the XYWAV and XYREM REMS.

**XYWAV Prescription Form**

**XYREM Prescription Form**

**Fax to:**  
 XYWAV and XYREM REMS  
 1-866-470-1744 (toll free)

**OR**

**Mail to:**  
 XYWAV and XYREM REMS  
 PO Box 66589  
 St. Louis, MO 63166-6589

**ePrescribing Login**

For XYWAV and XYREM REMS certified prescribers only.  
 Complete the certification by [clicking here](#).

**Email \***

**Password \***

[Forgot Password?](#)

**Login**

**New User?**

**Register Now →**

Having trouble logging in? [Chat with us](#) or contact support at (855) 863-1355.

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

**Welcome to the XYWAV and XYREM REMS ePrescription Registration Process**

In order to electronically prescribe XYWAV and XYREM securely, first you and your patient **must** be enrolled in the XYWAV and XYREM REMS.

By clicking the link to enroll yourself or your patient, you will leave the EPCS platform and need to reopen this page in order to continue the onboarding process.

Next, you must complete a DEA-compliant onboarding process, known as the Electronic Prescribing for Controlled Substances (EPCS).

[Prescriber REMS Certification](#) →

[Patient REMS Enrollment](#) →

**What to expect during the Electronic Prescribing for Controlled Substances (EPCS) process.**

<b>STEP 1</b> <b>Initial Onboarding</b>  Complete the registration form with accurate information. Upon submission, you will receive an EPCS Invite email for Identity Proofing (IDP).	<b>STEP 2</b> <b>Identity Proofing</b>  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.
<b>STEP 3</b> <b>EPCS Registration</b>  Set up your two-factor authentication (2FA) credentials and establish a passphrase. This passphrase will be required for authorizing controlled substance prescriptions. After receiving the verification code, continue the process by using the link found in the original IDP success email from InfiniD.	<b>STEP 4</b> <b>Logical Access Control (LAC)</b>  The DEA requires one additional individual to grant you "access control" to electronically prescribe controlled substances. Invite a practice administrator or equivalent person to complete this step with you.

[Get Started](#) →

## Register for EPCS – New Users

### Step 1: Initial Onboarding

1. On **Step 1 of 4**, complete the **Initial Onboarding** form with your prescriber information.
2. On the form, enter an email and password combination that you will use to log in to e-prescribe XYWAV and XYREM.
3. 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**.

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](#)

**Prescriber Details**

First Name \*  Middle Initial  Last Name \*  Professional Designation \*  NPI \*

**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 platform.

Email \*  Password \*  Confirm Password \*

✗ 12 characters or longer.  
✗ Contains at least one uppercase character.  
✓ Matches with the confirm password.  
✓ Does not contain any provider details.

**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 XYWAV or XYREM.

Location Name \*   Set Location As Default

First Name \*  Middle Initial  Last Name \*  Professional Designation \*  NPI \*

**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 platform.

Email \*  Password \*  Confirm Password \*

✗ 12 characters or longer.  
✗ Contains at least one uppercase character.  
✓ Matches with the confirm password.  
✓ Does not contain any provider details.

**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 XYWAV or XYREM.

Location Name \*   Set Location As Default

Address 1 \*  Address 2  City \*  State \*  Zip Code \*

Phone \*  Phone Ext  Fax \*  Office Contact  Office Contact Phone

DEA \*  State License # \*  License State \*  Choose License State

[+ Add Another Location](#)

[Previous](#) [Next Step →](#)

[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.

	<p>Your changes will <b>not</b> be saved and you will need to repeat Step 1 if you close out of the registration screen before clicking on <b>Initiate Onboarding</b> or you close out of the notification screen with green checkmark (below) indicating <b>Onboarding Initiated</b>.</p>
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4. 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.

 Jazz Pharmaceuticals XYWAV and XYREM REMS

### Step 1 of 4: Initial Onboarding

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**Onboarding Initiated**

You will receive an email to complete your identity proofing shortly. In case you do not see the email, please check your Spam folder.

If you do not receive the email with 24 hours, [chat with us](#) or contact support at (855) 863-1355. Please have your NPI and email address ready.

[Return to Login](#)

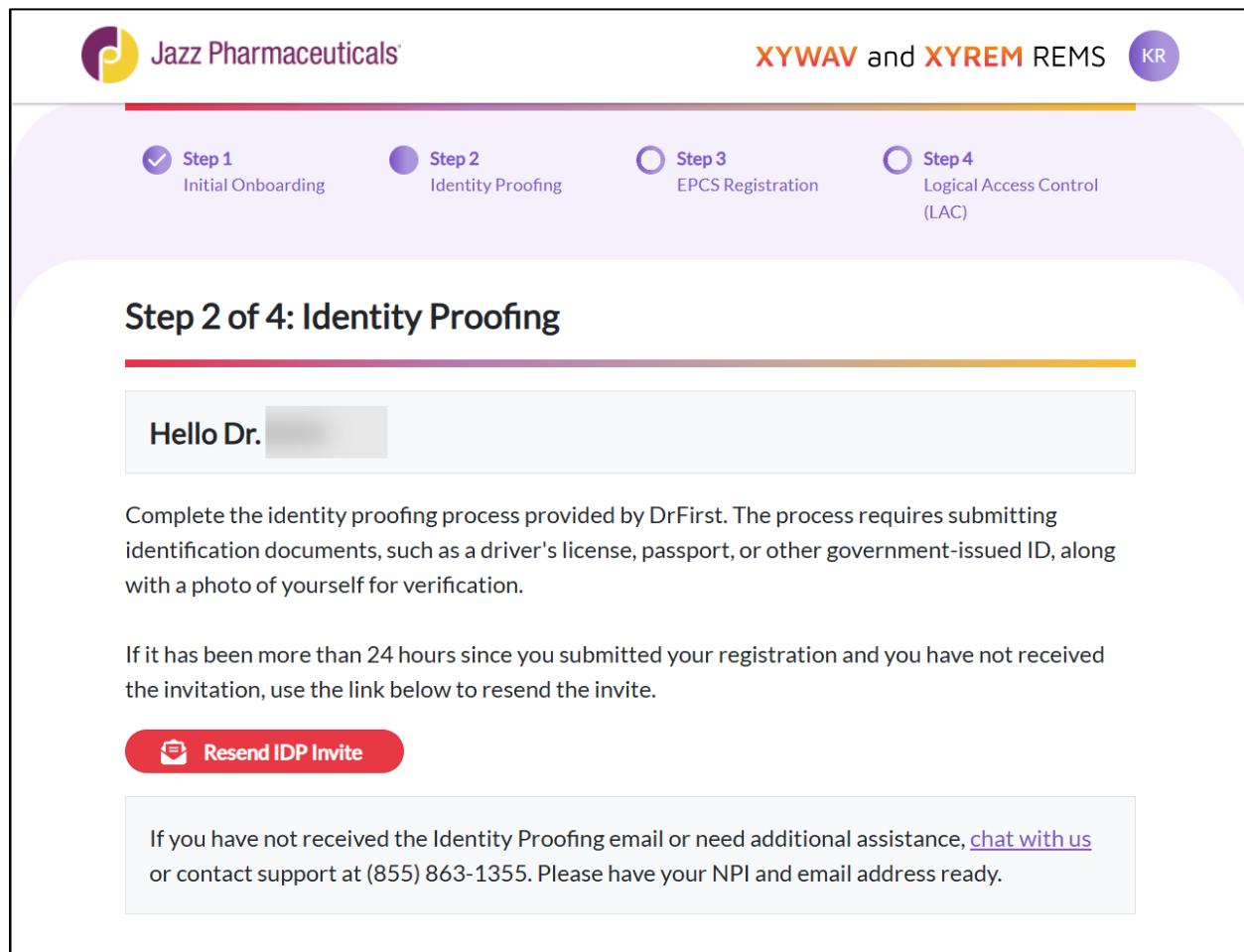
*If you are a prescriber who **already completed EPCS registration** in the past, you may skip identity proofing and EPCS registration, unless you choose to repeat these steps. Go to **page 19** if you wish to skip these steps.*

