

**Lilly Cares Foundation Patient Assistance Program**

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**Lilly Cares Prescription FAX Form**

**Humulin® R U-500 (insulin human 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**):

\_\_\_\_\_ Humulin® R U-500 KwikPen® 3mL (500 units/mL)

\_\_\_\_\_ Humulin® R U-500 vial 20 mL (500 units/mL)

Instructions for use [include units of insulin per dose for Humulin R U-500 KwikPen **OR** Humulin R U-500 vial and BD™ U-500 Insulin Syringe (NO DOSE CONVERSION) and administration schedule]:

\_\_\_\_\_  
\_\_\_\_\_

Maximum units 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. *Rubberstamps, 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: \_\_\_\_\_

**Patients prescribed the Humulin R U-500 vial must be prescribed the BD™ U-500 insulin syringe to avoid medication errors. Do not use another type of syringe. The U-500 insulin syringe is not available through Lilly Cares. The safety and efficacy of Humulin R U-500 delivered by continuous subcutaneous insulin infusion/pump has not been determined. Prescriber orders for Humulin R U-500 administered by continuous subcutaneous insulin infusion/pump will not be fulfilled.**

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