

May 12, 2026

Pharmacy Exception Request – Brand Name Humalog (Insulin Lispro)

Patient: Jules Arden

DOB: 11/9/1971

Member ID: KPX658320914

Group ID: 238714

Diagnosis: E11.9

Dear Medical Review Department,

I am writing to request a formulary exception and prior authorization approval for my patient, Jules Arden, to receive brand-name Humalog (insulin lispro) based on medical necessity. This request is being made prior to initiation of therapy due to clinical concerns regarding the use of formulary-preferred alternatives. I am an Authorized Representative for the patient.

Jules Arden requires rapid-acting insulin as part of an intensive insulin regimen for diabetes management. Based on the patient's clinical profile and treatment needs, I have determined that Humalog is the most appropriate therapy. Formulary-preferred alternatives, including biosimilar insulin lispro products or other rapid-acting insulins, are not appropriate for this patient due to the risk of variable pharmacokinetic response, increased glycemic instability, and heightened risk of hypoglycemia.

In patients with tight glycemic targets, even small differences in onset, peak, and duration of action between insulin formulations can result in clinically significant fluctuations in blood glucose. For this patient, maintaining predictable and consistent insulin action is critical to avoid both acute complications (including severe hypoglycemia) and long-term sequelae.

Based on my clinical judgment, requiring this patient to first trial formulary alternatives would pose an unnecessary medical risk and is not in the patient's best interest. This request meets the criteria for a formulary exception under the following grounds:

- The preferred alternatives are not medically appropriate for this patient
- Use of alternatives is likely to result in adverse clinical outcomes, including glycemic instability

- The requested medication is expected to provide safer and more effective disease control

I respectfully request approval for brand-name Humalog without substitution. Please contact my office if additional documentation is required.

Sincerely,

Dr. Avery Solis, MD
Endocrinologist
Griffin Medical Center
4827 Silver Mesa Drive
Las Vegas, NV 89117
Phone: (702) 555-8431
Fax: (702) 555-8436
NPI: 1493015826

Prescription**Prescriber:**

Dr. Avery Solis, MD
4827 Silver Mesa Drive
Las Vegas, NV 89117
Phone: (702) 555-8431
NPI: 1493015826

Patient: Jules Arden

DOB: 11/09/1971

Medication:

Humalog (insulin lispro) 100 units/mL injection

Sig (Directions):

Inject subcutaneously **5–10 units prior to each meal**, adjusted based on blood glucose levels and carbohydrate intake per sliding scale as directed.

Dispense:

1 box (5 prefilled pens, 3 mL each)

Refills:

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Substitution:

Dispense as written (DAW 1) – do not substitute

Indication:

Diabetes mellitus requiring rapid-acting insulin

Date: 5/12/2026

Prescriber Signature: _____

Dr. Arden