CSI PHARMACY
Clinical Specialty Infusion, LLC.

CSI Pharmacy
Toll Free: 1-833-569-1005
Pharmacy Fax: 430-200-4889

Tecfidera Order Form

- Copay Assistance Team
- 24/7 On call Pharmacist
- Prior Authorizations
- Close Clinical Monitoring

PATIENT INFORMATION

Patient Name		Patient/Caregiver (if applicable)	
Address		City	State Zip code
Main Phone	Alternate phone	Email Address	Last Four of Social (to pull ins. card)
Date of Birth			

Please include Facesheet, H&P and Clinicals if available (required for PA).

INSURANCE INFORMATION (or attach copy of front/back of ins card)

Insurance Name	Insurance ID number	
BIN number	PCN number	RX Group number

MEDICATION ORDERS

☐ **Titration**: Tecfidera 120mg 1 cap BID X 7 days

Dispense: Tecfidera 120mg 14 caps

Refill X ZERO

☐ **Maintenance**: Tecfidera 240mg 1 cap BID thereafter

Dispense: Tecfidera 240mg 90 caps / 30 days

Refill X 11 or _____

PHYSICIAN INFORMATION

Physician Name	Address	City	State	Zip Code
Phone	Fax	NPI	Practice Site Name	
Office Contact and special instructions:				

By signing this form and utilizing our services, you are authorizing CSI PHARMACY and it's employees to serve as your prior authorization agent when dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) _____ Date _____