

Lilly Cares Foundation Patient Assistance Program

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La Jolla, CA 92039
Phone: 1-800-545-6962
Fax: 1-844-431-6650
www.LillyCares.com



Lilly Cares Prescription FAX Form Humalog® Junior KwikPen® (insulin lispro injection)

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. Please indicate patient's treatment plan (**by check mark**):

_____ Humalog® Junior KwikPen® 3mL (100 units/mL)

Instructions for use for Humalog® Junior KwikPen® [**include average units of Humalog insulin per day**]:

Quantity to be Dispensed: _____ month-supply (*max 4 mos.*)

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

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.

I authorize Lilly Cares to act on my behalf for the limited purposes of transmitting this order for prescription medication. *Rubber stamps, signature by other office personnel for the prescriber, and computer-generated signatures will not be accepted.*

Signature: _____

Dispense as written

Date: _____

Supervising Physician Signature and Date (where required): _____

Printed Prescriber Name and Title: _____ FAX: _____

State License Number and State: _____ Phone: _____

Prescriber Shipping Information (NO PO BOX OR THIRD PARTY VENDOR)

Prescriber Name and Title: _____

Prescriber's Office/Clinic Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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.

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