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McKesson Plasma and Biologics

# *Winter Product Catalog*



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# How To Order:

## Three simple steps to get started



### Step 1

**Call 877.625.2566** to speak with a plasma service representative.



### Step 2

**Activate your McKesson account for plasma purchases.**

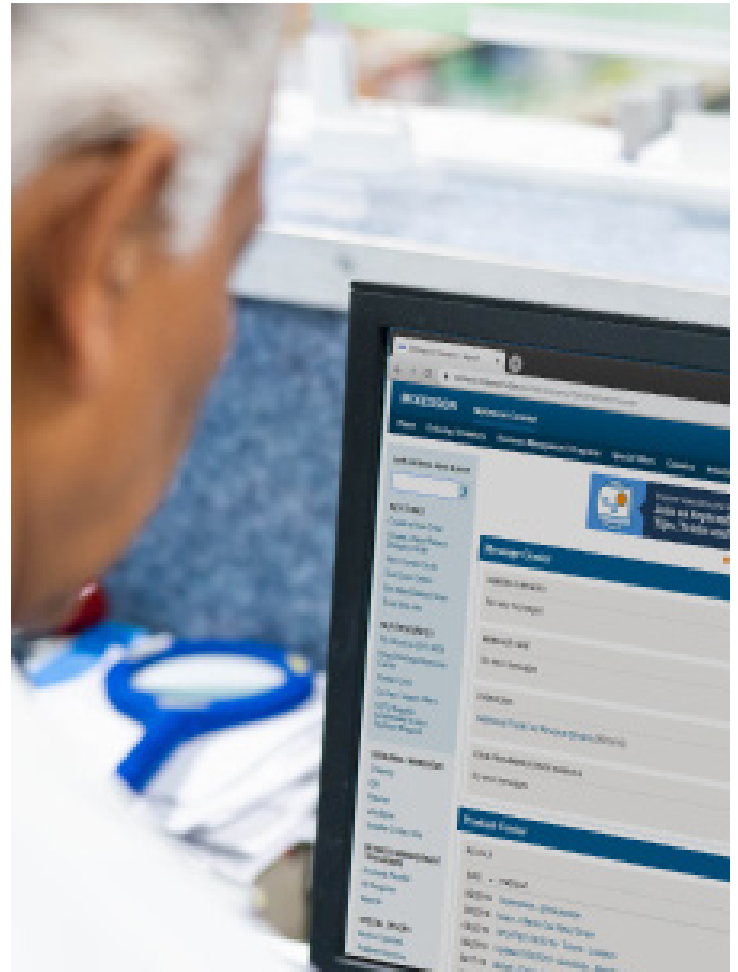
Confirm which account number(s) you would like to use or establish a new account. Provide an email address to receive the McKesson Plasma and Biologics catalog on McKesson Connect.



### Step 3

**Share your current GPO or manufacturer allocations** (if applicable).

We will work directly with your GPO and/or plasma manufacturers to shift your allocations to McKesson within a target of 30 days. Your GPO must validate that transfer. Non-contract purchases can be ordered immediately.



## Multiple Ordering Options:

### McKesson Connect™

[connect.mckesson.com](https://connect.mckesson.com)

### Phone

877.625.2566

### Fax

888.752.7626

### Email

[mpborders@mckesson.com](mailto:mpborders@mckesson.com)

### EDI\*

(3rd-party integration)

\*If interested in MPB/EDI integration or to verify if your third-party system is certified with MPB for EDI, contact your designated plasma account representative at **877.625.2566**.

# Emergency Order Quick Reference Guide

Follow these steps to request an emergency shipment on nights, weekends and holidays:



## Step 1

Call McKesson Plasma and Biologics at 877.625.2566 and select option 1 to place an emergency shipment.

Provide the following information to our emergency on-call service operator:

- Contact name
- Contact phone number

The operator will immediately page the assigned Customer Account Specialist to assist with your order request.



## Step 2

A Customer Account Specialist will contact you within 30 minutes to obtain the details of your emergency shipment, including detailed delivery instructions for the courier service and the requested time of arrival.

We will then coordinate with our emergency couriers and the commercial airlines to arrange the best possible route for delivery.

**The courier will deliver your product and notify your Customer Account Specialist.**

\* Please note: Emergency orders cannot be placed on McKesson Connect.

\*\* The Customer Account Specialist will notify you of any delays or updates and provide tracking information as soon as it becomes available.

\*\*\* If the emergency order is for consignment, let the Customer Account Specialist know at the time of order placement to ensure the consignment process is followed.

## Standard FedEx Delivery Schedule

Hours of operation: M-F 8a–6:30p CT

Emergency orders available 24 hours (depends on customer location)

Order Date	Standard Delivery	Albumin Delivery	Emergency Order
Mon–Thurs	Next day (morning)	Shipped via ground transit; time depends on location	Same day/Next day
Friday	Monday morning (unless Sat. morning is requested)	Shipped via ground transit; time depends on location	Same day/Next day
Saturday	Emergency Service	Emergency Service	Same day/Next day
Sunday	Emergency Service	Emergency Service	Same day/Next day

# Winter Product Guide

## Albumin

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Albuked® 25% 50 mL	3712957	Kedrion	76125-0792-25	Single Vial	P9047
Albuked® 25% 100 mL	3712965	Kedrion	76125-0792-10	Single Vial	P9047
Albuked® 5% 250 mL	3429768	Kedrion	76125-0790-25	Single Vial	P9045
Albumin 5% 250 mL	3466539	Octapharma	68982-0623-03	Single Vial	P9045
Albumin 5% 500 mL	3477189	Octapharma	68982-0623-03	Single Vial	P9045
Albumin 25% 50 mL	3466562	Octapharma	68982-0643-01	Single Vial	P9047
Albumin 25% 100 mL	3466570	Octapharma	68982-0643-02	Single Vial	P9047
AlbuRx® 25% 50 mL	2291540	CSL Behring	44206-0251-05	Single Vial	P9047
AlbuRx® 25% 100 mL	2291664	CSL Behring	44206-0251-10	Single Vial	P9047
AlbuRx® 5% 250 mL	2292530	CSL Behring	44206-0310-25	Single Vial	P9045
AlbuRx® 5% 500 mL	2292746	CSL Behring	44206-0310-50	Single Vial	P9045
Albuminar® 25% 50 mL	2286318	CSL Behring	00053-7680-32	Single Vial	P9046
Albuminar® 25% 100 mL	2286763	CSL Behring	00053-7680-33	Single Vial	P9046
Albutein® 25% 20 mL	3568227	Grifols	68516-5216-05	Single Vial	P9046/P9047
Albutein® 25% 50 mL	1248376	Grifols	68516-5216-01	Single Vial	P9047
Albutein® 25% 100 mL	1248392	Grifols	68516-5216-02	Single Vial	P9047
Albutein® 5% 50 mL	3568219	Grifols	68516-5214-05	Single Vial	P9041
Albutein® 5% 250 mL	1248137	Grifols	68516-5214-01	Single Vial	P9045
Albutein® 5% 500 mL	1248285	Grifols	68516-5214-02	Single Vial	P9045
Codan Albumin Admin Set	1870930	Grifols	99999-7237-40	Each	N/A
Flexbumin® 25% 50 mL	1332253	Shire	00944-0493-01	24/CS	P9047
Flexbumin® 25% 100 mL	1332709	Shire	00944-0493-02	12/CS	P9047
Flexbumin® 5% 250 mL	3415239	Shire	00944-0495-05	10/CS	P9045
IV Set True Care	3574191	Hemasource		Each	N/A
Kedbumin™ 25% 50 mL	2041226	Kedrion	76179-0025-02	Single Vial	P9047
Kedbumin™ 25% 100 mL	2043206	Kedrion	76179-0025-04	Single Vial	P9047

## Factors

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Advate®+Baxter III 200-400 IU*◊	3290038	Shire	00944-3051-02	Single Vial	J7192
Advate®+Baxter III 401-800 IU*◊	3290046	Shire	00944-3052-02	Single Vial	J7192
Advate®+Baxter III 801-1200 IU*◊	3290053	Shire	00944-3053-02	Single Vial	J7192
Advate®+Baxter III 1201-1800 IU*◊	3290061	Shire	00944-3054-02	Single Vial	J7192
Advate®+Baxter III 1801-2400 IU*◊	3283801	Shire	00944-3045-10	Single Vial	J7192
Advate®+Baxter III 2401-3600 IU*◊	3289758	Shire	00944-3046-10	Single Vial	J7192
Advate®+Baxter III 3601-4800 IU*◊	3289766	Shire	00944-3047-10	Single Vial	J7192
Adynovate® BJ3 200-400 IU*◊	3610000	Shire	00944-4622-01	Single Vial	J7207
Adynovate® BJ3 400-625 IU*◊	3610008	Shire	00944-4623-01	Single Vial	J7207
Adynovate® BJ3 600-938 IU*◊	3648060	Shire	00944-4626-01	Single Vial	J7207
Adynovate® BJ3 801-1250 IU*◊	3610016	Shire	00944-4624-01	Single Vial	J7207
Adynovate® BJ3 1200-1875 IU*◊	3645405	Shire	00944-4627-01	Single Vial	J7207
Adynovate® BJ3 1600-2500 IU*◊	3610024	Shire	00944-4625-01	Single Vial	J7207
Adynovate® BJ3 2401-3750 IU*◊	3651866	Shire	00944-4628-01	Single Vial	J7207

