Lilly Direct®

Prescription Form
Zepbound® (tirzepatide) Vial

PUBLISHED 02/2025

OFFICE: Complete the entire form and submit via fax to 1-833-541-1760. For assistance, call 1-855-723-4672, Monday – Friday 7am - 10pm ET & Saturday 8am - 4pm ET.

Section 1: Patient Information

Patient Name (First, MI, Last) _____ **DOB** (MM/DD/YYYY) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Section 2: Prescriber Information

Name (First, Last) _____ **NPI #** _____

Practice Name _____ **Phone** _____ **Fax** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Section 3: Prescription

Zepbound Prescribing Information (PI) Adult Dosing *OFFICE: Please Check Below*	**Quantity**	**Days Supply**	**Refills**
☐ Zepbound 2.5 mg: Inject 2.5 mg (0.5 mL) subcutaneously once weekly	4 single-dose vials	28	_____
☐ Zepbound 5 mg: Inject 5 mg (0.5 mL) subcutaneously once weekly	4 single-dose vials	28	_____
☐ Zepbound 7.5 mg: Inject 7.5 mg (0.5 mL) subcutaneously once weekly	4 single-dose vials	28	_____
☐ Zepbound 10 mg: Inject 10 mg (0.5 mL) subcutaneously once weekly	4 single-dose vials	28	_____

Prescriber's Signature:

Dispense as written	**May substitute/brand exchange permitted**	**Date Signed (MM/DD/YYYY)**

Some states have a pharmacy regulatory requirement that may require electronic transmission of prescriptions and/or have regulations to retain permanent hard copy documentation. As the prescriber, you are responsible for referring to your local state prescription requirements.

Please see accompanying Prescribing Information, including Boxed Warning, and Medication Guide. Please see Instructions for Use for vial.