



Cequa Support™ Specialty Pharmacy Prescription Order Form

Start your commercially insured patients on Cequa™
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 #: _____

Email: _____

Cequa Support[™] may submit prior authorization/appeals on my behalf

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: 1492398995

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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