Note: Order quantities are based on the size/form indicated per item

\* Refrigerated \*\* Frozen

+ Available only for in-patient hospital pharmacies

\* Drop ship

◊ Consignment

¥ Required NOC/NOS may vary from payer to payer

§ Unclassified Code

## Factors (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Afstyla® 225-312 IU*◇	3559382	CSL Behring	69911-0474-02	Single Vial	J7210
Afstyla® 447-625 IU*◇	3559408	CSL Behring	69911-0475-02	Single Vial	J7210
Afstyla® 895-1250 IU*◇	3559457	CSL Behring	69911-0476-02	Single Vial	J7210
Afstyla® 1345-1875 IU*◇	3689056	CSL Behring	69911-0480-02	Single Vial	J7210
Afstyla® 1790-2500 IU*◇	3559622	CSL Behring	69911-0477-02	Single Vial	J7210
Afstyla® 2240-3125 IU*◇	3689064	CSL Behring	69911-0481-02	Single Vial	J7210
Afstyla® 2685-3750 IU*◇	3559655	CSL Behring	69911-0478-02	Single Vial	J7210
Alphanate® 250-499 IU◇	3777125	Grifols	68516-4611-01	Single Vial	J7186
Alphanate® 500-999 IU◇	3777133	Grifols	68516-4612-01	Single Vial	J7186
Alphanate® 1000-1299 IU◇	3777141	Grifols	68516-4613-02	Single Vial	J7186
Alphanate® 1300-1999 IU◇	3777174	Grifols	68516-4614-02	Single Vial	J7186
Alphanate® 2000+ IU◇	3777182	Grifols	68516-4615-02	Single Vial	J7186
Alphanine® 500-999 IU*◇	3777448	Grifols	68516-3607-02	Single Vial	J7193
Alphanine® 1000-1499 IU*◇	3777463	Grifols	68516-3608-02	Single Vial	J7193
Alphanine® 1500+ IU*◇	3777497	Grifols	68516-3609-02	Single Vial	J7193
Alprolix® 250-499 IU*◇	3911880	Bioverativ Inc.	71104-0966-01	Single Vial	J7201
Alprolix® 500-999 IU*◇	3911906	Bioverativ Inc.	71104-0911-01	Single Vial	J7201
Alprolix® 1000-1999 IU*◇	3911963	Bioverativ Inc.	71104-0922-01	Single Vial	J7201
Alprolix® 2000-2999 IU*◇	3911971	Bioverativ Inc.	71104-0933-01	Single Vial	J7201
Alprolix® 3000-3999 IU*◇	3911989	Bioverativ Inc.	71104-0944-01	Single Vial	J7201
Alprolix® 4000+ IU*◇	3912003	Bioverativ Inc.	71104-0977-01	Single Vial	J7201
Andexxa® 200 mg vial*◇	3677671	Portola	69853-0102-01	Carton of 4	C9041
BeneFIX® RT 250-499 IU◇	3915824	Pfizer Inc.	58394-0633-03	Single Vial	J7195
BeneFIX® RT 500-999 IU◇	3915089	Pfizer Inc.	58394-0634-03	Single Vial	J7195
BeneFIX® RT 1000-1999 IU◇	3915105	Pfizer Inc.	58394-0635-03	Single Vial	J7195
BeneFIX® RT 2000-2999 IU◇	3915113	Pfizer Inc.	58394-0636-03	Single Vial	J7195
BeneFIX® RT 3000+ IU◇	1125905	Pfizer Inc.	58394-0637-03	Single Vial	J7195
Beriner® Kit 500 IU*†	1725605	CSL Behring	63833-0825-02	Single Vial	J0597
Coagadex® 250 IU*◇	3782638	Bio Products Lab	64208-7752-01	Single Vial	J7175
Coagadex® 500 IU*◇	3782646	Bio Products Lab	64208-7753-01	Single Vial	J7175
Corifact® 1000-1600 IU◇	3486222	CSL Behring	63833-0518-02	Single Vial	J7180
Eloctate® 200-324 IU*◇	3912029	Bioverativ Inc.	71104-0801-01	Single Vial	J7205
Eloctate® 325-649 IU*◇	3912052	Bioverativ Inc.	71104-0802-01	Single Vial	J7205
Eloctate® 650-849 IU*◇	3912060	Bioverativ Inc.	71104-0803-01	Single Vial	J7205
Eloctate® 850-1249 IU*◇	3912078	Bioverativ Inc.	71104-0804-01	Single Vial	J7205
Eloctate® 1250-1799 IU*◇	3912086	Bioverativ Inc.	71104-0805-01	Single Vial	J7205
Eloctate® 1800-2299 IU*◇	3912094	Bioverativ Inc.	71104-0806-01	Single Vial	J7205
Eloctate® 2300-3499 IU*◇	3912110	Bioverativ Inc.	71104-0807-01	Single Vial	J7205
Eloctate® 3500-4499 IU*◇	3912136	Bioverativ Inc.	71104-0808-01	Single Vial	J7205
Eloctate® 4500-5499 IU*◇	3912169	Bioverativ Inc.	71104-0809-01	Single Vial	J7205
Eloctate® 5500-6499 IU*◇	3912177	Bioverativ Inc.	71104-0810-01	Single Vial	J7205
Esperoct® 475-525 IU◇	1516640	Novo Nordisk	00169-8500-01	Single Vial	J7199 <sup>¥</sup>
Esperoct® 950-1050 IU◇	1516657	Novo Nordisk	00169-0810-01	Single Vial	J7199 <sup>¥</sup>
Esperoct® 1425-1575 IU◇	1516681	Novo Nordisk	00169-8150-01	Single Vial	J7199 <sup>¥</sup>
Esperoct® 1900-2100 IU◇	1516699	Novo Nordisk	00169-8200-01	Single Vial	J7199 <sup>¥</sup>
Esperoct® 2850-3150 IU◇	1516707	Novo Nordisk	00169-8300-01	Single Vial	J7199 <sup>¥</sup>
FEIBA® NF+Baxject II 400-650 IU*◇	3727732	Shire	64193-0426-02	Single Vial	J7198
FEIBA® NF+Baxject II 651-1200 IU*◇	2042836	Shire	64193-0424-02	Single Vial	J7198
FEIBA® NF+Baxject II 1750-3250 IU*◇	2042844	Shire	64193-0425-02	Single Vial	J7198

