

You may ask for coverage for a non-formulary (non-covered) prescription drug. Your doctor or someone you appoint may make the request for you. Call 800-753-2851 or fax the completed [QualChoice General Pre-Authorization Form \(PDF\)](#) to 877-251-5896.

**If the first request is denied, you may ask for a second review by an external (outside) reviewer. Call 501.219.5126 or fax this completed form to 501.707.6844.**

**Who is requesting the outside review?**

- Member
- Someone appointed by the Member
- Prescribing doctor

**I am asking that the denial of my request for the non-formulary drug**

*(list drug name):*

\_\_\_\_\_

**be reviewed by an independent review organization.**

Approval of a formulary exception request requires documentation of adequate trial(s) of ALL formulary alternatives or documentation why such trial(s) are not possible. Please provide this documentation with this completed request form.

Prescriber Name \_\_\_\_\_

Member Name \_\_\_\_\_

Member ID# \_\_\_\_\_

Date \_\_\_\_\_

Member Signature \_\_\_\_\_