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

## 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"><li>• Ensure that security freezes are lifted from your credit file to avoid delays.</li><li>• Ensure you received an email for identity proofing, containing a link and unique invitation ID. Otherwise, select <b>Resend IDP Invite</b> to resend the email.</li></ul>
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The screenshot shows the Jazz Pharmaceuticals DrFirst onboarding interface. At the top, the Jazz logo and the text "XYWAV and XYREM REMS" are visible. Below this, a navigation bar shows four steps: Step 1 (Initial Onboarding) is completed (indicated by a checkmark), Step 2 (Identity Proofing) is selected (indicated by a blue circle with a white dot), Step 3 (EPCS Registration) is pending (indicated by a blue circle with a white outline), and Step 4 (Logical Access Control (LAC)) is pending (indicated by a blue circle with a white outline). The text "KR" is in a purple circle in the top right corner.

### Step 2 of 4: Identity Proofing

Hello Dr. [redacted]

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.

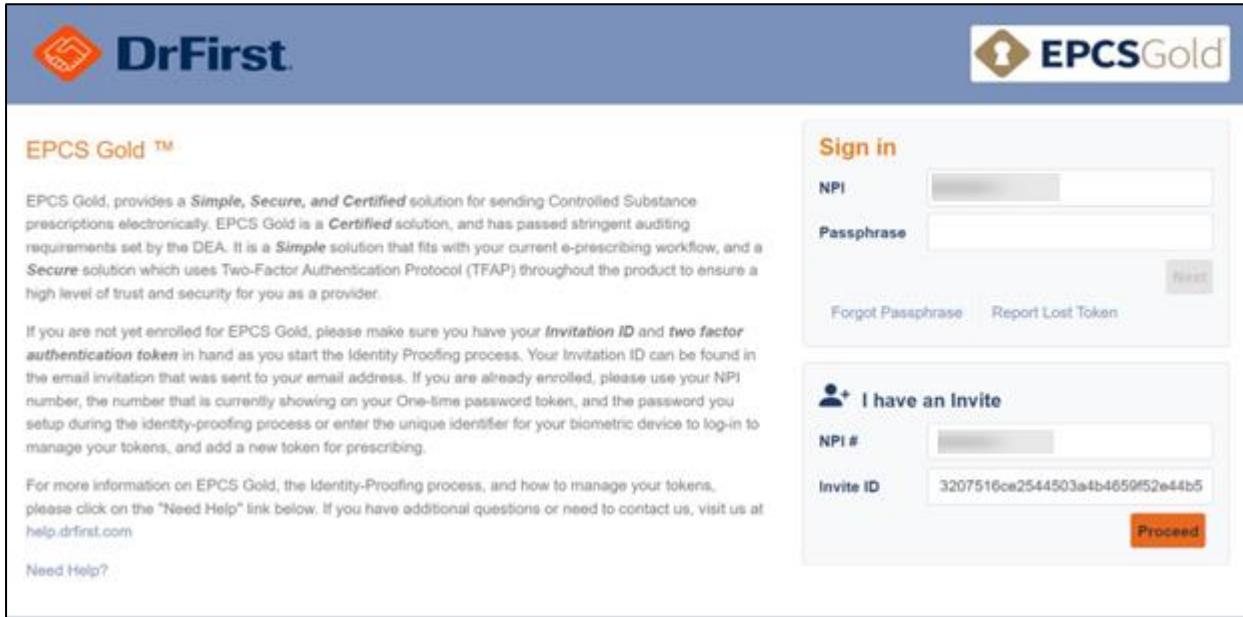
If it has been more than 24 hours since you submitted your registration and you have not received the invitation, use the link below to resend the invite.

 [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](mailto:erxhelp.jazzpharma.com).



The image shows the DrFirst EPCS Gold sign-in page. At the top, there are logos for DrFirst and EPCS Gold. The EPCS Gold section contains a 'Sign in' form with fields for 'NPI' and 'Passphrase', and links for 'Forgot Passphrase' and 'Report Lost Token'. Below this is a 'I have an Invite' section with fields for 'NPI #' and 'Invite ID' (containing the value 3207516ce2544503a4b4659f52e44b5), and a 'Proceed' button.

