Horizon NJ Health
Admelog Solostar – Medical Necessity Request

General Questions:

1. What are the specific directions for use? ____________________________________________________________

2. Has the member tried Admelog Vials?
   □ Yes: Why were Admelog Vials discontinued?
   ______________________________________________________
   ______________________________________________________
   Dates tried: __________________________________________

   □ No: Would the prescriber consider prescribing Admelog Vials?
     □ Yes: Please call the prescription for Admelog Vials in to the pharmacy
     □ No: Please provide clinical reasoning why Admelog Vials cannot be tried.
     ____________________________________________________
     ____________________________________________________

*Form must be completed and signed by physician or licensed representative from the physician’s office

Physician office's signature* ___________________________ Print Name ___________________________