A large teal triangle graphic is positioned on the left side of the page, containing various pills and capsules. The text is centered within this triangle.

Archdiocese of Dubuque Employee Plan

Member Brochure

Prescription Health Plan

medone

1590 University Ave | Dubuque, IA 52001

888-884-6331 | www.medone-rx.com



Archdiocese of Dubuque Employee Prescription Drug Benefit – Plan 3 & 4

Effective Date: January 1, 2021

Plan 3

Individual Rx Out-of-Pocket Maximum: \$5,200
Family Rx Out-of-Pocket Maximum: \$10,400

Plan 4

Individual Rx Out-of-Pocket Maximum: \$3,200
Family Rx Out-of-Pocket Maximum: \$6,400

Please note this is an embedded out-of-pocket maximum. This means when an individual in the family plan meets the individual out-of-pocket maximum, that individual will have the remainder of their prescription drug expenses covered at 100% for the rest of the calendar year. The entire family out-of-pocket maximum must be met for the entire family to receive their prescriptions covered at 100%.

Payment Structure - 30-Day Retail

Up to a 30-day supply of acute or maintenance medication is available at any Network Pharmacy (**excluding** all Walmart/Sam's Club and Walgreens locations).

Generic: 20% up to \$20
Brand: 20% up to \$60

Payment Structure – 90-Day Retail / Mail Order

Up to a 90-day supply of maintenance medication is available at any Network Pharmacy (**excluding** all Walmart/Sam's Club and Walgreens locations) and by mail-order with MedOne Pharmacy Services.

MedOne Pharmacy Services

Generic: 20% up to \$40
Brand: 20% up to \$120

Network Pharmacy

Generic: 20% up to \$60
Brand: 20% up to \$180

Specialty drugs: 20% up to \$400 max cost per fill. Limited to a 30-day supply or less per fill. Special distribution applies.

Specialty drugs included in the MedOne Copay Assist Program (Effective 1/1/2020):

30% coinsurance per drug per 30-day fill. Manufacturer assistance program covers most if not all of the coinsurance amount. Your out-of-pocket cost per 30-day supply will not exceed 20% up to a \$400 maximum. Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your copay or coinsurance when utilizing the manufacturer's copay assistance.

Site of care services: Nursing and supply fees included at a \$0 copay.

Bowel preparation medications: \$0 co-pay. Limited to 1 per year.

Breast cancer chemo-prevention: \$0 co-pay. Prior authorization required.

Smoking cessation: Prescription and over-the-counter smoking cessation products (with an Rx) are available at a \$0 co-pay.

Statins for primary prevention of CVD: Select low- to moderate-dose statins are free for members when used for primary prevention of CVD in high risk patients between ages 40-75.

Vaccinations

The following vaccinations are available at a \$0 co-pay:

- Flu
 - Pneumonia
 - Shingles (Zostavax—Age 60+ or Shingrix—Age 50+)
 - Whooping Cough
- Check with retail network pharmacies for availability.

Excluded Drugs / Categories

- Anti-obesity drugs
- Contraceptives
- Diabetic glucose meters
- Fertility drugs
- Hair growth stimulants
- Hepatitis C medications
- Non-prescription / non-prenatal vitamins and supplements
- Nutritional diet supplement
- Ostomy supplies
- Over-the-counter (OTC) drugs except those listed as covered*
- Products for cosmetic indications
- Sexual dysfunction drugs
- Specialty medications for treatment of plaque psoriasis

***Over-the-Counter (OTC) Drugs:** OTC smoking cessation treatments are covered by the plan. Ask your physician to write a prescription specifically for an OTC item.

Drugs Requiring Prior Authorization

- Compounded drugs more than \$100
- Standard drug more than \$1,000
- Specialty medications
- ADHD / narcolepsy medications
- Androgens
- Breast cancer chemo-prevention drugs
- Growth hormones
- Inhalation / nasal smoking cessation products
- Isotretinoin
- Smoking cessation medications (for treatment more than 6 months)

This list is subject to change. The physician's office may obtain a prior authorization form by calling MedOne at 1-888-884-6331.