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><b>Tip:</b> Update address information on your credit profile(s) before starting.</p>
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**InfinID**

### Identity Proofing Process: Evidence Collection

1 2 3 4 5

Please fill out the following information related to:  
**Betty** NPI: **DEA:**

Home Street Address\*  Mobile Phone Number\*  (i)

Home City\*  Social Security Number\*

Home State\*  Choose a Value (i) Credit Card Number  (i)

Home Zip Code\*

Date of Birth (mmddyyyy)\*  Month (i) Day (i) Year (i)

- VISA or MASTERCARD only
- Your card will NOT be charged
- May reduce your number of Identity Proofing Steps

**Continue** **Cancel** We have partnered with Experian to ensure only authorized prescribers have access to DrFirst. 

**InfinID**

### 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

4. You **may** need to complete credit-related questions for your identity proofing if your demographic information was not immediately verified.
5. Next, you will be prompted to use your device's camera to take and upload photos of your:
  - a. Identification (driver's license, ID card, or passport)
  - b. Face (without glasses)
6. This is to comply with Identity Assurance Level 2 (IAL2) federal security standards for identity proofing completed from a remote setting.
7. 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: EPCS Registration

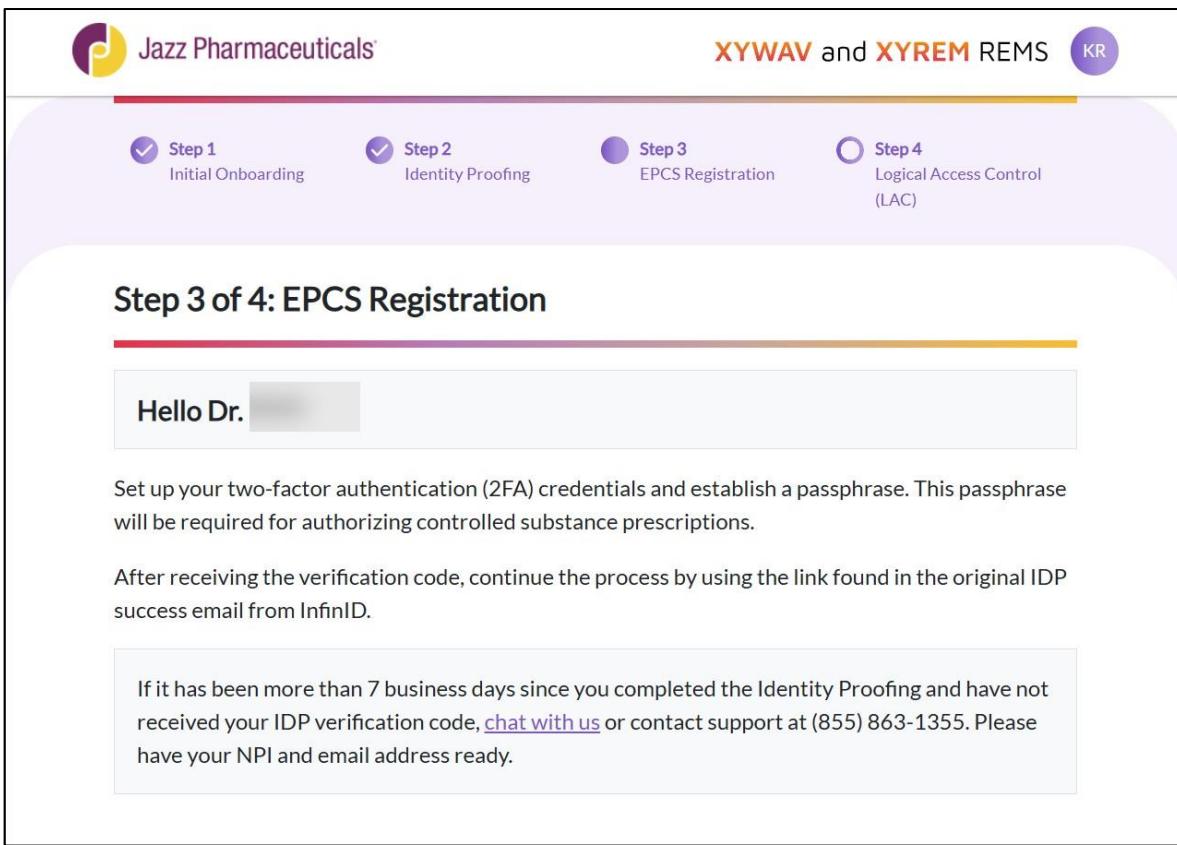
### About Two-Factor Authentication

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.

	<ul style="list-style-type: none"> <li>• <b>Recommended:</b> Add <b>both</b> 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.</li> <li>• <b>DEA requires</b> that the soft token (app) be on a separate device from the device you use to prescribe controlled substances.</li> </ul>
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- **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 REMS onboarding process. At the top, there are four steps: Step 1 (Initial Onboarding), Step 2 (Identity Proofing), Step 3 (EPCS Registration), and Step 4 (Logical Access Control (LAC)). Step 3 is highlighted in yellow. The main content area is titled "Step 3 of 4: EPCS Registration". It includes a greeting "Hello Dr. [redacted]", instructions for setting up 2FA and establishing a passphrase, and a note about receiving a verification code from InfinID. It also provides a link to chat support or contact support at (855) 863-1355.

1. 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](http://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.

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

## 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.

2. 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

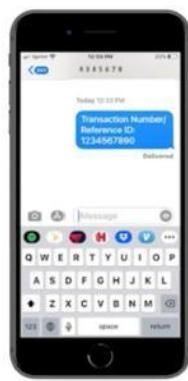
Your identity has been verified.

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?



Continue Cancel

3. If you receive the verification code via **mail**, follow these steps once it arrives:
  - a. Click the link on an email that you received at the end of the identity proofing process (from [InfinIDAdmin@drfirst.com](mailto:InfinIDAdmin@drfirst.com)).
  - b. Enter the verification code.

c. Enter your recently created passphrase, token, and one-time pin from your token.

