

Xelpros™

(latanoprost ophthalmic emulsion) 0.005%

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.

Xelpros Xpress™

Reminder: XELPROS is only available by mail through the
XELPROS Xpress program. **Patients save 36% 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

XELPROS™ (latanoprost
ophthalmic emulsion) 0.005%

Instructions

1 gtts QHS
OD OS OU

Quantity

3 bottles
1 bottle

Refill(s)

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

City: Feasterville-Trevose

State: PA

ZIP Code: 19053

CapstanRx Pharmacy

Pharmacy Type: Retail

NPI #: 1780159715

NCPDP #: 5925891

City: Richardson

State: TX

ZIP Code: 75081

*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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