



Prescription Order Form

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



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



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



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.



Fax the prescription
order form to the
selected pharmacy
provider.



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.**



Prescription Order Form

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 gtt 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
NPI #: 1336325265
NCPDP #: 3989603

CapstanRx Pharmacy

Pharmacy Type: Retail
NPI #: 1780159715
NCPDP #: 5925891

*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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