Drug Limitations

- Brand Proton Pump Inhibitors for ulcers/GERD limited to 1 capsule or tablet per day
- Cholesterol medications limited to 1 dose per day
- Migraine medications limited to 6 injections, 8-12 nasal spray doses, or 6-12 tablets (depending on package size) per 30 days
- Sleep agents limited to 1 dose per day

Dispense As Written Penalty

If a member requests a brand drug when a generic drug is available, the member is responsible for the applicable co-pay plus the difference in cost between the generic and brand drug.

Dependents

Dependents are covered until age 26.

Refill Too Soon Limitation

A prescription may not be refilled until at least 75% of the supply has been utilized. For example, if the member has a 30-day supply, 23 days must be utilized before the prescription could be refilled.

Benefit Plan Network

Your plan includes a network of pharmacies locally and nationwide, **excluding** all Walmart/Sam's Club and Walgreens locations. Please refer to the listing of Network Pharmacies in this brochure. You may also call MedOne at 1-888-884-6331 for assistance in locating a network pharmacy.

Step Therapy Program

This program ensures that members receive the most cost-effective medications prior to the plan approving brand medications. For the most current information, check www.MedOne-rx.com.

Mail-Order

For assistance in setting up a mail-order account, see the mail-order section in this brochure or contact MedOne at 1-888-884-6331.

MedOne + Kannact Diabetic Program

Receive a dedicated health coach, free testing supplies, and real-time alert monitoring. For any questions, please contact Kannact at 855-722-5513.

Archdiocese of Dubuque Employee Prescription Drug Benefit – Plan 5 HDHP

Effective Date: January 1, 2021

Embedded, Rx + Medical Deductibles and Out-of-Pocket Maximums:

Individual Deductible: \$8,550
Individual Out-of-Pocket Maximum: \$8,550

Family Deductible: \$17,100
Family Out-of-Pocket Maximum: \$17,100

Please note this is an embedded out-of-pocket maximum. This means when an individual in the family plan meets the individual out-of-pocket maximum, that individual will have the remainder of their prescription drug expenses covered at 100% for the rest of the calendar year. The entire family out-of-pocket maximum must be met for the entire family to receive their prescriptions covered at 100%.

Payment Structure

Up to a 30-day supply of acute medication and up to a 90-day supply of maintenance medication is available at any Network Pharmacy (**excluding** all Walmart/Sam's Club and Walgreens locations) and by mail-order with MedOne Pharmacy Services.

All drugs: 100%

Specialty drugs: 100% drug cost. Limited to a 30-day supply or less per fill. Special distribution applies.

Specialty drugs included in the MedOne Copay Assist Program (Effective 1/1/2020):

Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your copay or coinsurance when utilizing the manufacturers copay assistance.

Site of care services: Nursing and supply fees included at a \$0 copay.

Bowel preparation medications: \$0 co-pay. Limited to 1 per year.

Breast cancer chemo-prevention: \$0 co-pay. Prior authorization required.

Smoking cessation: Prescription and over-the-counter smoking cessation products (with an Rx) are available at a \$0 co-pay.

Statins for primary prevention of CVD: Select low- to moderate-dose statins are free for members when used for primary prevention of CVD in high risk patients between ages 40-75.

Vaccinations

The following vaccinations are available at a \$0 co-pay:

- Flu
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- Whooping Cough

Check with retail network pharmacies for availability.

Excluded Drugs / Categories

- Anti-obesity drugs
- Contraceptives
- Diabetic glucose meters
- Fertility drugs
- Hair growth stimulants
- Hepatitis C medications
- Non-prescription / non-prenatal vitamins and supplements
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Step Therapy Program

This program ensures that members receive the most cost-effective medications prior to the plan approving brand medications. For the most current information, check www.MedOne-rx.com.