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## Factors (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Fibryga® 700-1300 mg Vial*	3943800	Octapharma	68982-0347-01	Single Vial	J7178
HEMLIBRA® 30 mg SDV*	3742632	Genentech	50242-0920-01	Single Vial	J7170
HEMLIBRA® 60 mg 0.4 mL SDV*	3742640	Genentech	50242-0921-01	Single Vial	J7170
HEMLIBRA® 105 mg 0.7 mL SDV*	3742657	Genentech	50242-0922-01	Single Vial	J7170
HEMLIBRA® 150 mg SDV*	3742665	Genentech	50242-0923-01	Single Vial	J7170
Hemofil® M 220-400 IU*◇	2068260	Shire	00944-3940-02	Single Vial	J7190
Hemofil® M 401-800 IU*◇	2068252	Shire	00944-3942-02	Single Vial	J7190
Hemofil® M 801-1700 IU*◇	2068245	Shire	00944-3944-02	Single Vial	J7190
Hemofil® M 1701-2000 IU*◇	2068237	Shire	00944-3946-02	Single Vial	J7190
Humate-P® 500-999 IU◇	2117034	CSL Behring	63833-0615-02	Single Vial	J7187
Humate-P® 1000-1600 IU◇	2117042	CSL Behring	63833-0616-02	Single Vial	J7187
Humate-P® 1600-3000 IU◇	2117109	CSL Behring	63833-0617-02	Single Vial	J7187
Idelvion® 200-400 IU◇	3533502	CSL Behring	69911-0864-02	Single Vial	J7202
Idelvion® 401-800 IU◇	3533510	CSL Behring	69911-0865-02	Single Vial	J7202
Idelvion® 801-1250 IU◇	3533528	CSL Behring	69911-0866-02	Single Vial	J7202
Idelvion® 1251-2500 IU◇	3533536	CSL Behring	69911-0867-02	Single Vial	J7202
Idelvion® 3500 IU*◇	2546299	CSL Behring	69911-0869-02	Single Vial	J7202
Ixinity® 401-800 IU*◇	3662988	Aptevo	70504-0282-05	Single Vial	J7195
Ixinity® 801-1250 IU*◇	3662996	Aptevo	70504-0283-05	Single Vial	J7195
Ixinity® 1251-1750 IU*◇	3663010	Aptevo	70504-0284-05	Single Vial	J7195
Ixinity® 2700-3450 IU*◇	3957883	Aptevo	70504-0289-05	Single Vial	J7195
Jivi® 500-999 IU◇	2546026	Bayer	00026-3942-25	Single Vial	J7199
Jivi® 1000-1999 IU◇	2546109	Bayer	00026-3944-25	Single Vial	J7199
Jivi® 2000-2999 IU◇	2546141	Bayer	00026-3946-25	Single Vial	J7199
Jivi® 3000+ IU◇	2546166	Bayer	00026-3948-25	Single Vial	J7199
Kcentra® 400-620 IU*◇	2042950	CSL Behring	63833-0386-02	Single Vial	J3590 <sup>¶</sup>
Kcentra® 800-1240 IU*◇	1190719	CSL Behring	63833-0387-02	Single Vial	J3590 <sup>¶</sup>
Koate® 250-399 IU*◇	3673399	Kedrion	76125-0256-20	Single Vial	J7190
Koate® 400-799 IU*◇	3673381	Kedrion	76125-0668-30	Single Vial	J7190
Koate® 800-1250 IU*◇	3611126	Kedrion	76125-0676-50	Single Vial	J7190
Kogenate® FS with Vial Adapter 250-499 IU*◇	2050813	Bayer	00026-3782-25	Single Vial	J7192
Kogenate® FS with Vial Adapter 500-999 IU*◇	2050821	Bayer	00026-3783-35	Single Vial	J7192
Kogenate® FS with Vial Adapter 1000-1999 IU*◇	2050839	Bayer	00026-3785-55	Single Vial	J7192
Kogenate® FS with Vial Adapter 2000-2999 IU*◇	2050847	Bayer	00026-3786-65	Single Vial	J7192
Kogenate® FS with Vial Adapter 3000+ IU*◇	2050854	Bayer	00026-3787-75	Single Vial	J7192
Kovaltry® 250-499 IU*◇	3535770	Bayer	00026-3821-25	Single Vial	J7211
Kovaltry® 500-999 IU*◇	3535796	Bayer	00026-3822-25	Single Vial	J7211
Kovaltry® 1000-1999 IU*◇	3535804	Bayer	00026-3824-25	Single Vial	J7211
Kovaltry® 2000-2999 IU*◇	3535838	Bayer	00026-3826-50	Single Vial	J7211
Kovaltry® 3000+ IU*◇	3535879	Bayer	00026-3828-50	Single Vial	J7211
Mononine® 720-1300 IU*◇	3915022	CSL Behring	00053-6233-02	Single Vial	J7193
Novoeight® 200-350 IU*◇	3441763	Novo Nordisk	00169-7825-01	Single Vial	J7182
Novoeight® 350-750 IU*◇	3441771	Novo Nordisk	00169-7850-01	Single Vial	J7182
Novoeight® 750-1250 IU*◇	3441789	Novo Nordisk	00169-7810-01	Single Vial	J7182
Novoeight® 1250-1875 IU*◇	3441797	Novo Nordisk	00169-7815-01	Single Vial	J7182
Novoeight® 1875-2500 IU*◇	3441805	Novo Nordisk	00169-7820-01	Single Vial	J7182
Novoeight® 2500-3750 IU*◇	3441813	Novo Nordisk	00169-7830-01	Single Vial	J7182

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## Factors (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Novoseven® MixPro 1 mg∅	2042299	Novo Nordisk	00169-7201-01	Single Vial	J7189
Novoseven® MixPro 2 mg∅	2042323	Novo Nordisk	00169-7202-01	Single Vial	J7189
Novoseven® MixPro 5 mg∅	2042356	Novo Nordisk	00169-7205-01	Single Vial	J7189
Novoseven® MixPro 8 mg∅	2042380	Novo Nordisk	00169-7208-01	Single Vial	J7189
Novo Nordisk Admin Kit	2590255	Novo Nordisk	00169-7200-06	Each	N/A
Nuwiq® 200-300 IU∅	3505757	Octapharma	68982-0139-01	Single Vial	J7209
Nuwiq® 400-600 IU∅	3505773	Octapharma	68982-0141-01	Single Vial	J7209
Nuwiq® 800-1200 IU∅	3506029	Octapharma	68982-0143-01	Single Vial	J7209
Nuwiq® 1501-2400 IU∅	3506037	Octapharma	68982-0145-01	Single Vial	J7209
Nuwiq® 2401-3000 IU∅	3704939	Octapharma	68982-0147-01	Single Vial	J7209
Nuwiq® 3001-3600 IU∅	3705076	Octapharma	68982-0149-01	Single Vial	J7209
Nuwiq® 3601-4800 IU∅	3705084	Octapharma	68982-0151-01	Single Vial	J7209
Profilnine® 450-999 IU∅	3777323	Grifols	68516-3207-01	Single Vial	J7194
Profilnine® 1000-1499 IU∅	2560936	Grifols	68516-3208-02	Single Vial	J7194
Profilnine® 1500-2000 IU∅	3777372	Grifols	68516-3209-02	Single Vial	J7194
Rebinyne® 400-800 IU*∅	3759099	Novo Nordisk	00169-7905-01	Single Vial	J7203
Rebinyne® 801-1250 IU*∅	3759107	Novo Nordisk	00169-7901-01	Single Vial	J7203
Rebinyne® 1500-2250 IU*∅	3759115	Novo Nordisk	00169-7902-01	Single Vial	J7203
Recombinant® RAHF 220-400 IU*∅	3913233	Shire	00944-2841-10	Single Vial	J7192
Recombinant® RAHF 401-800 IU*∅	3913241	Shire	00944-2842-10	Single Vial	J7192
Recombinant® RAHF 801-1240 IU*∅	3913258	Shire	00944-2843-10	Single Vial	J7192
Recombinant® RAHF 1241-1800 IU*∅	3913266	Shire	00944-2844-10	Single Vial	J7192
Recombinant® RAHF 1801-2400 IU*∅	3913274	Shire	00944-2845-10	Single Vial	J7192
Riastap® 900-1300 IU	2115509	CSL Behring	63833-0891-51	Single Vial	J7178
Rixubis® Kit 175-325 IU*∅	2190254	Shire	00944-3026-02	Single Vial	J7200
Rixubis® Kit 350-650 IU*∅	2190247	Shire	00944-3028-02	Single Vial	J7200
Rixubis® Kit 700-1300 IU*∅	2190239	Shire	00944-3030-02	Single Vial	J7200
Rixubis® Kit 1400-2600 IU*∅	2190437	Shire	00944-3032-02	Single Vial	J7200
Rixubis® Kit 2700-3900 IU*∅	2190445	Shire	00944-3034-02	Single Vial	J7200
SEVENFACT® 1 mg Kit	1586429	Hema Biologics	71127-1000-01	Single Vial	
SEVENFACT® 5 mg Kit	1586452	Hema Biologics	71127-5000-01	Single Vial	
Thrombate III® 500 IU∅	3594108	Grifols	13533-0602-50	Single Vial	J7197
Tretten® 2000-3125 IU*∅	3760493	Novo Nordisk	00169-7013-01	Single Vial	J7181
Vonvendi® 450-850 IU*∅	3674397	Shire	00944-7551-02	Single Vial	J7179
Vonvendi® 900-1700 IU*∅	3674389	Shire	00944-7553-02	Single Vial	J7179
Wilate® 500-999 IU*∅	3618923	Octapharma	68982-0182-01	Single Vial	J7183
Wilate® 1000+ IU*∅	3538279	Octapharma	68982-0182-02	Single Vial	J7183
Xyntha® 250-499 IU*∅	1249309	Pfizer Inc.	58394-0012-01	Single Vial	J7185
Xyntha® 500-999 IU*∅	1249838	Pfizer Inc.	58394-0013-01	Single Vial	J7185
Xyntha® 1000-1999 IU*∅	1250042	Pfizer Inc.	58394-0014-01	Single Vial	J7185
Xyntha® 2000+ IU*∅	1250075	Pfizer Inc.	58394-0015-01	Single Vial	J7185
Xyntha® SOLOFUSE® 250-499 IU*∅	3915956	Pfizer Inc.	58394-0022-03	Single Vial	J7185
Xyntha® SOLOFUSE® 500-999 IU*∅	3690385	Pfizer Inc.	58394-0023-03	Single Vial	J7185
Xyntha® SOLOFUSE® 1000-1999 IU*∅	3690377	Pfizer Inc.	58394-0024-03	Single Vial	J7185
Xyntha® SOLOFUSE® 2000-2999 IU*∅	3690369	Pfizer Inc.	58394-0025-03	Single Vial	J7185
Xyntha® SOLOFUSE® 3000 IU+*∅	3915626	Pfizer Inc.	58394-0016-03	Single Vial	J7185

