



 **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**

 **Cequa Support**<sup>™</sup>

## PATIENT INFORMATION

Name: John Doe Date of Birth: 01/02/2020  
Phone #: 919-111-5555 Cell Phone #: 919-112-5555  
Primary Contact: Jane Doe Preferred Language: English  
Address: 123 Main Ave. Apt/Suite: 1A  
City: Anytown State: NJ ZIP Code: 00001  
Email: Anytown  
Any Known Allergies: None Medical Conditions: None  
Medications Tried and Failed for Dry Eye Disease: None  
Duration of Treatment: None Reason for Failure: None  
If possible, attach a copy of your patient's current prescription insurance card.

## PHYSICIAN INFORMATION

Name: Dr. John Smith NPI #: 12345  
Address: 1 Avenue C.  
City: Anytown State: NJ ZIP Code: 00002  
Office Contact: Dr. Phil Good Contact Phone #: 919-222-5555  
Fax #: 919-222-6666 Email: jsmithMD@hotmail.com

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

Drug/Strength	Instructions	Quantity	Refill(s)
Cequa <sup>™</sup> (cyclosporine ophthalmic solution) 0.09%	1 gtts BID OU	<input checked="" type="checkbox"/> 1-month supply <input type="checkbox"/> 3-month supply	<u>2</u>

**Please attach your prescription if this form does not comply with your state laws.**

Physician Signature: Dr. John Smith Date: 01/02/2020

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**



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