

Prescription FAX Form Verzenio® (abemaciclib) and Retevmo™ (selpercatinib)

Patient Name: _____ Date of Birth: _____
 Address: _____ Phone: _____

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

Prescription for Verzenio® (abemaciclib) Tablets	Prescription for Retevmo™ (selpercatinib) Capsules
<input type="checkbox"/> Verzenio: 50 mg 7-day blister pack (NDC: 0002-4483-54) <input type="checkbox"/> Verzenio: 100 mg 7-day blister pack (NDC: 0002-4815-54) <input type="checkbox"/> Verzenio: 150 mg 7-day blister pack (NDC: 0002-5337-54) <input type="checkbox"/> Verzenio: 200 mg 7-day blister pack (NDC: 0002-6216-54) Quantity: 1 month supply Refills (up to 1 year): _____ Directions: 1 tablet twice daily	<input type="checkbox"/> Retevmo: 80 mg 120-count bottle (NDC: 0002-2980-26) <input type="checkbox"/> Retevmo: 80 mg 60-count bottle (NDC: 0002-2980-60) <input type="checkbox"/> Retevmo: 40 mg 60-count bottle (NDC: 0002-3977-60) Quantity: 1 month supply Refills (up to 1 year): _____ Directions: _____

Date: _____

Your state may require that prescriptions follow certain content requirements or the use of 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.

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: _____

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.

