

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Insulin aspart-szjj (Merilog Solostar)

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.

Initiation (new start) criteria: Non-formulary **insulin aspart-szjj (Merilog Solostar)** 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:

- Unable to draw up insulin accurately from a vial with a syringe due to young age, visual impairment, physical disabilities (i.e., amputations, tremors/Parkinson's disease, rheumatoid arthritis), or history of IV drug use
- Pediatric patient who is required to use such devices by school
- Type 1 diabetes mellitus or type 2 diabetes mellitus with insulinopenia

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **insulin aspart-szjj (Merilog Solostar)** 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:

- Unable to draw up insulin accurately from a vial with a syringe due to young age, visual impairment, physical disabilities (i.e., amputations, tremors/Parkinson's disease, rheumatoid arthritis), or history of IV drug use
- Pediatric patient who is required to use such devices by school

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Insulin aspart-szjj (Merilog Solostar)

- Type 1 diabetes mellitus or type 2 diabetes mellitus with insulinopenia