

22. *Date of Last Physical Examination (mm/dd/yyyy):

mm dd yyyy
[] [] []

23. *Route of Administration (and Code)

- Select
- Oral
- Topical
- Injection
- Buccal
- Dental
- Inhalation
- Intradermal
- Intramuscular
- Intraperitoneal
- Intravenous
- Irrigation
- Miscellaneous
- Mucous_Membrane
- Nasal
- Ophthalmic
- Otic
- Perfusion
- Rectal
- Sublingual
- Transdermal
- Translingual
- Urethral
- Vaginal
- Other

[]

24. *Anticipated Length of Therapy:

[]

Part D - Certification of Medical

25. *Has the patient tried and failed to use over-the-counter or other prescribed products for the diagnosis provided?

Yes No

26. *Are there commercially available products that are more appropriate for the diagnosis?

Yes No

27. *Are all of the active ingredients of the drug medically necessary and approved for the diagnosis provided? If no, please explain below

Yes No

Ingredients

28. Complete the following for each active/inactive ingredient (LIST ALL ACTIVE/INACTIVE INGREDIENTS ARE LISTED IN THE PRESCRIPTION NECESSITY FOR EACH) AND EXPLAIN WHY EACH IS NECESSARY AND MEDICALLY NECESSARY INGREDIENTS ARE LISTED IN THE PRESCRIPTION. Acid, cannot be authorized on this form unless it is medically necessary and authorized only on an exception basis.

in the compounded drug; IF MORE THAN TEN INGREDIENTS ARE LISTED IN THE PRESCRIPTION, LIST THE FIRST TEN IN ITEM NUMBER 30. Only the most cost effective ingredients are listed. Herbal supplements, such as resveratrol, lavender oil, and alpha-lipoic acid, cannot be returned to the provider. Herbal supplements are not authorized unless approved by the Chief Medical Officer or his/her designee.

*Drug Name []

*Quantity []

*Medically Necessary? Yes No