

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 obtain 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