



# Midatech Direct Rx Form

**E-prescribe:** Avella of Deer Valley, Inc. #38 Zip: 85085  
**NPI#** 1780030163 **Phone:** 877-546-5779  
**NCPDP#** 0360987 **Fax to:** 877-546-5780

## Prescriber

✓	Prescriber Name	Designation	NPI #

✓	Prescriber Name	Designation	NPI #

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 Emergency Contact Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

## Insurance

Primary Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Insurance Co. Phone # \_\_\_\_\_  
 Check if Medicare or Medicaid **Attach Copy of Insurance Card (Front and Back)**  
 Check if No Insurance 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 daily. (Medicare pending)  
**Oral thrush/Oropharyngeal Candidiasis Diagnosis:** once-daily **ORAVIG®** (miconazole) buccal tablets 50 mg  

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


**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 3x per day.  
**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


## 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. (Medicare pending)  
**Check one:**  HEC/Adult  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

HEC/Adult = Highly emetogenic chemotherapy  
 MEC/Adult = Moderately emetogenic chemotherapy  
 MEC/Ped = Moderately emetogenic chemotherapy  
 RINV = Radiotherapy-induced nausea & vomiting  
 PONV = Postoperative nausea & vomiting

  
**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.  
 ©2018 Midatech Pharma US Inc. All rights reserved. MTP040a Rev08/18



## Midatech Direct Rx Form

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

**Fax form to: 877-546-5780**

**OR**

**E-prescribe: Avella of Deer Valley, Inc. #38**

**NPI# 1780030163 NCPDP# 0360987**

**Questions? Call 877-546-5779**



Marketed and distributed by Midatech Pharma US Inc., Raleigh, NC 27615.

GELCLAIR is a registered trademark of Helsinn Healthcare SA, Lugano, Switzerland. Under license of Helsinn Healthcare SA, Switzerland.

Oravig is under exclusive license from Onxeo SA, France.

All other trademarks are the property of their respective owners.