

# Xelpros™

(latanoprost ophthalmic emulsion) 0.005%

## Prescription Order Form

Start your patients on XELPROS by completing and faxing this prescription order form



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Check the appropriate pharmacy provider at the top right of the form.



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Fill out the patient and physician sections with the appropriate information.



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Sign and date the prescription information section (completed by health care provider only). Attach your prescription if this form does not comply with your state laws. No prescriptions faxed by patients will be accepted.



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Fax the prescription order form to the selected pharmacy provider.

Xelpros Xpress™

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**Reminder:** XELPROS is only available by mail through the XELPROS Xpress program. **Patients save 33% on a 3-month supply when they use the XELPROS auto-fill program.**

## SELECT YOUR PHARMACY PROVIDER

### Transition Pharmacy, LLC

Fax: 866-694-2555  
Phone: 844-364-7670

### CapstanRx Pharmacy\*

Fax: 972-674-1456  
Phone: 855-651-8360

## PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Preferred Language: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Any Known Allergies: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

## PHYSICIAN INFORMATION

Name: \_\_\_\_\_ NPI #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

## PRESCRIPTION INFORMATION (To be completed by the provider only)

Drug/Strength	Instructions	Quantity	Refill(s)
XELPROS™ (latanoprost ophthalmic emulsion) 0.005%	1 gtts QHS OD OS OU	3 bottles 1 bottle	_____

Please attach your prescription if this form does not comply with your state laws.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For e-Prescribing, please use the following information for processing requests through your system:**

### Transition Pharmacy, LLC

Pharmacy Type: Retail City: Feasterville-Treose  
 NPI #: 1336325265 State: PA  
 NCPDP #: 3989603 ZIP Code: 19053

### CapstanRx Pharmacy

Pharmacy Type: Retail City: Dallas  
 NPI #: 1780159715 State: TX  
 NCPDP #: 5925891 ZIP Code: 75231

\*CapstanRx Pharmacy is not available in the state of Montana.

**Note:** Pharmacy law requires faxed prescriptions to be sent from a prescriber's office only. No prescriptions faxed by patients will be accepted. There is no additional cost to the patient or physician for this service.



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PM-US-XPS-0120 06/2019

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