Note: Order quantities are based on the size/form indicated per item

\* Refrigerated \*\* Frozen

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\* Drop ship

∅ Consignment

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\$ Unclassified Code



## Hyper Immunes

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
CytoGAM® 2.5 gm 50 mL*	3991726	Saol Therapeutics	44206-0532-11	Single Vial	J0850
GamaSTAN® 2 mL*	3930468	Grifols	13533-0335-04	Single Vial	J1460
GamaSTAN® 10 mL*	2546349	Grifols	13533-0335-12	Single Vial	J1460
Hepagam B® SDV 1 mL*	3757895	Saol Therapeutics	70504-0052-02	Single Vial	J1571(IM); J1573(IV)
Hepagam B® SDV 1 mL NovaPlus*	3799871	Saol Therapeutics	70504-0053-02	Single Vial	J1571(IM); J1573(IV)
Hepagam B® SDV 5 mL*	3900008	Saol Therapeutics	70257-0051-51	Single Vial	J1571(IM); J1573(IV)
Hepagam B® SDV 5 mL* NovaPlus	3799970	Saol Therapeutics	70504-0054-02	Single Vial	J1571(IM); J1573(IV)
HyperHEP B® S/D 0.5 mL Pre-filled Syringe*⊕	3224763	Grifols	13533-0636-03	Each	J3590*¥
HyperHEP B® S/D 1 mL Pre-filled Syringe*⊕	3224730	Grifols	13533-0636-02	Each	J3590*¥
HyperHEP B® S/D 5 mL Pre-filled Syringe*⊕	3224771	Grifols	13533-0636-05	Single Vial	J3590*¥
HyperRAB® 1mL SDV*⊕	3787181	Grifols	13533-0318-01	Single Vial	J3590*¥
HyperRAB® 3ML SDV*⊕	3787199	Grifols	13533-0318-03	Single Vial	J3590*¥
HyperRAB® 5mL SDV*⊕	3787199	Grifols	13533-0318-05	Single Vial	J3590*¥
HyperRHO® S/D 50 mcg Syringe*⊕	3590783	Grifols	13533-0661-06	10 pack	J2788
HyperRHO® S/D 300 mcg Syringe*⊕	3224581	Grifols	13533-0631-02	Each	J2790
HyperRHO® S/D 300 mcg Syringe*⊕	3781796	Grifols	13533-0631-11	10 pack	J2790
HyperTET® 250 mL Syringe*⊕	3224649	Grifols	13533-0634-02	Single Vial	J1670
Kedrab™ 2 mL SUV*⊕	3780087	Kedrion	76125-0150-02	Single Vial	90399
Kedrab™ 10 mL SUV*⊕	3780095	Kedrion	76125-0150-10	Single Vial	90399
RhoGAM® Ultra-Filtered PLUS Syringe*⊕	1266493	Kedrion	00562-7805-01	Each	J2790
RhoGAM® Ultra-Filtered PLUS Syringe*⊕	1273333	Kedrion	00562-7805-05	5 pack	J2790
RhoGAM® Ultra-Filtered PLUS Syringe*⊕	1280494	Kedrion	00562-7805-25	25 pack	J2790
Rhophylac® RHO PFS*	2291870	CSL Behring	44206-0300-01	Each	J2791
Rhophylac® RHO PFS*	2292423	CSL Behring	44206-0300-10	10 pack	J2791
Varizig® 125 IU*	3900040	Saol Therapeutics	70257-0126-51	Single Vial	90396
WinRho® SDV 2500 IU 2.2 mL*⊕	3758018	Saol Therapeutics	70504-3500-02	Single Vial	J2792
WinRho® SDV 1500 IU 1.3 mL*⊕	3937836	Saol Therapeutics	70257-0330-51	Single Vial	J2792
WinRho® SDV 5000 IU 4.4 mL*⊕	3758034	Saol Therapeutics	70504-3100-02	Single Vial	J2792
WinRho® SDV 15000 IU 13 mL*⊕	3758042	Saol Therapeutics	70504-3000-02	Single Vial	J2792

## Intravenous Immune Globulin

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Cutaquig® 16.5% 1 gm 6 mLvial	1575497	Pfizer Inc.	00069-1061-02	Single Vial	J1559
Cutaquig® 16.5% 2 gm 12 mL vial	1575570	Pfizer Inc.	00069-1476-02	Single Vial	J1559
Cutaquig® 16.5% 4 gm 24 mL vial	1575588	Pfizer Inc.	00069-1509-02	Single Vial	J1559
Cutaquig® 16.5% 8 gm 48 mL vial	1575596	Pfizer Inc.	00069-1965-02	Single Vial	J1559
Gammagard 1 gm Liquid*	1215581	Shire	00944-2700-02	Single Vial	J1569
Gammagard 2.5 gm Liquid*	1215599	Shire	00944-2700-03	Single Vial	J1569
Gammagard 5 gm Liquid*	1215607	Shire	00944-2700-04	Single Vial	J1569
Gammagard 10 gm Liquid*	1215615	Shire	00944-2700-05	Single Vial	J1569
Gammagard 20 gm Liquid*	1215631	Shire	00944-2700-06	Single Vial	J1569
Gammagard 30 gm Liquid*	3913993	Shire	00944-2700-07	Single Vial	J1569
Gammagard SD Low IgA 5 gm*	1975903	Shire	00944-2656-03	Single Vial	J1566
Gammagard SD Low IgA 10 gm*	1976901	Shire	00944-2658-04	Single Vial	J1566
Gammaked™ 1 gm Liquid*	1356567	Kedrion	76125-0900-01	Single Vial	J1561
Gammaked™ 5 gm Liquid*	1357649	Kedrion	76125-0900-50	Single Vial	J1561
Gammaked™ 10 gm Liquid*	3914694	Kedrion	76125-0900-10	Single Vial	J1561
Gammaked™ 20 gm Liquid*	3914702	Kedrion	76125-0900-20	Single Vial	J1561

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## Intravenous Immune Globulin (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Gammaplex® 5% 5 gm, 100 mL	3580586	Bio Products Lab	64208-8234-06	Single Vial	J1557
Gammaplex® 5% 10 gm, 200 mL	3580594	Bio Products Lab	64208-8234-07	Single Vial	J1557
Gammaplex® 5% 20 gm, 400 mL	3580578	Bio Products Lab	64208-8234-08	Single Vial	J1557
Gammaplex® 10% 5 gm, 50 mL	3642675	Bio Products Lab	64208-8235-05	Single Vial	J1557
Gammaplex® 10% 10 gm, 100 mL	3642691	Bio Products Lab	64208-8235-06	Single Vial	J1557
Gammaplex® 10% 20 gm, 200 mL	3642709	Bio Products Lab	64208-8235-07	Single Vial	J1557
Gamunex-C® 1 gm, 10 mL*	1245398	Grifols	13533-0800-12	Single Vial	J1561
Gamunex-C® 2.5 gm, 25 mL*	1247055	Grifols	13533-0800-15	Single Vial	J1561
Gamunex-C® 5 gm, 50 mL*	1248020	Grifols	13533-0800-20	Single Vial	J1561
Gamunex-C® 10 gm, 100 mL*	1250810	Grifols	13533-0800-71	Single Vial	J1561
Gamunex-C® 20 gm, 200 mL*	1254986	Grifols	13533-0800-24	Single Vial	J1561
Gamunex-C® 40 gm, 400 mL*	3400348	Grifols	13533-0800-40	Single Vial	J1561
Hizentra® 5 mL 1 gm	1731702	CSL Behring	44206-0451-01	Single Vial	J1559
Hizentra® 10 mL 2 gm	1731728	CSL Behring	44206-0451-02	Single Vial	J1559
Hizentra® 20 mL 4 gm	1731744	CSL Behring	44206-0454-04	Single Vial	J1559
Hizentra® 50 mL 10 gm	2209724	CSL Behring	44206-0455-10	Single Vial	J1559
HyQvia® 10% 2.5 gm	3298718	Shire	00944-2510-02	Single Vial	J1575
HyQvia® 10% 5 gm	3298726	Shire	00944-2511-02	Single Vial	J1575
HyQvia® 10% 10 gm	3298734	Shire	00944-2512-02	Single Vial	J1575
HyQvia® 10% 20 gm	3298783	Shire	00944-2513-02	Single Vial	J1575
HyQvia® 10% 30 gm	3298825	Shire	00944-2514-02	Single Vial	J1575
Octagam® 5% 1 gm	3466588	Octapharma	68982-0840-01	Single Vial	J1568
Octagam® 5% 2.5 gm	3466596	Octapharma	68982-0840-02	Single Vial	J1568
Octagam® 5% 5 gm	3466604	Octapharma	68982-0840-03	Single Vial	J1568
Octagam® 5% 10 gm	3466620	Octapharma	68982-0840-04	Single Vial	J1568
Octagam® 10% 2 gm	3295730	Octapharma	68982-0850-01	Single Vial	J1568
Octagam® 10% 5 gm	3295748	Octapharma	68982-0850-02	Single Vial	J1568
Octagam® 10% 10 gm	3295755	Octapharma	68982-0850-03	Single Vial	J1568
Octagam® 10% 20 gm	3295763	Octapharma	68982-0850-04	Single Vial	J1568
Octagam® 10% 30 gm	3960960	Octapharma	68982-0850-05	Single Vial	J1568
Panzyga® 10% 2.5 gm 25 mL	3995685	Octapharma	00069-1109-02	Single Vial	J1599
Panzyga® 10% 5 gm 50 mL	3995701	Octapharma	00069-1224-02	Single Vial	J1599
Panzyga® 10% 10 gm 100 mL	3995750	Octapharma	00069-1312-02	Single Vial	J1599
Panzyga® 10% 20 gm 200 mL	3995784	Octapharma	00069-1415-02	Single Vial	J1599
Panzyga® 10% 30 gm 300 mL	3995800	Octapharma	00069-1558-02	Single Vial	J1599
Privigen® 5 gm	2293470	CSL Behring	44206-0436-05	Single Vial	J1459
Privigen® 10 gm	2293488	CSL Behring	44206-0437-10	Single Vial	J1459
Privigen® 20 gm	2293538	CSL Behring	44206-0438-20	Single Vial	J1459
Privigen® 40 gm	2042513	CSL Behring	44206-0439-40	Single Vial	J1459
XEMBIFY® 1 gm 5 mL*	2557585	Grifols	31353-3810-05	Single Vial	J3590
XEMBIFY® 2 gm 10 mL*	2557619	Grifols	31353-3810-10	Single Vial	J3590
XEMBIFY® 4 gm 20 mL*	2557627	Grifols	31353-3810-20	Single Vial	J3590
XEMBIFY® 10 gm 50 mL*	2557635	Grifols	31353-3810-50	Single Vial	J3590

