



Midatech Direct Rx Form

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

Prescriber

| ✓ | Prescriber Name | Designation | NPI # |
|---|-----------------|-------------|-------|
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|---|-----------------|-------------|-------|
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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 Emergency Contact Name: _____ Cell#: _____

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 daily.

(Medicare pending)

Oral thrush/Oropharyngeal Candidiasis Diagnosis:

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

once-daily

 (miconazole) buccal tablets 50 mg

Refills (Select One): 1 2 3 4

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) |

Bioadherent Oral Gel

Refills (Select One): 1 2 3 4

Aquoral Rx

Check to Prescribe

Aquoral® - Dispense: Aquoral spray (30-day supply). **Dose:** 2 sprays into the mouth 3x per day or 4x per day.

Xerostomia Diagnosis:

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

artificial saliva
 PROTECTIVE ORAL SPRAY

Refills (Select One): 1 2 3 4

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/Adult MEC/Adult MEC/Ped RINV PONV (Medicare pending)

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

(ondansetron) oral soluble film

Refills (Select One): 1 2 3 4

*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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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
 Check if No Insurance
Attach Copy of Insurance Card (Front and Back)
 Co-Pay Assistance: " " UažbSk i [^TW&gfa_ Sf[US*k Sbb {W Xad3>> WY[T WbSf[W fef1

Patient Diagnosis

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

Soltamox® 150 mL



Check to Prescribe

Soltamox® - Dispense: 20 mg dose of Soltamox is administered as 10 mL (equivalent to 2 teaspoons) of the oral solution

Long term (current) use of agents affecting estrogen receptors and estrogen levels Diagnosis:

| ✓ | Code | Description (check all that apply) |
|---|----------------|---|
| | ICD-10 C50.0 | Malignant neoplasm of breast |
| | ICD-10 C79.81 | Secondary malignant neoplasm of breast |
| | ICD-10 D05 | Carcinoma <i>in situ</i> of breast |
| | ICD-10 D49.3 | Neoplasm of unspecified behavior of breast |
| | ICD-10 Z17.0 | Estrogen receptor positive status |
| | ICD-10 Z80.3 | Family history of breast cancer |
| | ICD-10 Z15.0 | Genetic susceptibility to malignant neoplasm (cancer) |
| | ICD-10 Z85.3 | Personal history of breast cancer |
| | ICD-10 Z86.000 | Personal history of <i>in situ</i> neoplasm of breast |



Refills (Select One): 1 2 3 4

Tamoxifen Important Safety Information

Tamoxifen citrate is contraindicated in women who require concomitant coumadin-type anticoagulant therapy, in women with a history of deep vein thrombosis or pulmonary embolus, and in women with known hypersensitivity to the drug or any of its ingredients. Serious and life-threatening events associated with tamoxifen in the risk reduction setting (women at high risk for cancer and women with DCIS) include uterine malignancies, stroke and pulmonary embolism. The most common adverse reactions to tamoxifen treatment are (incidence > 20%) hot flashes, fluid retention, vaginal discharge, vaginal bleeding, vasodilatation, nausea, irregular menses, weight loss, and musculoskeletal events.

Tamoxifen carries the following Boxed Warning:

WARNING – For Women with Ductal Carcinoma in Situ (DCIS) and Women at High Risk for Breast Cancer: Serious and life-threatening events associated with tamoxifen in the risk reduction setting (women at high risk for cancer and women with DCIS) include uterine malignancies, stroke and pulmonary embolism. Incidence rates for these events were estimated from the NSABP P-1 trial (see **CLINICAL PHARMACOLOGY, Clinical Studies, Reduction in Breast Cancer Incidence In High Risk Women**). Uterine malignancies consist of both endometrial adenocarcinoma (incidence rate per 1,000 women-years of 2.20 for tamoxifen vs. 0.71 for placebo) and uterine sarcoma (incidence rate per 1,000 women-years of 0.17 for tamoxifen vs. 0.0 for placebo)*. For stroke, the incidence rate per 1,000 women-years was 1.43 for tamoxifen vs. 1.00 for placebo**. For pulmonary embolism, the incidence rate per 1,000 women-years was 0.75 for tamoxifen versus 0.25 for placebo**. Some of the strokes, pulmonary emboli, and uterine malignancies were fatal. Health care providers should discuss the potential benefits versus the potential risks of these serious events with women at high risk of breast cancer and women with DCIS considering tamoxifen to reduce their risk of developing breast cancer. The benefits of tamoxifen outweigh its risks in women already diagnosed with breast cancer.

*Updated long-term follow-up data (median length of follow-up is 6.9 years) from NSABP P-1 study. See **WARNINGS, Effects on the Uterus-Endometrial Cancer and Uterine Sarcoma** in Prescribing Information. **See Table 3 under **CLINICAL PHARMACOLOGY, Clinical Studies** in Prescribing Information.

See accompanying Soltamox (tamoxifen citrate) oral solution full Prescribing Information. For additional information about Soltamox (tamoxifen citrate) oral solution, please visit www.Soltamox.com.

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

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OR

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NPI# 1780030163 NCPDP# 0360987

Questions? Call 877-546-5779



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