

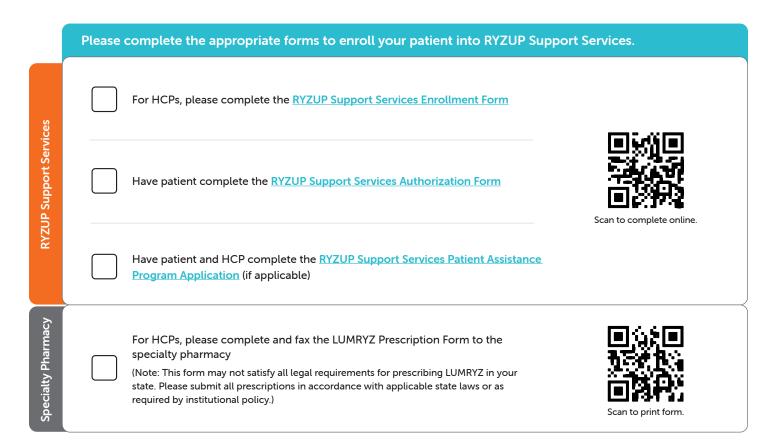


Complete all RYZUP Support Services enrollment forms online at RYZUPSupport.com, or complete and fax to 1-844-485-7638.

Have questions on completing enrollment? Please call **1-844-485-7636** Monday to Friday 8 AM - 8 PM ET.

# **Enrollment Checklist**

NOTE: TO RECEIVE LUMRYZ, PATIENTS AND THEIR PRESCRIBERS MUST BE ENROLLED IN THE LUMRYZ REMS. GO TO LUMRYZREMS.com TO ENROLL.



## **Enrollment Form**

NOTE: TO RECEIVE LUMRYZ (SODIUM OXYBATE) FOR EXTENDED-RELEASE ORAL SUSPENSION, PATIENTS AND THEIR PRESCRIBERS MUST BE ENROLLED IN THE LUMRYZ REMS. GO TO LUMRYZREMS.com TO ENROLL.

\*Required field. All sections to be filled out and signed by healthcare provider.

Patient Information						
*First Name:	M.I.:	*Last Name:	*Phone:			
*Date of Birth (MM/DD/YYYY):	*Gender: Male Female Other		Cell Phone:			
*Address Line 1:			Email:			
Address Line 2:		Preferred Method of Contact: Phone Cell Cell OK to leave message				
*City:		*State:	*Zip Code:			

### Insurance Information (please include copies of the front and back of the insurance card)

Does the patient have insurance? Yes No	Does the patient have secondary insurance? Yes No		
Policy Holder's Name:	Relationship to Patient:		
Insurance Company Name:	Policy Holder's Date of Birth (MM/DD/YYYY):		
Insurance Phone:	Rx Member ID No:	Rx Group No:	

Prescriber Information					
*First Name:	M.I.:	*Last Name:	*Primary Phone:		
*Street Address:			Practice/Facility Name:		
*City:	*State:	*Zip Code:	*Fax:		
*NPI No:	*DEA No:		State License No:		
Office Contact Name:		Office Contact Phone:			
Office Contact Email:		Preferred Method of Contact: Phone Email Fax			

LUMRYZ Prescription and Clinical Information (This information is for benefits investigation purposes only. This form does not constitute a valid prescription.)						
*Diagnosis (ICD-10 code): G47.41 G47.42 G47.411 G47.421	Please select patient's experience with oxybate products: Naïve to oxybate Discontinued oxybate Currently taking oxybate	If switching from another oxybate product, please select closest total nightly dosage: LUMRYZ 4.5 g LUMRYZ 6 g LUMRYZ 7.5 g LUMRYZ 9 g	OR	If not currently taking oxybate products, please select ONE titration schedule: Pivotal clinical Other titration schedule trial schedule: Week 1:g Week 1: 4.5 g Week 2:g Week 2 and 3: 6 g Week 3:g Week 4: 7.5 g Week 4:g		

#### **Prescriber Attestation and Consent**

must be signed by healthcare provider before enrollment can be processed

By signing below, I certify that the patient and physician information contained in this RYZUP Support Services Enrollment Form is complete and accurate to the best of my knowledge. I certify that LUMRYZ (sodium oxybate) for extended-release oral suspension is medically necessary for this patient and that I have reviewed this therapy. Additionally, I confirm that I have reviewed both the Important Safety Information (ISI) and the Prescribing Information (PI) with the patient and will be monitoring the patient's treatment. I certify that I have received the appropriate permission from the patient and met any other applicable requirements imposed under the Health Insurance Portability and Accountability Act of 1996 and/or state law needed to release the above information to RYZUP Support Services for the purposes of verifying the patient's insurance coverage, seeking prior authorization on my patient's behalf, if needed, and providing information on appeals for denials of claims. I understand that my patient's information provided to Avadel CNS Pharmaceuticals, LLC and their affiliates and agents (together, "Avadel") is for the use of RYZUP Support Services solely to verify my patient's insurance coverage; to assess, if applicable, my patient's eligibility for patient assistance and other support programs; and to otherwise administer RYZUP Support Services for my patient. I authorize the use of said patient affordability programs where applicable. I consent to RYZUP Support Services contacting me by fax, email, phone, or mail to provide additional information about LUMRYZ and RYZUP Support Services.

\*Prescriber Signature

\*Date

Please note that the pharmacies certified in the LUMRYZ REMS to dispense LUMRYZ are Accredo®, CVS Specialty™, Frontier Therapies - Optum, and ARx Patient Solutions Pharmacy.

### Please see the full <u>Prescribing Informaton</u>, including BOXED WARNING, and <u>Medication Guide</u>, available on LUMRYZhcp.com.