	<p>Save the email from <a href="mailto:InfinIDAdmin@drfirst.com">InfinIDAdmin@drfirst.com</a> even if you are still waiting for a verification code in the mail.</p> <p>If you accidentally delete and cannot retrieve the email, you may need to redo the identity proofing process again.</p>
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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"/>
<a href="#">Forgot Passphrase?</a>	
Select Token *	<input style="width: 150px;" type="text" value="Test Token ) SYMC"/>
One Time Pin *	<input type="text"/>
<input type="checkbox"/> Show Clear Text	

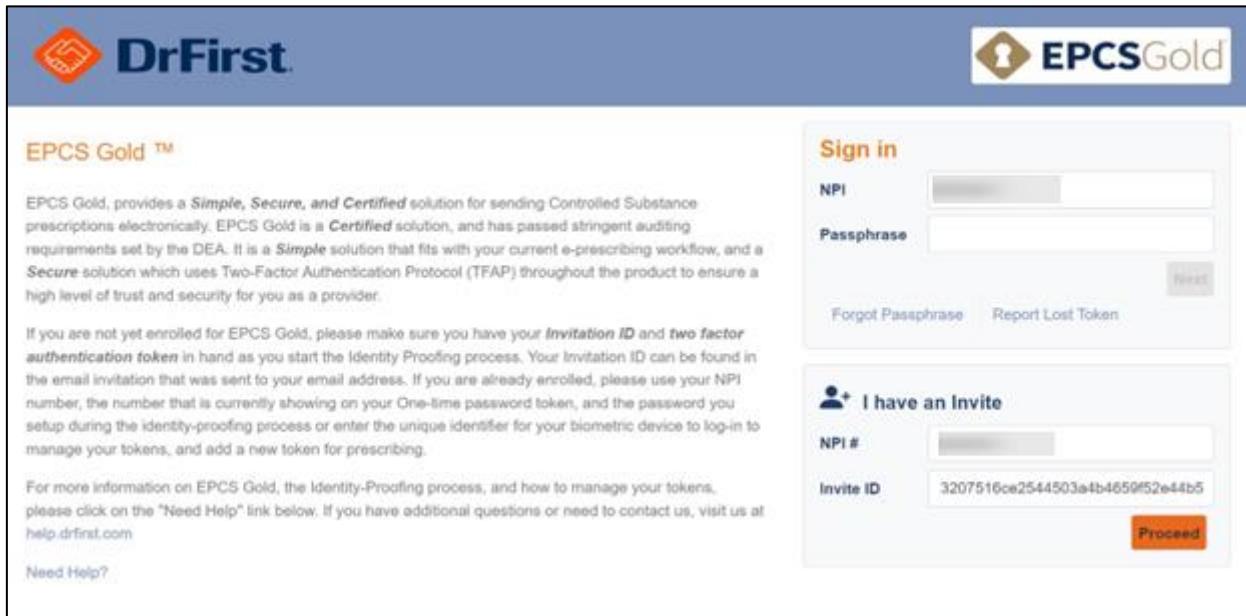
  
 Unite the Healthiverse™  
  
 {Physician Name}  
 {Address}  
 {City, State, Zip}  
  
 Verification Code: xxxxxxxxxxxx

**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.erx-jazzpharma.com/hc/en-us>.



**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](http://help.drfirst.com).

[Need Help?](#)

**Sign in**

NPI

Passphrase

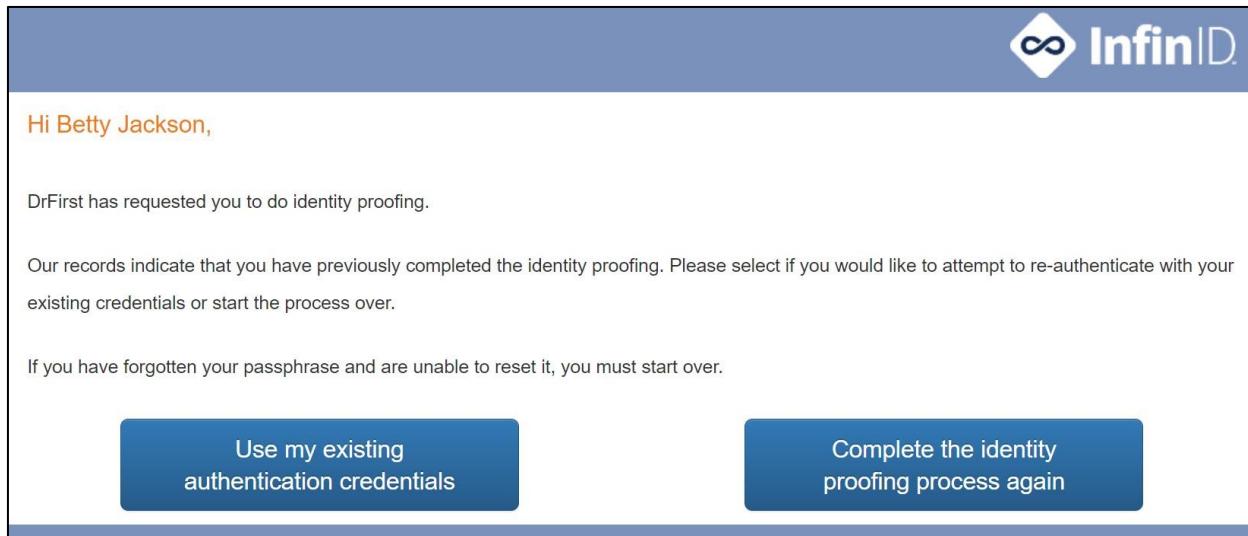
[Forgot Passphrase](#) [Report Lost Token](#) [Next](#)

**I have an Invite**

NPI #

Invite ID  [Proceed](#)

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: Logical Access Control (LAC)

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.

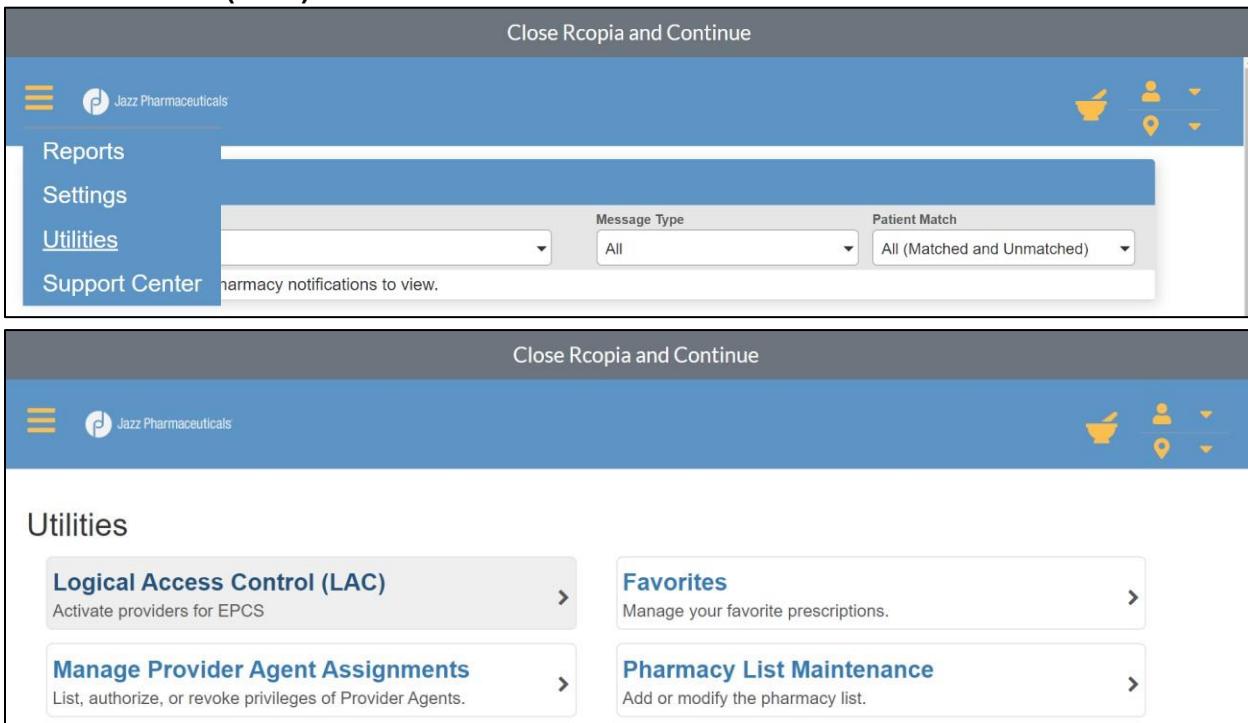
Once you select **Send Authentication Request**, the practice administrator will receive email instructions to complete this step.