Mail-Order

For assistance in setting up a mail-order account, see the mail-order section in this brochure or contact MedOne at 1-888-884-6331.

To download a mail-order form, go to www.MedOne-rx.com.

Upon request, a copy of the mail-order brochure and order form can be sent by email, fax, or mail. Allow 10-14 days from the time the mail-order request is submitted until the prescription is delivered.

MedOne + Kannact Diabetic Program

Receive a dedicated health coach, free testing supplies, and real-time alert monitoring. For any questions, please contact Kannact at 855-722-5513.

Important Information

Call 1-888-884-6331 for the following:

- Questions regarding the prescription drug benefits
- Locate a network pharmacy
- Set up a mail-order account
- Check the status of a mail-order delivery
- Order refills of a mail-order prescription

How to Enroll Online in the MedOne Mail-Order Program

1. Go to medone-rx.com
2. Click **Mail-Order Online Enrollment** in menu bar at top of page
3. Read Terms and Conditions. Check "I Agree" and click "Submit"
4. Read Notice of Privacy Practices. Check "I Agree" and click "Submit"
5. Patient Information: Enter all required information. Find Member ID, BIN#, and Group# on your pharmacy ID card (see below)
6. **Prescription Information:** Enter each medication, date it was last filled (if available), day supply, prescriber name and phone
7. Select a **Refill Program:** Automatic or Call-In Only
8. Select a Cap Type: Child Proof (default) or Non-Child Proof
9. Allergy Information: Note all known allergies/reactions or medical conditions
10. **Authorize MedOne:** Not required. List individuals that MedOne is authorized to speak with regarding your medical information
11. **Electronic Signature:** Type your name to acknowledge all information is correct and confirm your request for prescription services
12. **Billing Information:** Enter all required billing information using a debit card or credit card. Click "Submit"



Online Enrollment is now Complete!



Contact Your Prescriber and Request that your Prescriptions be Sent to:

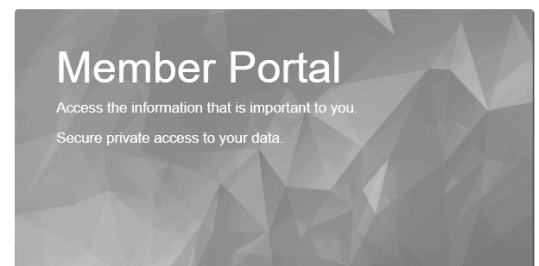
MedOne Pharmacy Services

Phone: 877-896-0919

Fax: 563-588-0173

How to Register for MedOne Member Portal

1. Go to medone-rx.com
2. Click **Member Portal** in menu bar at top of page
3. Click "Register here to access your account" at bottom
4. Enter all required information. Find Group Number and Member ID on your pharmacy ID card
5. Click "Register"
6. Open the confirmation email sent and click on link provided
7. Enter your username and password to log in to your account



First time using this site? [Register here to access your account](#)



Information Available on MedOne Member Portal

1. View claims detail and RX history
2. Find **pharmacies** in your network
3. Check **prices** for medications
4. View **ID card** processing information
5. Review Out of Pocket Maximum
6. Access Drug Information Directory
7. Enroll in the **MedOne Mail-Order Program**

Information Available on MedOne Home Page

1. Preferred Product List
2. Specialty Product List
3. Step Therapy Guide
4. MedOne Mail Order Enrollment
5. Direct Member Reimbursement Form
6. Frequently Asked Questions
7. MedOne Contact Information: Member Services or Pharmacy

The following Preferred Drug List is an abbreviated version of commonly prescribed medications. This list is intended to be a guide and prescribers should still use generics when possible. Drugs listed in CAPS and Italics are Brand Drugs and generic products are listed in lowercase letters.



