

## Lilly Cares Prescription FAX Form for Humatrope<sup>®</sup>

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**HumatroPen<sup>®</sup> Injection Device\* (select one)**

- 6 mg NDC 0002956001
- 12 mg NDC 0002956101
- 24 mg NDC 0002956201

**Humatrope<sup>®</sup> Cartridge (select one)**

- 6 mg cartridge kit (gold) NDC 00028147
- 12 mg cartridge kit (teal) NDC 0002814801
- 24 mg cartridge kit (purple) NDC 002814901

*\*A device prescription is needed with the initial dosing prescription. Patients are limited to one pen per year, unless the dosage changes and a new pen size is needed to fit the new cartridge size.*

Quantity to Dispense: \_\_\_\_\_ month supply (max 4 mos.) Refills: # \_\_\_\_\_

SIG/Directions: \_\_\_\_\_ 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: \_\_\_\_\_

Prescriber State License # and State: \_\_\_\_\_ DEA # \_\_\_\_\_ (as required) Phone: \_\_\_\_\_

Prescriber Address: \_\_\_\_\_ Prescriber FAX: \_\_\_\_\_

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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