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Card Member No.: Member Name: (Card Holder) Member Information Other None Sulfa Penicillin (Include All Characters. Leave Box Blank For Spaces.) - - 1 888 327-9791 1 800 837-0959 86115 48 Confidentiality Notice: This Communication And Any Attachments Are Intended Solely For The Use O Jan 14th, 2024

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Card. TTY/TDD Users Should Call 1.800.759.1089. Your Order May Be Filled At Any One Of Our Express Scripts Pharmacies Located Nationwide. 7 Generic Substitution State Law Permits A Pharmacist To Substitute A Less Expensive Generic Equivalent Drug For A Brand- May 23th, 2024

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Express Scripts 2020 National Preferred Formulary List

Coverage, Please Call The Phone Number Printed On Your Member ID Card. KEY [INJ] – Injectable Drug [OTC] – Over-the-counter Product [SP] – Specialty Drug Brandname Drugs Are Listed In CAPITAL Letters. Example: ABILIFY MAINTENA Generic D Feb 9th, 2024

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