



 **Cequa**<sup>™</sup>  
(cyclosporine ophthalmic solution) 0.09%

## Cequa Support<sup>™</sup> Specialty Pharmacy Prescription Order Form

Start your commercially insured patients on Cequa<sup>™</sup>  
by completing and faxing this prescription order form



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

**Reminder:** To expedite the order, please include relevant clinical information including previously tried or failed treatments.



Sign and date the medication section (to be completed by the physician 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 RxCrossroads, LLC or e-Prescribe. Include relevant clinical information or attach a letter of medical necessity when faxing.

Fax your prescription to **1-833-907-1248**

## 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: \_\_\_\_\_

Medications Tried and Failed for Dry Eye Disease: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_ Reason for Failure: \_\_\_\_\_

If possible, attach a copy of your patient's current prescription insurance card.

## PHYSICIAN INFORMATION

Name: \_\_\_\_\_ NPI #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

## MEDICATION (to be completed by the physician only)

Drug/Strength	Instructions	Quantity	Refill(s)
Cequa™ (cyclosporine ophthalmic solution) 0.09%	1 gtts BID OU	1-month supply 3-month supply	_____

**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:

### RxCrossroads, LLC

5101 Jeff Commerce Drive  
Suite A  
Louisville, KY 40219

NCPDP: 1827104

NPI: 1942398995

Fax: **1-833-907-1248**

**Note:** Pharmacy law requires faxed prescriptions to be sent from a physician'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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