chat with us or contact support at (855) 863-1355. Please have your NPI and email address ready.' The page has a purple header bar and a light purple background for the main content area." data-bbox="79 471 925 799"/>

	<p>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.</p>
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To complete LAC, an administrator will:

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



The screenshot shows the Jazz Pharmaceuticals software interface. At the top, there is a navigation bar with icons for Home, Reports, Settings, Utilities (selected), and Support Center. Below the navigation bar, there are dropdown menus for Message Type (All) and Patient Match (All (Matched and Unmatched)). The main content area is titled "Utilities" and contains four buttons: "Logical Access Control (LAC)" (Activate providers for EPCS), "Favorites" (Manage your favorite prescriptions), "Manage Provider Agent Assignments" (List, authorize, or revoke privileges of Provider Agents), and "Pharmacy List Maintenance" (Add or modify the pharmacy list).

3. Find the prescriber by name and NPI number, then select the **Active** radio button to indicate the prescriber will be active for EPCS.
4. Enter their full name, which serves as an e-signature.
5. 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:

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

6. 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

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 

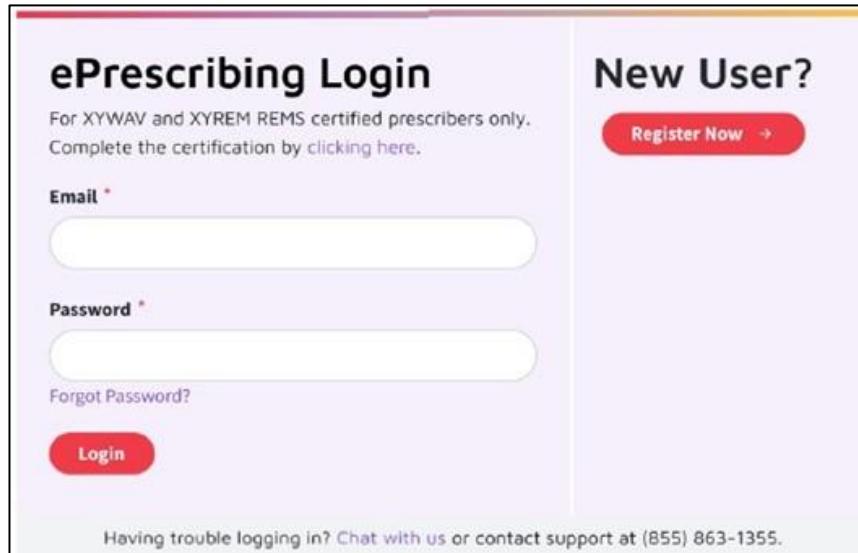
Show Clear Text

## 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. Navigate to **Prescribe XYWAV and XYREM** within the **Prescribers** page.
3. Click **ePrescribe Now** to open the login screen.
4. Use the email and password that you created during the registration process.



The image shows the 'ePrescribing Login' screen. It features a 'New User?' section with a 'Register Now' button. The main login area has fields for 'Email \*' and 'Password \*', both with red asterisks indicating required fields. Below these fields is a 'Forgot Password?' link. At the bottom of the login form is a 'Login' button. A note at the bottom of the screen says 'Having trouble logging in? Chat with us or contact support at (855) 863-1355.'

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

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

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

## Pick your current prescribing location

DrFirst Training Test MD (Rockville, MD 20850)

Which drug are you looking to prescribe?



For XYWAV and XYREM REMS certified prescribers only.

Complete the certification by [clicking here](#).

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**.

Close Recipe and Continue

Prescription Summary

Betty Jackson, MD Edit Location

Jonathon Doe | 01/01/2001 | Male | 34 years

Create New Rx \* ESS05 Pharmacy (C) (MO) (E) - 4000 N. Hanley Road Ste B, St... Search

Prescription Summary

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

Provider	Drug Type	Status	Date Range
All Providers	All Drugs	All	Today

**Search**

Displaying 1 total prescription for patient Jonathon Doe

Deselect All Print

Status	Drug	Directions	Qty	Rx	Notes	On Staff	Last Modified	Serial #	Actions
<input checked="" type="checkbox"/>	<b>Jonathon Doe</b> 01/01/2001   Male: 111 Street Town, AK 12121   Home: (123) 456-7890	Xyrem 500 mg/mL oral solution C •	Fixed Twice Nightly Dosing ... 1st dose: 1g 2nd dose (2.5 to 4 hrs later) 1g for a total nightly dose = 2g.	120 mL	none	BJ	12/17/2025	SB-27358621739	<span style="float: right;">Print</span> <span style="float: right;">Edit</span>

Deselect All Print

Send Send & Print Print don't Send Sign don't Send

- e. 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

Close Rxopia and Continue

**Prescription Summary**

Jonathon Doe | 01/01/2001 | Male | 24 years

[Create New Rx](#) ★ ★ ESSDS Pharmacy (C) (MO) (E) - 4600 N. Hanley Road Ste B, St ... Search Print Email

**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**

PATIENT	PRESCRIBER	Location Name
Jonathon Doe (01/01/2001) Male 111 Street Town, AK 12121	Betty Jackson, MD 707 S Putman St Mowequa, IL 62550  NPI: 1432420689 DEA: AD0865937 IL LIC #: 123456 CA LIC #: 134461	IL Location 707 S Putman St Mowequa, IL 62550

• 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	Rx	Written	Effective	Notes	Pharmacy	Serial #
Xyrem 500 mg/mL oral solution C - III <input type="checkbox"/> Fixed Twice Nightly Dosing ... 1st dose 1g 2nd dose (2.5 to 4 hrs 120 mL 0 12/17/2025						ESSDS Pharmacy 4600 N. Hanley Road Ste B St Louis, MO 63134 NCPDP ID: 2633611	SB- 27358631739

? Signing Passphrase \* ? Token Device \* ? Token PIN \* Sign Skip All

one-time pin from a token device) and click **Sign**.

