CSI PHARMACY
Clinical Specialty Infusion, LLC.

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			

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 60 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.

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

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addresses you should not disseminate, distribute or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.