

23. \*Route of Administration (and Code)

Select

24. \*Anticipated Length of Therapy:

Select

30 days

60 days

90 days

Other

**Part D - Certification of Medical**

25. \*Has the patient tried and failed to purchase through over-the-counter or other prescribed products for the diagnosis provided? If no, explain below in item 30.

Yes  No

26. \*Are there commercially available FDA-approved drugs appropriate for the diagnosis?

Yes  No

27. \*Are all of the active ingredients of the compounded drug FDA-approved for the diagnosis provided? If no, please explain below in item number 30.

Yes  No