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

Close Rxopia and Continue

[Create New Rx](#) ★ ★ ESSDS Pharmacy (C) (MO) (E) - 4600 N. Hanley Road Ste B, St ... Search Print Email

**Prescription Summary**

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

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

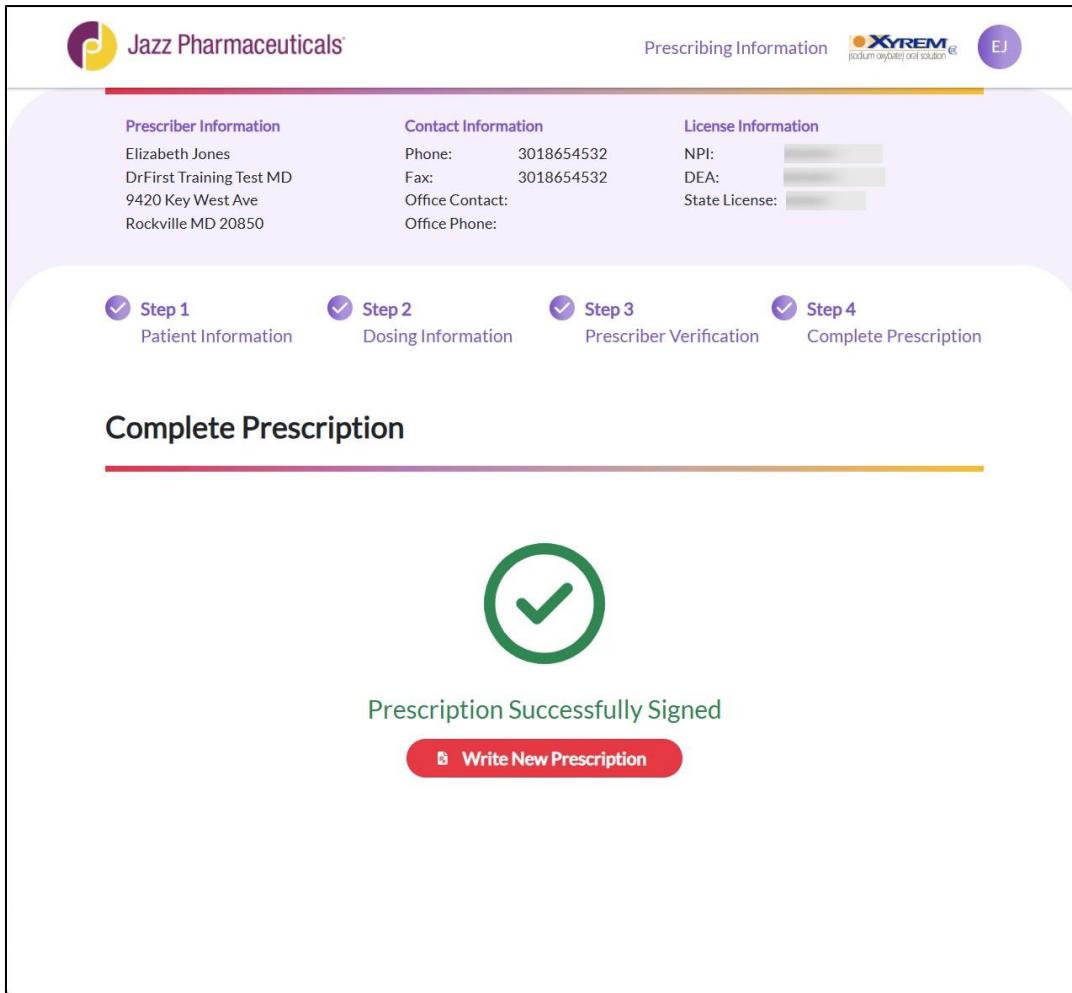
Provider	Drug Type	Status	Date Range
All Providers	All Drugs	All	Today

**Search**

Displaying 1 total prescription for patient John Doe

Status	Drug	Directions	Qty	Rx	Notes	Dr/Staff	Last Modified	Serial #	Actions
<input checked="" type="checkbox"/> John Doe	01/01/1965   Male   123 Main Street Townsville, MD 20850   Home: (301) 865-6534	Xywav 0.5 gram/mL oral solution C - III Titrated Twice Nightly Dosing ... Starting Dose: 1st dose 2g 2nd dose 1g for a total nightly dose = 3g (Take dose for 7 days) ... 1st:	360	ml	none	4✓	EJ	12/22/2025	<span style="border: 1px solid #ccc; padding: 2px;">Print</span> <span style="border: 1px solid #ccc; padding: 2px;">Email</span> <span style="border: 1px solid #ccc; padding: 2px;">Delete</span> <span style="border: 1px solid #ccc; padding: 2px;">Edit</span>

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



Jazz Pharmaceuticals

Prescribing Information  EJ

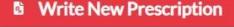
Prescriber Information	Contact Information	License Information
Elizabeth Jones DrFirst Training Test MD 9420 Key West Ave Rockville MD 20850	Phone: 3018654532 Fax: 3018654532 Office Contact: [redacted] Office Phone: [redacted]	NPI: [redacted] DEA: [redacted] State License: [redacted]

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

**Complete Prescription**



Prescription Successfully Signed

 Write New Prescription

# Appendix

## Appendix A: XYWAV Dosing Screens

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)\*

Cataplexy or EDS in Narcolepsy  Idiopathic Hypersomnia  Other

First Name\*  Middle Initial  Last Name\*

Sex\*  Male  Female Date of Birth\*  

Weight (if under age 18) †  kg

† denotes required field for pediatric patients on initial fill and restarts

Address\*  Address  City\*  State\*  Choose State  Zip Code\*

Primary Phone\*  Cell Phone  Work Phone  E-mail

**Medications \***

Include all known current prescription and non-prescription medications and dosages. If there are no comorbidities to report, enter "None".



