

The Lilly Cares® Foundation Patient Assistance Program (“Lilly Cares”)
Prescription FAX Form
EBGLYSS™ (lebrizumab-lbkz) solution for subcutaneous injection 250 mg/2 mL

Patient Information:

Patient Name: _____	Date of Birth: _____	Today's Date: _____
Address: _____		
City: _____	State: _____	Zip Code: _____ Phone: _____
Ship to (if different from patient address above, No P.O. Box or third-party vendor):		
Address: _____		
City: _____	State: _____	Zip Code: _____
Drug Allergies: _____		
Other Medications: _____		

Rx: I authorize Lilly Cares to act on my behalf for the purpose of transmitting this prescription to the appropriate pharmacy. To submit an electronic prescription, please select Fortrea Specialty Pharmacy (NPI 1780811125) in your eRx software.

EBGLYSS injection device (choose one): Prefilled pen or Prefilled syringe

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

Ebglyss Dosing Phase	Directions	Quantity	Refills
<input type="checkbox"/> Initial Dose: 500 mg subcutaneously	500 mg (two 250 mg injections) subcutaneously at Week 0 and Week 2	1 month	0
<input type="checkbox"/> Starting Dose: 250 mg subcutaneously	250 mg (one injection) subcutaneously every two weeks until Week 16	3 months	0
<input type="checkbox"/> Maintenance Dosing: 250 mg subcutaneously	250 mg (one injection) subcutaneously every four weeks starting at Week 16	<input type="checkbox"/> 4 months (max) <input type="checkbox"/> 3 months <input type="checkbox"/> 2 months <input type="checkbox"/> 1 month	# _____ Up to 1 year

Your state may require that prescriptions follow certain content requirements or use a particular form. Non-compliance with state-specific requirements will result in outreach to the prescriber and may delay shipping of medication. 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.

Signature: _____

Dispense as written

Substitution/brand exchange permitted

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 Office/Clinic Name and Shipping Address (No PO Box): _____

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.

Lilly Cares Foundation, Inc. (Lilly Cares) is a nonprofit charitable organization that provides prescribed Lilly medications for free for up to 12 months to qualifying U.S. patients.