



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

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

Tecfidera Enrollment Form

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 | | | | |
| | | | | |
| <i>Please include Facesheet, H&P and Clinicals if available (required for PA).</i> | | | | |

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 its employees to serve as your prior authorization agent when dealing with medical and prescription insurance companies.

This is not a valid prescription in the state of Alabama.

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