



MedStar Family Choice

MedStar Family Choice - DC Non-Formulary Medication Request

Member Name: _____

MedStar Family Choice ID #: _____

DOB: _____

Provider Name/Office: _____

Provider Phone: _____

Medication Requested: _____

Diagnosis: _____

Medical Reason for non-formulary request:

Pharmacy Name and Phone: _____

Please fax this information to the MedStar Family Choice DC Pharmacy Nurse at (202) 243-5496.