**Comorbidities \***

Include all known comorbidities. If there are no comorbidities to report, enter "None".



### Step 1: Patient Information

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

### XYWAV Dosing Information

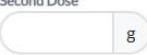
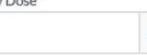
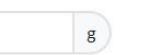
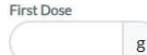
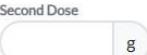
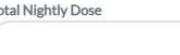
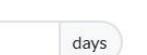
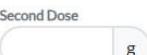
**Dispensing Instructions**

**Directions For 1 Time a Night Dosing (IH Patients):** Take the dose p.o., diluted in  $\frac{1}{4}$  cup of water, at bedtime.

**Directions For 2 Times a Night Dosing (For Narcolepsy and IH):** Take first dose p.o., diluted in  $\frac{1}{4}$  cup of water, at bedtime. Take second dose p.o., diluted in  $\frac{1}{4}$  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)
<b>Titrated XYWAV Dosing: Titrate to Effect</b>			
<b>2 times a night dosing (For Narcolepsy and IH)</b>			
Starting Dose  g +  g =  g	 g +  g =  g	 g +  g =  g	Number of Days (at each titration step) Dose for * <input type="text"/> days
1st Titration  g +  g =  g	 g +  g =  g	 g +  g =  g	Dose for * <input type="text"/> days
2nd Titration  g +  g =  g	 g +  g =  g	 g +  g =  g	Dose for <input type="text"/> days
3rd Titration  g +  g =  g	 g +  g =  g	 g +  g =  g	Dose for <input type="text"/> days

Doses may be divided equally or unequally and the first dose taken at bedtime and the second dose 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

0/500

Total Quantity (month supply) \*

Refills \*

1 month  2 months  3 months

0  1  2  3  4  5

[← Previous](#)

**Next Step →**

### Step 2: Dosing Information

<input checked="" type="checkbox"/> <b>Step 1</b> Patient Information	<input type="checkbox"/> <b>Step 2</b> Dosing Information	<input type="checkbox"/> <b>Step 3</b> Prescriber Verification	<input type="checkbox"/> <b>Step 4</b> Complete Prescription
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### XYWAV Dosing Information

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**Dispensing Instructions**

Directions For 1 Time a Night Dosing (IH Patients): Take the dose p.o., diluted in  $\frac{1}{4}$  cup of water, at bedtime.

Directions For 2 Times a Night Dosing (For Narcolepsy and IH): Take first dose p.o., diluted in  $\frac{1}{4}$  cup of water, at bedtime. Take second dose p.o., diluted in  $\frac{1}{4}$  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**

**1 time a night dosing (IH patients)**

Starting Dose	Dose * <input type="text"/> g
1st Titration	Dose * <input type="text"/> g
2nd Titration	Dose <input type="text"/> g
3rd Titration	Dose <input type="text"/> g

Number of Days (at each titration step)

Dose for *	<input type="text"/> days
Dose for *	<input type="text"/> days
Dose for	<input type="text"/> days
Dose for	<input type="text"/> days

Doses may be divided equally or unequally and the first dose taken at bedtime and the second dose 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

X
0/500

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

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<input checked="" type="checkbox"/> <b>Step 1</b> Patient Information	<input type="checkbox"/> <b>Step 2</b> Dosing Information	<input type="checkbox"/> <b>Step 3</b> Prescriber Verification	<input type="checkbox"/> <b>Step 4</b> Complete Prescription
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### XYWAV Dosing Information

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**Dispensing Instructions**

**Directions For 1 Time a Night Dosing (IH Patients):** Take the dose p.o., diluted in  $\frac{1}{4}$  cup of water, at bedtime.

**Directions For 2 Times a Night Dosing (For Narcolepsy and IH):** Take first dose p.o., diluted in  $\frac{1}{4}$  cup of water, at bedtime. Take second dose p.o., diluted in  $\frac{1}{4}$  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)

**Fixed XYWAV Dosing**

**2 times a night dosing (For Narcolepsy and IH)**

First Dose \*

 g

Second Dose \*

 g

=

 g

Special Dosing Instructions

0/500

Total Quantity (month supply) \*

Refills \*

1 month
  2 months
  3 months

0
  1
  2
  3
  4
  5

← Previous

Next Step →

### Step 2: Dosing Information (cont.)

Confidential & Proprietary Information

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 <b>Step 1</b> Patient Information	 <b>Step 2</b> Dosing Information	 <b>Step 3</b> Prescriber Verification	 <b>Step 4</b> Complete Prescription
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### XYWAV Dosing Information

**Dispensing Instructions**

**Directions For 1 Time a Night Dosing (IH Patients):** Take the dose p.o., diluted in  $\frac{1}{4}$  cup of water, at bedtime.

**Directions For 2 Times a Night Dosing (For Narcolepsy and IH):** Take first dose p.o., diluted in  $\frac{1}{4}$  cup of water, at bedtime. Take second dose p.o., diluted in  $\frac{1}{4}$  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.

<b>Titrated XYWAV Dosing (2 times a night)</b>	<b>Titrated XYWAV Dosing (1 time a night)</b>	<b>Fixed XYWAV Dosing (2 times a night)</b>	<b>Fixed XYWAV Dosing (1 time a night)</b>
--	---	---	--

**Fixed XYWAV Dosing**

**2 times a night dosing (For IH)**

Dose **\***

g

Special Dosing Instructions

0/500

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.)*

<input checked="" type="checkbox"/> Step 1 Patient Information	<input checked="" type="checkbox"/> Step 2 Dosing Information	<input type="checkbox"/> Step 3 Prescriber Verification	<input type="checkbox"/> Step 4 Complete Prescription
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### 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 **\***  
09/22/2025