A	B								
ACCU-CHEK	BD	clotrimazole/	erythromycin	hydrocodone/	LOTEMAX	niacin ext-	penicillin v	REPATHA [INJ]	topiramate
AVIVA PLUS	AUTOSHIELD	betamethasone	eye ointment	chlorphenirami	lovastatin	release	potassium	RESTASIS	TOUJEO
ACCU-CHEK	DUO NEEDLES	dipropionate	ESBRIET	ne polistirex ext-	LUCEMYRA	release	PENTASA	RINVOQ ER	SOLOSTAR [INJ]
COMPACT	BD ULTRAFINE	COMBIGAN	esomeprazole	release	LUPRON DEPOT	hydrocodone/ho	PERFOROMIST	risperidone	TOVIAZ
ACCU-CHEK	INSULIN	COMBIPATCH	magnesium	matropine	LUPRON	matropine	PHOSLYRA	rizatriptan	TRACLEER
GUIDE	SYRINGES	COMBIVENT	delayed-release	hydrocortisone	DEPOT-PED	topical	PICATO	ropinirole	TRADJENTA
CONTROL SOLN	BD ULTRAFINE	RESPIMAT	estradiol	topical	[INJ]	hydroxymorphone	PIGLITAZONE	rosuvastatin	TRAVATAN Z
ACCU-CHEK	PEN NEEDLES	COMETRIQ	estradiol patch	hydrocodone/	LUZU	hydroxymorphone	PLEGRIDY [INJ]	trazodone	TRAZODONE
GUIDE ME	BELBUCA	CORLANOR	hydroxymorphone	hydroxyclozolo	M	uine	polymyxin/trime	thorim eye	TRESIBA [INJ]
GLUCOSE MTR	BELSOMRA	COSENTYX [INJ]	hydroxyclozolo	uine	MAVYRET	hydroxyzine hcl	thorim eye	SAPHRIS	TREXIMET
ACCU-CHEK	BELVIQ, BELVIQ	CREON	hydroxyzine hcl	hydroxyzine hcl	meclizine	hydroxyzine hcl	solution	SAVELLA	triamcinolone
GUIDE	XR	cyanocobalamin	hydroxyzine	pamoate	NOVOEIGHT	hydroxyzine	potassium	SAXENDA	topical
MONITOR	benazepril	cyclobenzaprine	hydroxyzine	hydroxyzine	[INJ]	hydroxyzine	chloride ext-	SEREVENT	triamterene/
SYSTEM	benzonatate	D	ezetimibe	HYSINGLA ER	NOVOFINE	erone	release	DISKUS	hctz
ACCU-CHEK	BEPREVE	DALIRESP	ezetimibe	I	AUTOSHIELD	meloxicam	PRALUENT [INJ]	sertraline	TRIJARDY XR
GUIDE TEST	BETASERON	DAYTRANA	famotidine	ibandronate	NEEDLES	mesalamine	pramipexole	sildenafil	trinessa
STRIP	[INJ]	DESCOVY	FARXIGA	IBRANCE	NOVOFINE	metaxalone	pravastatin	simvastatin	TRINTELLIX
ACCU-CHEK	BETHKIS	desloratadine	fenofibrate	IBRANCE	NEEDLES	metformin	pred mild	simvastatin	tri-sprintec
SMARTVIEW	bisoprolol/hctz	desonide	fenofibrate	ILEVRO	NOVOLIN [INJ]	metformin ext-	prednisolone	SKYRIZI [INJ]	TROKENDI XR
ACCUTREND	BOSULIF	desvenlafaxine	micronized	INBRIDA	NOVOLOG [INJ]	release	suspension	SOLIQUA [INJ]	TRULANCE
GLUCOSE	BREO ELLIPTA	succinate ER	fenofibric acid	INCRUSE	NOVOTWIST	methimazole	prednisolone	SOMATULINE	TRULICITY [INJ]
acetaminophen/	BREZTRI	dexamethasone	delayed-release	ELLIPTA	NEEDLES	methocarbamol	sodium	DEPOT [INJ]	TRUSOPT
codeine	AEROSPHERE	DEXCOM	delayed-release	indomethacin	NOVONYTA	methotrexate	phosphate	SPIRIVA	TYMLOS [INJ]
ACTEMRA [INJ]	BRILINTA	G4/G5/G6	fentanyl patch	INDYLA	NUCYNTA, NUCYNTA ER	methylphenidat	prednisone	HANDIHALER	TYSABRI [INJ]
acyclovir	budesonide	DEXILANT	FETZIMA	INVELTYS	NUEDEXTA	e	PREMARIN	SPIRIVA	U
ADEMPAS	nebulization	dexmethylpheni	FIASP	INVOKAMET	NUVARING	ext-release	CREAM	RESPIMAT	UBRELVY
