

3. Does the prescribed dose and quantity fall within the FDA approved labeling or within dosing guidelines found in the compendia of current literature?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Has the patient tried and had an inadequate treatment response or intolerance to the required number of formulary alternatives below: Drug Name and Reason for Failure	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>Note: Formulary Alternatives should be prescribed first unless the patient is unable to use or receive treatment with the alternative. Required Formulary Alternatives 1 in a class with only 1 alternative: Clobetasol Foam</p>	
<p>[If yes, no further questions.]</p>	
5. Does the patient have a contraindication to all the alternatives?	<input type="checkbox"/> Y <input type="checkbox"/> N

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date