

## Insulin Aspart-szjj (Merilog™/Merilog™ SoloStar®)

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

### POS Abbreviations

<b>AL</b> – Age Limit	<b>DS</b> – Maximum Days’ Supply Allowed	<b>PU</b> – Prior Use of Other Medication is Required
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	<b>DT</b> – Duration of Therapy Limit	<b>QL</b> – Quantity Limit
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DX</b> – Diagnosis Code Requirement	<b>RX</b> – Specific Prescription Requirement
<b>CL</b> – Additional Clinical Information is Required	<b>ER</b> – Early Refill	<b>TD</b> – Therapeutic Duplication
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>MD</b> – Maximum Dose Limit	<b>YQ</b> – Yearly Quantity Limit
<b>DD</b> – Drug-Drug Interaction	<b>MME</b> – Maximum Morphine Milligram Equivalent is Restricted	

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POS Edits		
<b>QL</b> – These agents are limited to a maximum quantity listed in the chart to the right.	Medication	Quantity Limit
	Insulin Aspart-szjj Vial (Merilog™)	50 ml per 30 days
	Insulin Aspart-szjj Pen (Merilog™ SoloStar®)	45 mL per 30 days

Revision / Date	Implementation Date
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