ADVIAIR HFA	suspension	date ext-release	FINACEA	INVOKAMET XR	NUVASTIN	methylprednisol	PREMARIN	RESPIMAT	UCERIS RECTAL
AFSTYLA [INJ]	bupropion	dextroamphetamine	finasteride	INVOKANA	one	one	TABS	sprintec	FOAM
AIMOVIQ [INJ]	bupropion ext-	mine/	FLOVENT	IRBESARTAN	metoclopramid	metoclopramid	PREMPHASE	SPRYCEL	UDENYCA [INJ]
AJOVY [INJ]	release	amphetamine	DISKUS	IRBESARTAN	e hcl	e hcl	PREMPRO	STELARA [INJ]	UPTRAVI
AKYNZEO	butapirone	dextroamphetamine	FLOVENT HFA	IRESSA	metoprolol	metoprolol	PREPOIK	STIOLTO	V
albuterol	butalbital/	mine/	fluconazole	ISOSORBIDE	metoprolol	metoprolol	PROAIR HFA	RESPIMAT	valacyclovir
nebulization	acetaminophen/	amphetamine	fluocinonide	mononitrate	succinate ext-	succinate ext-	PROAIR	STRIVERDI	valsartan
solution	caffeine	ext-release	fluoxetine 60	ext-release	release	release	PROAIR	TRINTELLIX	valsartan/hctz
alendronate	BYDUREON	diazepam	mg tab	J	release	release	PROAIR	RESPIMAT	VASCEPA
allopurinol	BYDUREON	diclofenac	fluticasone nasal	JANUMET,	metoprolol	metoprolol	PROAIR	RESPIMAT	VELPHORO
ALPHAGAN P	BCISE	sodium delayed-	spray	JANUMET XR	tartrate	tartrate	PROAIR	RESPIMAT	venlafaxine
0.1%	BYDUREON	release	FOCALIN XR 25	JANUVIA	metronidazole	metronidazole	PROAIR	RESPIMAT	venlafaxine
alprazolam	PEN	dicyclomine	MG, 35 MG	JARDIANCE	topical	topical	PROAIR	RESPIMAT	venlafaxine ext-
ALREX	BYETTA	digoxin	follic acid	JENTADUETO,	metronidazole	metronidazole	PROAIR	RESPIMAT	release
amiodarone	BYSTOLIC	diltiazem ext-	FORTEO [INJ]	JENTADUETO	vaginal gel	vaginal gel	PROCTOFOAM-HC	RESPIMAT	VENTOLIN HFA
amitriptyline	C	release	FRAGMIN [INJ]	XR	microgestin fe	microgestin fe	HC	RESPIMAT	verapamil ext-
amlodipine	CABOMETYX	diphenoxylate/a	furosemide	JUBLIA	minocycline	minocycline	PROCTOFOAM-HC	RESPIMAT	release
amlodipine/ben	CARAC	tropine	FYCOMPA	JULUCA	MIRENA	MIRENA	PROCTOFOAM-HC	RESPIMAT	SYMBI-CORT
azepiril	C	divalproex	G	JUNEL FE	MIRVASO	MIRVASO	PROCTOFOAM-HC	RESPIMAT	SYMLINPEN
amlodipine/vals	CARAC	delayed-release	gabapentin	K	moderiba	moderiba	PROCTOFOAM-HC	RESPIMAT	[INJ]
artan	CARAC	divalproex ext-	gemfibrozil	KETOCONAZOLE	mometasone	mometasone	PROCTOFOAM-HC	RESPIMAT	SYMPROIC
amoxicillin	CARAC	release	GENOTROPIN	topical	mononessa	mononessa	PROCTOFOAM-HC	RESPIMAT	SYMFI LO
amoxicillin/pota	CARAC	cefdirinir	GENVOYA	KISQALI	MONOVISC [INJ]	MONOVISC [INJ]	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
ssium	CARAC	cefuroxime	GILDRESS FE	KITABIS PAK	VERIO, VERIO	VERIO, VERIO	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
clavulanate	CARAC	axetil	montelukast	KOVALTRY [INJ]	FLEX, VERIO IQ,	FLEX, VERIO IQ,	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
AMPYRA	CARAC	celecoxib	labetalol	L	VERIO SYNC	VERIO SYNC	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
