iyuzeh™ (latanoprost ophthalmic solution) 0.005%

PHIL

Prescription Fax Order Form
PhilRx Pharmacy

Fax this completed Prescription Form to PhilRx: 888-975-0603

Patient Information

Name: ______________________ Date of Birth *(MM/DD/YYYY)*: ____________

Cell Phone: (______) ____________ Email: ______________________

Shipping Address: ______________ City: ____________ State: ______ Zip: ________

Sex: ☐ Male ☐ Female Primary Language: ______________________

Prescriber Information

Name: ______________________ NPI# ____________

Address: ______________ City: ____________ State: ______ Zip: ________

Office Contact Name: ______________________

Phone: (______) ____________ Fax: (______) ____________ Email: ______________

(for prescription status updates)

IYUZEH Prescription Information

Strength/Form	Quantity	How Supplied	# of Refills	Dosage/Administration Instructions
IYUZEH™ (latanoprost ophthalmic solution) 0.005%	30 single-dose containers	1 box for 30 days		One drop in the affected eye(s) once daily in the evening.
IYUZEH™ (latanoprost ophthalmic solution) 0.005%	90 single-dose containers	3 boxes for 90 days		One drop in the affected eye(s) once daily in the evening.

ICD-10 or Diagnosis: ______________________

Prior Medication Trials/Failures* *(treatment name, duration, and reason for discontinuation)*

____

*If applicable

Insurance Information *(Please attach a copy of the front and back of the patient's insurance* **OR** *fill out the information below)*

Check the box that applies: ☐ Commercial/Private ☐ Medicare Part D ☐ Medicaid ☐ Other ☐ Uninsured

Member Name *(cardholder)*: ______________ Rx Plan Name: ______________

Prescription Drug Card Member ID #: ______________ Rx Group: ______________

RX BIN: ______________ RX PCN: ______________

Prescriber Signature: ______________________Date: ______________

Transmitted by *(full name if other than prescriber)* : ______________________

Have questions or need assistance?

Call the dedicated prescriber line at 855-977-0975 to speak with a PhilRx Support Representative or contact your Thea sales representative.

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