FORTOVIA THERAPEUTICS | Fortovia 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 #

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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.**

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): ❍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)

gelclair® Bioadherent Oral Gel

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)**

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

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

Zuplenz® (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.

FORTOVIA
THERAPEUTICS

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

Fax form to: 877-546-5780

OR

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Questions? Call 877-546-5779

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