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## HAE Products

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Beriner® Kit 500 IU	1725605	CSL Behring	63833-0825-02	Single Vial	J0597
Kalbitor® 10 mg*	3401247	Shire	47783-0101-01	Carton of 3	J1744

## Nasals

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Stimate® Nasal Spray 1.5 mg, 2.5 mL	2117018	CSL Behring	00053-6871-00	Each	J3590 <sup>§</sup>

## Specialty Products

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Actemra® 162 mg, 0.9 mL PFS*	2046654	Genentech	50242-0138-01	Each	J3590 <sup>§</sup>
Actemra® 162 mg, 0.9 mL PEN*	3738069	Genentech	50242-0143-01	Each	J3590 <sup>§</sup>
Actemra® 80 mg 4 mL SDV*	3788072	Genentech	50242-0135-01	Each	J3590 <sup>§</sup>
Actemra® 200 mg 10 mL SDV*	3788106	Genentech	50242-0136-01	Each	J3590 <sup>§</sup>
Actemra® 400 mg 20 mL SDV*	3788114	Genentech	50242-0137-01	Each	J3590 <sup>§</sup>
ADAKVEO® 100 mg 10 mL SDV*	2565869	Novartis	00078-0883-61	Each	J3490
Adasuve® Inhalation 10 gm Powder 5	3730017	Galen	10885-0003-05	5 Pack	J2062
ADCETRIS® 50 mg*‡	1837335	Seattle Genetics	51144-0050-01	Single Vial	J9042
Afinitor® 2.5 mg 28 tablets	3482288	Novartis	00078-0594-51	Each	J8999 <sup>§</sup>
Afinitor® 5 mg 28 tablets	3482262	Novartis	00078-0566-51	Each	J8999 <sup>§</sup>
Afinitor® 7.5 mg 28 tablets	3482296	Novartis	00078-0620-51	Each	J8999 <sup>§</sup>
Afinitor® 10 mg 28 tablets	3482270	Novartis	00078-0567-51	Each	J8999 <sup>§</sup>
Afinitor® Dispenz 2 mg 28 tablets	3482304	Novartis	00078-0626-51	Each	J8999 <sup>§</sup>
Afinitor® Dispenz 3 mg 28 tablets	3482320	Novartis	00078-0627-51	Each	J8999 <sup>§</sup>
Afinitor® Dispenz 5 mg 28 tablets	3482338	Novartis	00078-0628-51	Each	J8999 <sup>§</sup>
Akynzeo® 235 mg/0.25 mg SDV*	1531136	Helsinn Therapeutics	69639-0102-01	Each	J1454
Akynzeo® 235 mg/0.25 mg SDV*	1548833	Helsinn Therapeutics	69639-0105-01	Each	J1454
Akynzeo® 300 mg/0.5 mg capsules	1528009	Helsinn Therapeutics	69639-0101-01	Each	J8655
Alecensa® 150 mg 240 capsules	3775087	Genentech	50242-0130-01	Each	J8999 <sup>§</sup>
Aliqopa™ 60 mg SDV*	3706520	Bayer	50419-0385-01	Single Vial	J9057
Altera® Exhalation Filter/Valve Set	1267426	PARI	83490-0410-03	Each	N/A
Altera® Nebulizer Handset	1264985	PARI	83490-0678-05	Each	N/A
Altera® Nebulizer System	1264308	PARI	83490-0678-02	Each	N/A
Alunbrig® 30 mg 30 tablets	3750023	Ariad	63020-0113-30	Each	J8999 <sup>§</sup>
Alunbrig® 90 mg 7 tablets	3750049	Ariad	63020-0090-07	Each	J8999 <sup>§</sup>
Alunbrig® 90 mg 30 tablets	3750064	Ariad	63020-0090-30	Each	J8999 <sup>§</sup>
Alunbrig® 180 mg 30 tablets	3750072	Ariad	63020-0180-30	Each	J8999 <sup>§</sup>
Alunbrig® 90 mg 7 tablets & 180 mg 23 tablets	3750080	Ariad	63020-0198-30	Each	J8999 <sup>§</sup>
Ambrisentan 5 mg 30 tablets	3959335	Teva	00591-2405-30	Each	J8499 <sup>§</sup>
Ambrisentan 10 mg 30 tablets	3959343	Teva	00591-2406-30	Each	J8499 <sup>§</sup>
Ambrisentan 5 mg 30 tablets	1568575	Zydus	70710-1179-03	Each	J8499 <sup>§</sup>
Ambrisentan 10 mg 30 tablets	1568609	Zydus	70710-1180-03	Each	J8499 <sup>§</sup>
Austedo 6 mg 60 tablets	3688199	Teva	68546-0170-60	Each	J8499 <sup>§</sup>
Austedo 9 mg 60 tablets	3688298	Teva	68546-0171-60	Each	J8499 <sup>§</sup>
Austedo 12 mg 60 tablets	3688306	Teva	68546-0172-60	Each	J8499 <sup>§</sup>
Avastin® 100 mg 4 mL*	3280955	Genentech	50242-0060-01	Single Vial	J9035
Avastin® 400 mg 16 mL*	3280831	Genentech	50242-0061-01	Single Vial	J9035
Avastin® 100 mg 4 mL*	3952843	Genentech	50242-0060-10	10 Pack	J9035
Avastin® 400 mg 16 mL*	3952850	Genentech	50242-0061-10	10 Pack	J9035
Bafiertam® 95 mg capsules	1566660	Banner Life Sciences	69387-0001-01	120 pack	J8499 <sup>§</sup>
BEOVU® 6 mg 0.05 mL SDV*	3994266	Novartis	00078-0827-61	Each	J0179
Bavencio® 200 mg 10 mL*	3638475	EMD Serono	44087-3535-01	Each	J9023
Beleodaq® 500 mg/30 mL	1509033	Acrotech Bio	72893-0002-01	Single Vial	J9032

