

Lilly Cares

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Lilly Cares Prescription FAX Form Taltz®

Patient Name: _____ Date of Birth: _____

Address: _____ Telephone Number: _____

Rx: I authorize Lilly Cares to act on my behalf for the purpose of transmitting this prescription to the appropriate pharmacy.

TALTZ® (ixekizumab) injection, for subcutaneous use

Please indicate patient's treatment plan:

Injection Device: (choose one): Autoinjector or Prefilled Syringe

Starting Dose: 2 x 80 mg (160 mg) subcutaneous injections

First Two Induction Doses: 1 x 80 mg subcutaneous injection every 2 weeks (weeks 2-4)
Quantity to be dispensed is 2 doses.

Ship starting dose & 2 induction doses to:

- Physician's Address (injection training, then future doses to patient home)
- Patient's Address

Remaining Induction Doses: 1 x 80 mg subcutaneous injection every 2 weeks (weeks 6-12)
Quantity to be dispensed is 4 doses.

Maintenance Dose: 1 x 80 mg subcutaneous injection every 4 weeks (after week 12)

Quantity to be Dispensed: 4 months (max) 3 months 2 months 1 month

Refills: # _____ (up to one year of treatment) Date: _____

Your state may require that prescriptions follow certain content requirements or use a particular form. By signing below you certify that you are abiding by laws applicable to prescriptions and authorized prescribers in the states in which you are prescribing.

Signature: _____
Dispense as written **Substitution/brand exchange permitted**

Supervising Physician Signature and Date (where required): _____

Rubber stamps, signature by other office personnel for the prescriber, and computer-generated signatures will not be accepted.

Printed Prescriber Name and Title: _____ FAX: _____

State License Number and State: _____ Phone: _____

Prescriber Address: _____

Confidentiality: IMPORTANT: This information is intended for the use of the person or entity to which it is addressed and may contain information that is confidential, the disclosure of which is governed by applicable law. If the reader of this information is not the intended recipient, or the authorized agent or individual responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you received this document in error, please notify us immediately and destroy the related document.