

# SIKLOS AT HOME®

Specialty pharmacy home delivery service

Powered by **Transition Pharmacy**

## CONVENIENCE FOR YOUR OFFICE:

- Verification of patient benefits
- Assistance with prior authorizations
- Monthly refill reminders for patients
- Three easy ways to submit your prescriptions: fax, call or ePrescribe

## CONVENIENCE FOR YOUR PATIENTS:

- FREE discreet home delivery
- Pharmacists to answer product questions
- Insurance benefit verification
- Monthly refill reminders
- Prior authorization support
- Patient Portal to manage prescriptions

### COMMERCIALLY INSURED PATIENTS

may  
pay as  
little as

**\$ 0**

per  
prescription

### SIKLOS AT HOME®

Cash paying patients  
pay as little as:

Siklos® 100 mg tablets:  
\$99 for 60 or \$149 for 90 tablets

Siklos® 1,000 mg tablets:  
\$16.50/tablet

If you choose to ePrescribe, select **Transition Pharmacy** in your ePrescribing system

Not listed in your ePrescribing system? See below to conduct a system search:

1. Select “**Retail**” pharmacy as opposed to “Mail Order” pharmacy to do your search if that is an option.
2. Most ePrescribing systems have a search library. Begin by using the following criteria only:
  - “**Transition Pharmacy**”
  - “**Trevoze, PA 19053**”
  - “**NCPDP# 3989603**”
3. If **Transition Pharmacy** does not show in the system, add the following criteria:
  - NCPDP # 3989603
  - Address: 2546 Metropolitan Drive  
Trevoze, PA 19053
  - If NPI# is required: 1336325265
  - If you are still not able to find **Transition Pharmacy**, contact your ePrescribing software vendor and log a case to have the pharmacy added to your system.

**PLEASE SEE REVERSE FOR ORDERING INSTRUCTIONS**  
For questions or to submit a prescription, please call 1-844-716-HOME (4663)

### 1. PATIENT INFORMATION

Last Name		First Name		Middle initial
Delivery Address				APT #
City		State	ZIP	Email address
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy)		Language Preference:	
Current Medications Taken:		Medical Conditions:		Any Known Allergies:
		Preferred phone number		Cell phone

— IF AVAILABLE, PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF THE PATIENTS PRESCRIPTION INSURANCE CARD. —

### 2. PRESCRIBER INFORMATION WITH SIGNATURE

To be completed by prescriber

– or –

ePrescribe to  
**Transition Pharmacy**  
Trevose, PA 19053

Type: Retail Pharmacy  
NPI #: 1336325265  
NCPDP #: 3989603

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Prescriber Name		
NPI#	Office Contact Name and Phone #	
DEA #		
Physician Email		
Prescriber Phone	Prescriber FAX	
Prescriber Address		
City	State	ZIP
<b>PRESCRIBER SIGNATURE</b>		Date

### 3. PRESCRIPTION INFORMATION

**SIKLOS AT HOME®**

**100 mg tablets**    Quantity  60     90     \_\_\_\_\_    Refills \_\_\_\_\_    Directions \_\_\_\_\_  
**1,000 mg tablets**    Quantity  7     15     \_\_\_\_\_    Refills \_\_\_\_\_    Directions \_\_\_\_\_

### 4. PRESCRIBER — FAX completed form to 1-844-375-3010