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## Specialty Products (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Benlysta® 120 mg SDV*	3609534	GlaxoSmithKline	49401-0101-01	Single Vial	J0490 <sup>\$¥</sup>
Benlysta® 400 mg SDV*	3609526	GlaxoSmithKline	49401-0102-01	Single Vial	J0490 <sup>\$¥</sup>
Benlysta® SC Pen 200 mg 4*	3700408	GlaxoSmithKline	49401-0088-35	4 Pack	J3590 <sup>\$¥</sup>
Benlysta® SC PFS 200 mg 4*	3700424	GlaxoSmithKline	49401-0088-47	4 Pack	J3590 <sup>\$¥</sup>
Besponsa® 0.9 mg 20 mL vial*	3700093	Pfizer Inc.	00008-0100-01	Single Vial	J9229
Bethkis® 300 mg 4 mL 56 ampules*	2749018	Chiesi	10122-0820-56	Ampule	J7682
Bethkis® 300 mg 4 mL 28 ampules*	2749000	Chiesi	10122-0820-28	Ampule	J7682
Blenrep 100 mg SDV	1561166	GlaxoSmithKline	00173-0896-01	Each	J9999 <sup>\$¥</sup>
Blincyto® 35 mcg SDV*	3486891	Amgen	55513-0160-01	Single Vial	J9039
BOSULIF® 100 mg 120 tablets	1690072	Pfizer Inc.	00069-0135-01	Each	J8999 <sup>\$¥</sup>
BOSULIF® 400 mg 120 tablets	3743564	Pfizer Inc.	00069-0193-01	Each	J8999 <sup>\$¥</sup>
BOSULIF® 500 mg 30 tablets	1690064	Pfizer Inc.	00069-0136-01	Each	J8999 <sup>\$¥</sup>
Braftovi® 75 mg 60x2 capsules	1518729	Pfizer Inc.	70255-0025-03	Each	J8999 <sup>\$¥</sup>
Braftovi® 75 mg 90x2 capsules	1518737	Pfizer Inc.	70255-0025-01	Each	J8999 <sup>\$¥</sup>
Brukina™ 80 mg capsules	2557882	Beigene	72579-0011-02	120 pack	J8999 <sup>\$¥</sup>
BYNFEZIA® Pen 2500 mcg/mL	1542950	Sun Pharmaceuticals	62756-0452-36	Each	J2354
Cablixi® 11 mg SDV*	3934569	Sanofi Genzyme	58468-0225-01	Each	J3490 <sup>\$¥</sup>
Cabometyx® 20 mg 30 tablets	3549698	Exelixis	42388-0024-26	Each	J8999 <sup>\$¥</sup>
Cabometyx® 40 mg 30 tablets	3549680	Exelixis	42388-0025-26	Each	J8999 <sup>\$¥</sup>
Cabometyx® 60 mg 30 tablets	3549672	Exelixis	42388-0023-26	Each	J8999 <sup>\$¥</sup>
Calquence® 100 mg 60 capsules	3738770	AstraZeneca	00310-0512-60	Each	J8999 <sup>\$¥</sup>
Cayston® 75 mg 28-Day Kit†	1259464	Gilead	61958-0901-01	Each	J7699 <sup>\$¥</sup>
CINQAIR® 100MG 10ML VL	3967171	Teva	59310-0610-31	Each	J2786
Cometriq® 60 mg 4x21 capsules	3598539	Exelixis	42388-0013-14	Each	J8999 <sup>\$¥</sup>
Cometriq® 100 mg 4x14 capsules	3598547	Exelixis	42388-0012-14	Each	J8999 <sup>\$¥</sup>
Cometriq® 140 mg 4x28 capsules	3598554	Exelixis	42388-0011-14	Each	J8999 <sup>\$¥</sup>
Copiktra® 15 mg 56 capsules	2564243	Verastem	71779-0115-02	Each	J8999 <sup>\$¥</sup>
Copiktra® 25 mg 56 capsules	2565463	Verastem	71779-0125-02	Each	J8999 <sup>\$¥</sup>
Cotellic® 20 mg 63 tablets	3496916	Genentech	50242-0717-01	Each	J8999 <sup>\$¥</sup>
Cyramza® 100 mg 10 mL*	2590396	Eli Lilly	00002-7669-01	Each	J9308
Cyramza® 500 mg 50 mL*	2590404	Eli Lilly	00002-7678-01	Each	J9308
Darzalex® 100 mg*	3498193	JOM	57894-0502-05	Single Vial	J9145
Darzalex® 400 mg*	3498201	JOM	57894-0502-20	Single Vial	J9145
Darzalex FasPro™ 1800 mg SDV	1538255	JOM	57894-0503-01	Single Vial	J9145
Daurismo™ 25 mg 60 tablets	3581972	Pfizer Inc.	00069-0298-60	Each	J8999 <sup>\$¥</sup>
Daurismo™ 100 mg 30 tablets	3582012	Pfizer Inc.	00069-1531-30	Each	J8999 <sup>\$¥</sup>
Defitelio® 200 mg 2.5 mL SUV 10	3498946	Jazz Pharmaceuticals	68727-0800-02	10 Pack	J3490 <sup>\$¥</sup>
Dextenza® 0.4 mg Insert	3954187	Ocular Therapeutics	70382-0204-01	Each	J1096
Dextenza® 0.4 mg Insert	3954229	Ocular Therapeutics	70382-0204-10	10 Pack	J1096
Doptelet® 20 mg tablet	3971249	Dova	71369-0020-10	10 pack	J8499 <sup>\$¥</sup>
Doptelet® 20 mg tablet	3971264	Dova	71369-0020-15	15 pack	J8499 <sup>\$¥</sup>
Doptelet® 20 mg tablet	3971280	Dova	71369-0020-30	30 pack	J8499 <sup>\$¥</sup>
Dysport® 300 Unit SDV*	3761301	Ipsen	15054-0530-06	Single Vial	J0586
Dysport® 500 Unit SDV*	3761319	Ipsen	15054-0500-01	Single Vial	J0586
Elelyso® 200 units 10 mL SDV*	3602422	Pfizer Inc.	00069-0106-01	Single Vial	J3060
Empliciti® 300 mg*	3498086	Bristol-Myers Squibb	00003-2291-11	Single Vial	J9176
Empliciti® 400 mg*	3498094	Bristol-Myers Squibb	00003-4522-11	Single Vial	J9176
Endari™ 5gm packets 60	2064673	Emmaus	42457-0420-60	60 Pack	---
Enhertu® 100 mg SDV	1503135	Daiichi Sankyo	65597-0406-01	Each	J9358
Enspryng® 120 mg/mL PFS	1563154	Genentech	50242-0007-01	Each	J3590 <sup>\$¥</sup>
Entyvio® 300 mg 20 mL SDV*	2782639	Takeda	64764-0300-20	Single Vial	J3380

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## Specialty Products (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Envarsus XR® 0.75 mg 30 tablets	3490026	Veloxis	68992-3075-03	Each	J7503
Envarsus XR® 0.75 mg 100 tablets	3490018	Veloxis	68992-3075-01	Each	J7503
Envarsus XR® 1 mg 30 tablets	3489994	Veloxis	68992-3010-03	Each	J7503
Envarsus XR® 1 mg 100 tablets	3489986	Veloxis	68992-3010-01	Each	J7503
Envarsus XR® 4 mg 30 tablets	3489978	Veloxis	68992-3040-03	Each	J7503
Envarsus XR® 4 mg 100 tablets	3489945	Veloxis	68992-3040-01	Each	J7503
Erivedge® 150 mg 28 capsules	1129097	Genentech	50242-0140-01	Each	J8999 <sup>\$¥</sup>
Erleada™ 60 mg 120 tablets	3765542	Janssen	59676-0600-12	Each	J8999 <sup>\$¥</sup>
Erwinaze® 10,000 IU vial	3465028	Jazz Pharmaceuticals	57902-0249-05	5/CS	J9019
Esbriet® 267 mg 270 capsules	3516366	Genentech	50242-0121-01	Each	J8499 <sup>\$¥</sup>
Esbriet® 801 mg 90 tablets	3658630	Genentech	50252-0123-01	Each	J8499 <sup>\$¥</sup>
Esbriet® 267 mg 270 tablets	3772399	Genentech	50242-0122-06	Each	J8499 <sup>\$¥</sup>
Evenity® 105 mg 1.17 mL PFS 2*	3945672	Amgen	55513-0880-02	Count	J3111
Exjade® 125 mg 30 tablets	3748126	Novartis	00078-0468-15	Each	J8499 <sup>\$¥</sup>
Exjade® 250 mg 30 tablets	3748134	Novartis	00078-0469-15	Each	J8499 <sup>\$¥</sup>
Exjade® 500 mg 30 tablets	3748142	Novartis	00078-0470-15	Each	J8499 <sup>\$¥</sup>
Eylea® 2 mg 0.5 mL SDV*	3915519	Regeneron	61755-0005-02	Single Vial	J0178
Farydak® 10 mg, 6 capsules	3965845	Secura Bio	00078-0650-06	Single Vial	J8999 <sup>\$¥</sup>
Farydak® 15 mg, 6 capsules	3965852	Secura Bio	00078-0651-06	Single Vial	J8999 <sup>\$¥</sup>
Farydak® 20 mg, 6 capsules	3965860	Secura Bio	00078-0652-06	Single Vial	J8999 <sup>\$¥</sup>
Fasenra™ 30 mg PEN*	3990306	AstraZeneca	00310-1830-30	Each	J0517
Fasenra™ 30 mg PFS*	3740313	AstraZeneca	00310-1730-30	Single Vial	J0517
Fensolvi® Kit*	1549898	Tolmar	62935-0153-50	Each	J1950
Folotyn® 20 mg SDV*	3210994	Acrotech Bio	48818-0001-01	Single Vial	J9307
Folotyn® 40 mg SDV*	3214392	Acrotech Bio	48818-0001-02	Single Vial	J9307
Gamifant® 10 mg 2 mL SDV*	3669058	Sobi	72171-0501-01	Single Vial	J3590
Gamifant® 50 mg 10 mL SDV*	3669280	Sobi	72171-0505-01	Single Vial	J3590
Gamifant® 100 mg 20 mL SDV*	1592526	Sobi	66658-0510-01	Single Vial	J3590
Gamifant® 20 ml syringe	3954989	Becton Dickinson		48 Pack	J9210
Gamifant® 60 ml syringe	3955010	Becton Dickinson		40 Pack	J9210
Gamifant® 0.2 um filter	3954997	Pall Corporation		50 Pack	—
Gazyva® 1000 mcg 50 mL SDV*	2047926	Genentech	50242-0070-01	Single Vial	J9301
Giapreza™ 2.5 mg/mL SDV*	3758315	LaJolla	68547-0501-02	Single Vial	J3490 <sup>\$¥</sup>
Gilotrif® 20 mg 30 tablets	2047207	Boehringer Ingelheim	00597-0141-30	Each	J8999 <sup>\$¥</sup>
Gilotrif® 30 mg 30 tablets	2047199	Boehringer Ingelheim	00597-0137-30	Each	J8999 <sup>\$¥</sup>
Gilotrif® 40 mg 30 tablets	2047181	Boehringer Ingelheim	00597-0138-30	Each	J8999 <sup>\$¥</sup>
Gocovri® 68.5 mg 60 capsules	3908902	Adamas	70482-0085-60	Each	J8499 <sup>\$¥</sup>
Gocovri® 137 mg 60 capsules	3908944	Adamas	70482-0170-60	Each	J8499 <sup>\$¥</sup>
Halaven® Injection 1 mg 2 mL SUV	1192624	Eisai Inc.	62856-0389-01	Single Vial	J9179
Herceptin® 150 mg SDV*	3658614	Genentech	50242-0132-01	Single Vial	J9355
Herceptin® 150 mg SDV*	3964640	Genentech	50242-0132-10	10 Pack	J9355
Herceptin® 600 mg SDV*	3942638	Genentech	50242-0077-01	Single Vial	J9355
VA HP Acthar® Gel 5 mL MDV*	3791589	Mallinckrodt	63004-8710-01	Single Vial	J0800
Ibrance® 75 mg 21 capsules	3424181	Pfizer Inc.	00069-0187-21	Each	J8999 <sup>\$¥</sup>
Ibrance® 100 mg 21 capsules	3424165	Pfizer Inc.	00069-0188-21	Each	J8999 <sup>\$¥</sup>
Ibrance® 125 mg 21 capsules	3424140	Pfizer Inc.	00069-0189-21	Each	J8999 <sup>\$¥</sup>
Ibrance® 75 mg tablets	1526185	Pfizer Inc.	00069-0284-03	3x7	J8999 <sup>\$¥</sup>
Ibrance® 100 mg tablets	1526193	Pfizer Inc.	00069-0486-03	3x7	J8999 <sup>\$¥</sup>
Ibrance® 125 mg tablets	1526201	Pfizer Inc.	00069-0688-03	3x7	J8999 <sup>\$¥</sup>
Ilumya™ 1 mL 100 mg PFS*	2557049	Sun Pharmaceuticals	47335-0177-95	Single Vial	J3245
Iluvien® 190 mcg PEN	3428968	Alimera	68611-0190-02	Each	J7313

