



## MedStar Family Choice

Caring For You. Caring About You.

*MedStar Health*

### 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 Pharmacy Nurse at (410) 933-2274.