

OSPHENA AT HOME® BONJESTA AT HOME®

Home delivery service with specialized support provided by licensed pharmacists with a dedicated customer service staff

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

Pay as little as:

- \$40 per Bonjesta (doxylamine succinate and pyridoxine hydrochloride) prescription
- \$35 for 30 Ospheña (ospemifene) tablets
- \$90 for 90 Ospheña (ospemifene) tablets

OSPHENA AT HOME®

Cash-paying patients pay only:

- \$75 for 30 tablets
- \$190 for 90 tablets

BONJESTA AT HOME®

Cash-paying patients pay only:

- \$60 for 30 tablets
- \$99 for 60 tablets

If you choose to ePrescribe, select *Transition Pharmacy*

Not listed in your software program? 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*”
 - “Trevose, PA 19053”
 - “NCPDP# 3989603”
3. If *Transition Pharmacy* does not show in the system, add the following criteria:
 - NCPDP # 3989603
 - Address: 2546 Metropolitan Drive
Trevose, 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 (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

Health care information is personal and sensitive information. This communication and any attachments are intended solely for the use of *Transition Pharmacy* and contain confidential and legally privileged information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you received this communication in error, please notify *Transition Pharmacy* by FAX or phone immediately.

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

3. PRESCRIPTION INFORMATION

BONJESTA AT HOME®

Quantity 30 60 _____

Refills _____

Directions _____

OSPHERA AT HOME®

Quantity 30 90 _____

Refills _____

Directions _____

4. PRESCRIBER — FAX completed form to (844) 375-3010