Horizon NJ Health

Admelog Solostar – Medical Necessity Request

General Questions:

1. What are the specific directions for use? _________________________________________________________

2. What is the diagnosis? _______________________________________________________________________

3. Has the member tried Admelog Vials?

   [ ] Yes: Why were Admelog Vials discontinued?
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

   [ ] 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.
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

Physician office's signature*  Print Name
*Form must be completed and signed by physician or licensed representative from the physician’s office