anastrozole	CARAC	cephalexin	lamotrigine	L	OTNEOUCH	OTNEOUCH	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
ANDRODERM	CARAC	CERDELGA	lansoprazole	L	TEST STRIPS;	TEST STRIPS;	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
ANDROGEL	CARAC	CEREZYME [INJ]	delayed-release	L	ULTRA, VERIO	ULTRA, VERIO	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
1.62%	CARAC	CETROTIDE [INJ]	GLASSIA [INJ]	L	ONEXTON	ONEXTON	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
ANORO ELLIPTA	CARAC	CHEMSTRIP	GLUCAGEN [INJ]	L	OPSUMIT	OPSUMIT	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
apri	CARAC	UGK	GLUCAGON	L	ORACEA	ORACEA	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
APRISO	CARAC	chlorthalidone	GLUCAGON	L	ORENITRAM ER	ORENITRAM ER	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
ARANESP [INJ]	CARAC	chlorthalidone	GLUCAGON	L	ORLISSA	ORLISSA	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
aripiprazole	CARAC	CIMDUO	GLUCAGON	L	ORTHOVISC	ORTHOVISC	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
ARISTADA [INJ]	CARAC	CIPRODEX	GLUCAGON	L	OTREZLA	OTREZLA	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
ARNUIITY	CARAC	CIPROFLOXACIN	GLUCAGON	L	OTREXUP [INJ]	OTREXUP [INJ]	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
ELLIPTA	CARAC	CITALOPRAM	GLUCAGON	L	OVIDREL [INJ]	OVIDREL [INJ]	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
ASMANEX HFA	CARAC	CLARITHROMYCIN	GLUCAGON	L	OXCARBAPENEM	OXCARBAPENEM	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
ASMANEX	CARAC	CLENPIQ	GLUCAGON	L	oxybutynin ext-	oxybutynin ext-	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
TWISTHALER	CARAC	CLINDAMYCIN HCL	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
atenolol	CARAC	CLINDAMYCIN	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
atenolol/chlorth	CARAC	PHOSPHATE	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
alidone	CARAC	CLINDAMYCIN	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
atorvastatin	CARAC	PHOSPHATE/BENZ	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
AUBAGIO	CARAC	OYL PEROXIDE	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
AUSTEDO	CARAC	CLOBETASOL	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
AVONEX [INJ]	CARAC	PROPIONATE	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
AZASITE	CARAC	CLONIPHENE	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
azelastine nasal	CARAC	CITRATE	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
spray	CARAC	CLONAZEPAM	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
azithromycin	CARAC	CLONIDINE	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]
AZOPT	CARAC	CLOPIDOGRIL	GLUCAGON	L	release	release	PROCTOFOAM-HC	RESPIMAT	SYMJEPI [INJ]

