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

mm dd ccyy

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 ... -counter or other prescribed products for the diagnosis provided? I ... ◯ Yes ◯ No

26. *Are there commercially available ... iate for the diagnosis? ◯ Yes ◯ No

27. *Are all of the active ingredients o ... approved for the diagnosis provided? If no, please explain below ◯ Yes ◯ No

Ingredients

28. Complete the following for each a ... n the compounded drug; IF MORE THAN TEN ACTIVE/INACTIVE INGREDIENTS ARE ... G NAME, NDC, QUANTITY, STRENGTH, AND MEDICAL NECESSITY FOR EACH) AND EXPLAI ... TEN IN ITEM NUMBER 30. Only the most cost effective and medically necessary ingredients ... ements, such as resveratrol, lavender oil, and alpha-lipoic acid, cannot be authorized on this for ... be returned to the provider. Herbal supplements are authorized only on an exception basis ... hief Medical Officer or his/her designee.

*Drug Name

*Quantity

*Medically Necessary? ◯ Yes ◯ No