Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Insulin aspart-szjj (Merilog)

Notes:

- Quantity Limits: No
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- ^ insulinopenia is defined as a fasting c-peptide level of 0.88 ng/mL or less with a concurrent glucose of 70-225 mg/dL OR in patients with renal insufficiency (creatinine clearance of 50 mL/min or less), a fasting c-peptide level of 1.6 ng/mL or less with a concurrent glucose of 70-225 mg/dL.

<u>Initiation (new start) criteria</u>: Non-formulary **insulin aspart-szjj (Merilog)** will be covered on the prescription drug benefit when the following criteria are met:

 Has a documented allergic reaction to an inactive ingredient in insulin aspart-xjhz (Kirsty) not present in insulin aspart-szjj (Merilog)

-AND-

Meets 1 of the following criteria:

- Diagnosis of type 2 diabetes mellitus with a documented allergy or intolerance* to regular insulin
- Diagnosis of type 1 diabetes mellitus or type 2 diabetes mellitus with insulinopenia[^]

<u>Criteria for new members entering Kaiser Permanente already taking the</u> <u>medication who have not been reviewed previously</u>: Non-formulary insulin aspart-szjj (Merilog) will be covered on the prescription drug benefit when the following criteria are met:

 Has a documented allergic reaction to an inactive ingredient in insulin aspart-xjhz (Kirsty) not present in insulin aspart-szjj (Merilog)

-AND-

Meets 1 of the following criteria:

- Diagnosis of type 2 diabetes mellitus with a documented allergy or intolerance* to regular insulin
- Diagnosis of type 1 diabetes mellitus or type 2 diabetes mellitus with insulinopenia[^]

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