Prescriber Signature **\*** Clear

← Previous
Complete Prescription →

### Step 3: Prescriber Verification

## Appendix B: XYREM® Dosing Screens

 <b>Step 1</b> Patient Information	 <b>Step 2</b> Dosing Information	 <b>Step 3</b> Prescriber Verification	 <b>Step 4</b> Complete Prescription																																													
<h3>Patient Information</h3> <hr style="border: 1px solid #ccc; margin-bottom: 5px;"/> <p>Indication for Use (required for initial prescription and any change in diagnosis) *</p> <p><input checked="" type="radio"/> Cataplexy or EDS in Narcolepsy <input type="radio"/> Other <input type="text" value="Enter Indication for Use"/></p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding-bottom: 10px;">         First Name *  <input type="text" value="John"/> </td> <td style="width: 33%; padding-bottom: 10px;">         Middle Initial  <input type="text" value=" "/> </td> <td style="width: 33%; padding-bottom: 10px;">         Last Name *  <input type="text" value="Doe"/> </td> </tr> <tr> <td style="width: 33%; padding-bottom: 10px;">         Sex *  <input checked="" type="radio"/> Male <input type="radio"/> Female       </td> <td style="width: 33%; padding-bottom: 10px;">         Date of Birth *  <input type="text" value="01/01/1965"/> </td> <td style="width: 33%; padding-bottom: 10px;">         Weight (if under age 18) †  <input type="text" value="80"/> kg       </td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: small; padding-bottom: 10px;">         † denotes required field for pediatric patients on initial fill and restarts       </td> </tr> <tr> <td colspan="2" style="padding-bottom: 10px;">         Address *  <input type="text" value="123 Main Street"/> </td> <td colspan="2" style="padding-bottom: 10px;">         Address  <input type="text"/> </td> </tr> <tr> <td style="padding-bottom: 10px;">         City *  <input type="text" value="Townsville"/> </td> <td style="padding-bottom: 10px;">         State *  <input type="text" value="Alaska"/> </td> <td colspan="2" style="padding-bottom: 10px;">         Zip Code *  <input type="text" value="20850"/> </td> </tr> <tr> <td colspan="2" style="padding-bottom: 10px;">         Primary Phone *  <input type="text" value="(301) 865-6534"/> </td> <td style="padding-bottom: 10px;">         Cell Phone  <input type="text"/> </td> <td style="padding-bottom: 10px;">         Work Phone  <input type="text"/> </td> </tr> <tr> <td colspan="2" style="padding-bottom: 10px;">         E-mail  <input type="text"/> </td> <td colspan="2"></td> </tr> <tr> <td colspan="4" style="border: 1px solid #ccc; padding: 10px;"> <p><b>Medications *</b></p> <p>Include all known current prescription and non-prescription medications and dosages. If there are no comorbidities to report, enter "None".</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding-bottom: 5px;"> <input type="text" value="Enter Medications"/> </td> <td style="width: 30%; text-align: right; padding-bottom: 5px;"> <input type="button" value="Add"/> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-bottom: 5px;"> <input type="button" value="None ×"/> </td> </tr> </table> </td> </tr> <tr> <td colspan="4" style="border: 1px solid #ccc; padding: 10px;"> <p><b>Comorbidities *</b></p> <p>Include all known comorbidities. If there are no comorbidities to report, enter "None".</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding-bottom: 5px;"> <input type="text" value="Enter Comorbidities"/> </td> <td style="width: 30%; text-align: right; padding-bottom: 5px;"> <input type="button" value="Add"/> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-bottom: 5px;"> <input type="button" value="None ×"/> </td> </tr> </table> </td> </tr> <tr> <td colspan="4" style="text-align: center; padding-top: 10px;"> <input type="button" value="← Previous"/> <input type="button" value="Next Step →"/> </td> </tr> </table>				First Name * <input type="text" value="John"/>	Middle Initial <input type="text" value=" "/>	Last Name * <input type="text" value="Doe"/>	Sex * <input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth * <input type="text" value="01/01/1965"/>	Weight (if under age 18) † <input type="text" value="80"/> kg	† denotes required field for pediatric patients on initial fill and restarts			Address * <input type="text" value="123 Main Street"/>		Address <input type="text"/>		City * <input type="text" value="Townsville"/>	State * <input type="text" value="Alaska"/>	Zip Code * <input type="text" value="20850"/>		Primary Phone * <input type="text" value="(301) 865-6534"/>		Cell Phone <input type="text"/>	Work Phone <input type="text"/>	E-mail <input type="text"/>				<p><b>Medications *</b></p> <p>Include all known current prescription and non-prescription medications and dosages. 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### Step 1: Patient Information

<input checked="" type="radio"/> <b>Step 1</b> Patient Information	<input type="radio"/> <b>Step 2</b> Dosing Information	<input type="radio"/> <b>Step 3</b> Prescriber Verification	<input type="radio"/> <b>Step 4</b> Complete Prescription
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### XYREM Dosing Information

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**Dispensing Instructions**  
 Directions: Take first dose p.o., diluted in  $\frac{1}{2}$  cup of water, at bedtime. Take second dose p.o., diluted in  $\frac{1}{2}$  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**

---

Starting Dose

First Dose \*

+

Second Dose \*

=

Total Nightly Dose \*

Number of Days (at each titration step)

Dose for \*

days

**Titrated XYREM Dosing: Titrate to Effect**

---

1st Titration

First Dose \*

+

Second Dose \*

=

Total Nightly Dose \*

Dose for \*

days

2nd Titration

---

First Dose

+

Second Dose

=

Total Nightly Dose

Dose for

days

3rd Titration

---

First Dose

+

Second Dose

=

Total Nightly Dose

Dose for

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

0/500

Total Quantity (month supply) \*

1 month  2 months  3 months

Refills \*

0  1  2  3  4  5

← Previous

Next Step →

## Step 2: Dosing Information

Confidential & Proprietary Information

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 <b>Step 1</b> Patient Information	 <b>Step 2</b> Dosing Information	 <b>Step 3</b> Prescriber Verification	 <b>Step 4</b> Complete Prescription
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## XYREM Dosing Information

---

**Dispensing Instructions**

**Directions:** Take first dose p.o., diluted in  $\frac{1}{2}$  cup of water, at bedtime. Take second dose p.o., diluted in  $\frac{1}{2}$  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\*  g +  g =  g

Special Dosing Instructions

0/500

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

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 <b>Step 1</b> Patient Information	 <b>Step 2</b> Dosing Information	 <b>Step 3</b> Prescriber Verification	 <b>Step 4</b> Complete Prescription
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### 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 \*

09/22/2025

Prescriber Signature \*

[Clear](#)

[← Previous](#) [Complete Prescription →](#)

### Step 3: Prescriber Verification