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## Specialty Products (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Imbruvica® 140 mg 90 capsules	2049385	Pharmacyclics	57962-0140-09	Each	J8999 <sup>\$¥</sup>
Imbruvica® 140 mg 120 capsules	2049393	Pharmacyclics	57962-0140-12	Each	J8999 <sup>\$¥</sup>
Imbruvica® 70 mg 28 capsules	3775095	Pharmacyclics	57962-0070-28	Each	J8999 <sup>\$¥</sup>
Imbruvica® 140 mg 28 tablets	3781028	Pharmacyclics	57962-0014-28	Each	J8999 <sup>\$¥</sup>
Imbruvica® 280 mg 28 tablets	3781069	Pharmacyclics	57962-0280-28	Each	J8999 <sup>\$¥</sup>
Imbruvica® 420 mg 28 tablets	3781085	Pharmacyclics	57962-0420-28	Each	J8999 <sup>\$¥</sup>
Imbruvica® 560 mg 28 tablets	3781119	Pharmacyclics	57962-0560-28	Each	J8999 <sup>\$¥</sup>
Imfinzi® 120 mg SDV*	3652856	AstraZeneca	00310-4500-12	Single Vial	J9173
Imfinzi® 500 mg SDV*	3652864	AstraZeneca	00310-4611-50	Single Vial	J9173
ImLygic® 10-6 PFU/mL SDV**‡	3493970	Amgen	55513-0078-01	Single Vial	J9325
ImLygic® 10-8 PFU/mL SUV**‡	3493988	Amgen	55513-0079-01	Single Vial	J9325
Inlyta® 1 mg 180 tablets	3400207	Pfizer Inc.	00069-0145-01	Each	J8999 <sup>\$¥</sup>
Inlyta® 5 mg 60 tablets	3400215	Pfizer Inc.	00069-0151-11	Each	J8999 <sup>\$¥</sup>
INQOVI® 35 mg/100 mg tablets	1562891	Taiho Inc.	64842-0727-09	5 pack	
Iressa™ 250 mg 30 tablets	3486966	AstraZeneca	00310-0482-30	Each	J8565
Istodax® 10 mg SDV‡	3583408	Celgene	59572-0984-01	Single Vial	J9315
Ixempra® 15 mg Kit*	3591815	R-Pharm	70020-1910-01	Single Vial	J9207
Ixempra® 45 mg Kit*	3513603	R-Pharm	70020-1911-01	Single Vial	J9207
Jakafi® 5 mg 60 tablets	3920865	Incyte	50881-0005-60	Each	J8999 <sup>\$¥</sup>
Jakafi® 10 mg 60 tablets	3920873	Incyte	50881-0010-60	Each	J8999 <sup>\$¥</sup>
Jakafi® 15 mg 60 tablets	3920881	Incyte	50881-0015-60	Each	J8999 <sup>\$¥</sup>
Jakafi® 20 mg 60 tablets	3920899	Incyte	50881-0020-60	Each	J8999 <sup>\$¥</sup>
Jakafi® 25 mg 60 tablets	3921004	Incyte	50881-0025-60	Each	J8999 <sup>\$¥</sup>
Jetrea® 2.5 mg/mL 2mL SUV**‡	3715901	ThromboGenics	24856-0002-01	Single Vial	J7316
Jynarque™ 45mg /15mg 56 tablets	3796695	Otsuka	59148-0087-28	Each	J8499 <sup>\$¥</sup>
Jynarque™ 60mg/30mg 56 tablets	3796703	Otsuka	59148-0088-28	Each	J8499 <sup>\$¥</sup>
Jynarque™ 90mg/30mg 56 tablets	3796752	Otsuka	59148-0089-28	Each	J8499 <sup>\$¥</sup>
Kadcyla® 100 mg SUV*	2041432	Genentech	50242-0088-01	Single Vial	J9354
Kadcyla® 160 mg SUV*	2041440	Genentech	50242-0087-01	Single Vial	J9354
Kalydeco® 25 mg granules	3950078	Vertex	51167-0600-01	Each	J8499 <sup>\$¥</sup>
Kalydeco® 50 mg granules	3437829	Vertex	51167-0300-01	Each	J8499 <sup>\$¥</sup>
Kalydeco® 75 mg granules	3437845	Vertex	51167-0400-01	Each	J8499 <sup>\$¥</sup>
Kalydeco® 150 mg 56 tablets	3414901	Vertex	51167-0200-01	Each	J8499 <sup>\$¥</sup>
Kanuma® 20 mg 10 mL SDV*‡	3660396	Alexion	25682-0007-01	Single Vial	J2840
Kepivance® 6.25 mg SDV*	3490182	Sobi	66658-0112-03	3-pack	J2425
Kepivance® 6.25 mg SDV*	3490307	Sobi	66658-0112-06	6-pack	J2425
Keytruda® 100 mg*	3425493	Merck & Co.	00006-3026-02	Single Vial	J9271
Keytruda® 100 mg*	3979275	Merck & Co.	00006-3026-04	2-pack	J9271
Kineret® 100 mg / 0.67 mL PFS*	3490075	Sobi	66658-0234-07	7-pack	J3490
Kitabis® Pak 300 mg 5 mL Kit*	3745890	PARI Respiratory	24492-0850-56	Each	J7682
KOSELUGO™ 10 mg capsules 60	1534585	AstraZeneca	00310-0610-60	pack of 60	J8499 <sup>\$¥</sup>
KOSELUGO™ 25 mg capsules 60	1534593	AstraZeneca	00310-0625-60	pack of 60	J8499 <sup>\$¥</sup>
KYNMOBI™ 10 mg	1570605	Sunovion	63402-0010-30	30 films	J8499 <sup>\$¥</sup>
KYNMOBI™ 15 mg	1570613	Sunovion	63402-0015-30	30 films	J8499 <sup>\$¥</sup>
KYNMOBI™ 20 mg	1570621	Sunovion	63402-0020-30	30 films	J8499 <sup>\$¥</sup>
KYNMOBI™ 25 mg	1570639	Sunovion	63402-0025-30	30 films	J8499 <sup>\$¥</sup>
KYNMOBI™ 30 mg	1570647	Sunovion	63402-0030-30	30 films	J8499 <sup>\$¥</sup>
KYNMOBI Titration Kit	1570894	Sunovion	63402-0088-10	Each	J8499 <sup>\$¥</sup>
Kyprolis® 10 mg Lyophilized Powder SDV*	2064681	Amgen	76075-0103-01	Single Vial	J9047
Kyprolis® 30 mg Lyophilized Powder SDV*	3568201	Amgen	76075-0102-01	Single Vial	J9047
Kyprolis® 60 mg Lyophilized Powder SDV*	3486909	Amgen	76075-0101-01	Single Vial	J9047

