



# Midatech Direct Rx Form

**E-prescribe:** CareMed Specialty Pharmacy 11042  
**NPI#** 1659380772 **Phone:** 844-360-3709  
**NABP#** 3306986 **Fax to:** 844-361-2747

## Prescriber

✓	Prescriber Name	Designation	NPI #

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Office Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ | Office Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 ➔ Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Patient

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Patient Address Verified? Yes No Deliver to (select one): Patient Office

## Insurance

Primary Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Insurance Co. Phone # \_\_\_\_\_  
 Check if Medicare or Medicaid  
 Check if No Insurance  
**Attach Copy of Insurance Card (Front and Back)**  
 Co-Pay Assistance: \$0 co-pay will be automatically applied for ALL eligible patients\*

## Patient Diagnosis

Primary Diagnosis (Required) \_\_\_\_\_ ICD-10 \_\_\_\_\_ Allergies \_\_\_\_\_  
 Stage \_\_\_\_\_ Other meds prescribed for same diagnosis \_\_\_\_\_

## Oravig Rx

Check to Prescribe

**Oravig® - Dispense:** Oravig bottle (14-day supply). **Dose:** Apply 1 tablet QD.  
**Oral thrush/Oropharyngeal Candidiasis Diagnosis:**  

✓	Code	Description (check all that apply)
	ICD-10 B37.0	Candidal Stomatitis
	ICD-10 B37.9	Candadiasis, unspecified


 (Medicare pending)  
 once-daily **ORAVIG®**  
 (miconazole) buccal tablets 50 mg  
 Refills (Select One):  01  02  03  04

## Gelclair Rx

Check to Prescribe

**Gelclair® - Dispense:** Gelclair 90 packets (30-day supply). **Dose:** Rinse with 1 packet TID.  
**Oral Mucositis Diagnosis:**  

✓	Code	Description (check all that apply)
	ICD-10 K12.30	Oral mucositis (ulcerative), unspecified
	ICD-10 K12.31	Oral mucositis (ulcerative), due to antineoplastic therapy
	ICD-10 K12.32	Oral mucositis (ulcerative), due to other drugs
	ICD-10 K12.33	Oral mucositis (ulcerative), due to radiation
	ICD-10 K12.39	Other Oral mucositis (ulcerative)


  
 Refills (Select One):  01  02  03  04

## Aquoral Rx

Check to Prescribe

**Aquoral® - Dispense:** Aquoral spray (30-day supply). **Dose:** 2 sprays into the mouth TID or QID.  
**Xerostomia Diagnosis:**  

✓	Code	Description (check all that apply)
	ICD-10 R68.2	Xerostomia
	ICD-10 K11.7	Disturbances of salivary secretion


  
 Refills (Select One):  01  02  03  04

## Zuplenz Rx

4 mg  
 8 mg  
 Check to Prescribe

**Zuplenz® - Dispense:** Zuplenz \_\_\_\_\_ boxes of 30 oral soluble film strips (multi-day supply). **Dose:** Place on tongue as directed.  
 Check one:  HEC  MEC/Adult  MEC/Ped  RINV  PONV  
**CINV, RINV, or PONV Diagnosis:**  

✓	Code	Description (check all that apply)
	ICD-10 R11.0	Nausea
	ICD-10 R11.10	Vomiting, unspecified
	ICD-10 R11.11	Vomiting without nausea
	ICD-10 R11.12	Projectile vomiting
	ICD-10 R11.2	Nausea with vomiting; unspecified

 (Medicare pending)  
  
 Refills (Select One):  01  02  03  04

\*Co-pay assistance not valid for prescription reimbursement in whole or in part under Medicaid, Medicare, including Medicare Advantage and Part D Rx drug plans or any other federal or state programs (including state pharmaceutical assistance programs) or where prohibited, taxed or otherwise restricted.  
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## Midatech Direct Rx Form

*Prescription savings and free delivery to patient's home in 24 hours*

**Fax form to: 844-361-2747**

**OR**

**E-prescribe: CareMed Specialty Pharmacy**

**NPI# 1659380772 NABP# 3306986**

**Questions? Call 844-360-3709**

once-daily  
**ORAVIG**<sup>®</sup>  
(miconazole) buccal tablets 50 mg

 **gelclair**<sup>®</sup>  
Bioadherent Oral Gel

 **aquoral**<sup>®</sup>  
artificial saliva  
PROTECTIVE ORAL SPRAY

 **Zuplenz**<sup>®</sup>  
(ondansetron) oral soluble film

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