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## Specialty Products (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Lenvima® 4 mg capsule pack	2409209	Eisai Inc.	62856-0704-30	Each	J8999 <sup>\$Y</sup>
Lenvima® 8 mg capsule pack	3585940	Eisai Inc.	62856-0708-30	Each	J8999 <sup>\$Y</sup>
Lenvima® 10 mg capsule pack	3586021	Eisai Inc.	62856-0710-30	Each	J8999 <sup>\$Y</sup>
Lenvima® 12 mg capsule pack	2409233	Eisai Inc.	62856-0712-30	Each	J8999 <sup>\$Y</sup>
Lenvima® 14 mg capsule pack	3586047	Eisai Inc.	62856-0714-30	Each	J8999 <sup>\$Y</sup>
Lenvima® 18 mg capsule pack	3586054	Eisai Inc.	62856-0718-30	Each	J8999 <sup>\$Y</sup>
Lenvima® 20 mg capsule pack	3586062	Eisai Inc.	62856-0720-30	Each	J8999 <sup>\$Y</sup>
Lenvima® 24 mg capsule pack	3586070	Eisai Inc.	62856-0724-30	Each	J8999 <sup>\$Y</sup>
Leukine® 250 mcg SDV*	3913167	Partner	00024-5843-05	5/CS	J2820
Libtayo® 350 mg 7 mL*	2580579	Regeneron	61755-0008-01	Single Vial	J3590 <sup>\$Y</sup>
Lonsurf® 15 mg 20 tablets	3489028	Taiho Inc.	64842-1025-01	Each	J8999 <sup>\$Y</sup>
Lonsurf® 15 mg 40 tablets	3493723	Taiho Inc.	64842-1025-02	Each	J8999 <sup>\$Y</sup>
Lonsurf® 15 mg 60 tablets	3493699	Taiho Inc.	64842-1025-03	Each	J8999 <sup>\$Y</sup>
Lonsurf® 20 mg 20 tablets	3489036	Taiho Inc.	64842-1020-01	Each	J8999 <sup>\$Y</sup>
Lonsurf® 20 mg 40 tablets	3493731	Taiho Inc.	64842-1020-02	Each	J8999 <sup>\$Y</sup>
Lonsurf® 20 mg 60 tablets	3493707	Taiho Inc.	64842-1020-03	Each	J8999 <sup>\$Y</sup>
Lorbrena® 25 mg 30 tablets	3466919	Pfizer Inc.	00069-0227-01	Each	J8999 <sup>\$Y</sup>
Lorbrena® 100 mg 30 tablets	3466935	Pfizer Inc.	00069-0231-01	Each	J8999 <sup>\$Y</sup>
Lucentis® 6 mg/mL 0.3 mg SDV*	3651577	Genentech	50242-0082-02	Single Vial	J2778
Lucentis® 6 mg/mL 0.3 mg PFS*	3784683	Genentech	50242-0082-03	Single Vial	J2778
Lucentis® 10 mg/mL 0.5 mg SDV*	3651569	Genentech	50242-0080-02	Single Vial	J2778
Lucentis® 10 mg/mL 0.5 mg PFS*	3606761	Genentech	50242-0080-03	Single Vial	J2778
Lumizyme® 50 mg SUV*‡	3486016	Genzyme	58468-0160-01	Single Vial	J0221
Lumizyme® 50 mg SUV 10*‡	3486024	Genzyme	58468-0160-02	10 Pack	J0221
Lumoxiti™ 1 mg SDV	3745940	AstraZeneca	00310-4700-01	Single Vial	J9313
Lumoxiti™ IVSS 1 mL SDV	3746104	AstraZeneca	00310-4715-11	Single Vial	J9313
Lynparza® 100 mg 60 tablets	3700143	AstraZeneca	00310-0668-60	Each	J8999 <sup>\$Y</sup>
Lynparza® 150mg 60 tablets	3700127	AstraZeneca	00310-0679-60	Each	J8999 <sup>\$Y</sup>
Lynparza® 100 mg 120 tablets	3700176	AstraZeneca	00310-0668-12	Each	J8999 <sup>\$Y</sup>
Lynparza® 150mg 120 tablets	3700135	AstraZeneca	00310-0679-12	Each	J8999 <sup>\$Y</sup>
Macrilen™ 60 mg pouch*	1514702	Novo Nordisk	71090-0002-02	Each	J3490 <sup>\$Y</sup>
Makena® 275 mg/mL, 1.1 mL Auto-Injection	3778784	AMAG	64011-0301-03	Single Vial	J1726
MARQIBO® Kit*	2067585	Acrotech Bio	20536-0322-01	Each	J9371
Mavenclad® 10gm 4 tablets‡	3955051	EDM Serono	44087-4000-04	Each	J8499 <sup>\$Y</sup>
Mavenclad® 10gm 5 tablets‡	3955069	EDM Serono	44087-4000-05	Each	J8499 <sup>\$Y</sup>
Mavenclad® 10gm 6 tablets‡	3955085	EDM Serono	44087-4000-06	Each	J8499 <sup>\$Y</sup>
Mavenclad® 10gm 7 tablets‡	3955093	EDM Serono	44087-4000-07	Each	J8499 <sup>\$Y</sup>
Mavenclad® 10gm 8 tablets‡	3955101	EDM Serono	44087-4000-08	Each	J8499 <sup>\$Y</sup>
Mavenclad® 10gm 9 tablets‡	3955119	EDM Serono	44087-4000-09	Each	J8499 <sup>\$Y</sup>
Mavenclad® 10gm 10 tablets‡	3955127	EDM Serono	44087-4000-00	Each	J8499 <sup>\$Y</sup>
Mayzent® 0.25 mg 28 tablets*	3954963	Novartis	00078-0979-50	Each	J8499 <sup>\$Y</sup>
Mayzent® 2 mg 30 tablets*	3955002	Novartis	00078-0986-15	Each	J8499 <sup>\$Y</sup>
Mekinist® 0.5 mg 30 tablets	3546397	Novartis	00078-0666-15	Each	J8999 <sup>\$Y</sup>
Mekinist® 2.0 mg 30 tablets	3540960	Novartis	00078-0668-15	Each	J8999 <sup>\$Y</sup>
Mektovi® 15 mg 180 tablets	1518711	Pfizer Inc.	70255-0010-02	Each	J8999 <sup>\$Y</sup>
MONJUVI® 200 mg 20/25ML SDV*	1559434	Morphosys	73535-0208-01	Each	J9999 <sup>\$Y</sup>
Mylotarg® 4.5 mg SDV*	3709235	Pfizer Inc.	00008-4510-01	Single Vial	J9203
NERLYNX® 40 mg 180 tablets	3712072	Puma	70437-0240-18	Each	J8999 <sup>\$Y</sup>
Neulasta® 6 mg 0.6 mL (PHS only)*	2042489	Amgen	55513-0190-01	Single Vial	J2505
Neulasta® 6 mg 0.6 mL Body Kit (PHS only)*	3430337	Amgen	55513-0190-01	Single Vial	J2505
Nexavar® 200 mg 120 tablets	3736162	Bayer	50419-0488-58	Each	J8999 <sup>\$Y</sup>
Northera® 100 mg 90 capsules	3437670	Lundbeck	67386-0820-19	Each	-
Northera® 200 mg 90 capsules	3437696	Lundbeck	67386-0821-19	Each	-
Northera® 300 mg 90 capsules	3437704	Lundbeck	67386-0822-19	Each	-

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## Specialty Products (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Nplate® SDV 125 mcg 0.25 mL SDV*	3266707	Amgen	55513-0223-01	Each	J2796
Nplate® SDV 250 mcg 0.5 mL SDV*	3408309	Amgen	55513-0221-01	Single Vial	J2796
Nplate® SDV 500 mcg 1 mL SDV*	3408291	Amgen	55513-0222-01	Single Vial	J2796
Nubeqa® 300 mg tablets	3976867	Bayer	50419-0395-01	pack of 120	J8999 \$Y
Nucala® 100 mg PEN	3960291	GlaxoSmithKline	00173-0892-01	Each	J2182
Nucala® 100 mg PFS	3960358	GlaxoSmithKline	00173-0892-42	Each	J2182
Nucala® 100 mg SDV	3499902	GlaxoSmithKline	00173-0881-01	Single Vial	J2182
Nulojix® 250 mg vial*	3628203	Bristol-Myers Squibb	00003-0371-13	Single Vial	J0485
Nuplazid® 10 mg 30 tablets	1900133	Acadia	63090-0100-30	Each	J8499 \$Y
Nuplazid® 34 mg 30 capsules	1900257	Acadia	63090-0340-30	Each	J8499 \$Y
Nutropin AQ® 5 mg Pen*	3794088	Genentech	50242-0075-01	Each	J2941
Nutropin AQ® 10 mg Pen*	3794096	Genentech	50242-0074-01	Each	J2941
Nutropin AQ® 20 mg Pen*	3794104	Genentech	50242-0076-01	Each	J2941
NUZYRA™ 100 mg SDV	3679883	Paratek	71715-0001-02	10 Pack	J0121
NUZYRA™ 150 mg 6 tablets	3679982	Paratek	71715-0002-21	6 pack	J0121
NUZYRA™ 150 mg tablets	1511864	Paratek	71715-0002-27	30 pack	J0121
Ocrevus® 30 mg/10 mL SDV*	3642733	Genentech	50242-0150-01	Single Vial	J3590 \$Y
Odomzo® 200 mg 30 tablets	3727385	Sun Pharmaceuticals	47335-0303-83	Each	J8999 \$Y
Ofev® 100 mg cap 60	3299351	Boehringer Ingelheim	00597-0143-60	Each	J8499 \$Y
Ofev® 150 mg cap 60	3299427	Boehringer Ingelheim	00597-0145-60	Each	J8499 \$Y
Olumiant® 1 mg tablets	1584630	Eli Lilly	00002-4732-30	30 pack	
Olumiant® 2 mg tablets	1584655	Eli Lilly	00002-4182-30	30 pack	
Omidria® 1%/0.3% 4 SUV 4	3507175	Omeros	62225-0600-04	4 Pack	J1097
Onivyde® 10 mL SDV*	3729662	Ipsen	15054-0043-01	Single Vial	J9205
Onpattro® 100 mg 5mL SDV*	2063295	Alnylam	71336-1000-01	Single Vial	J3490 \$Y
Onpattro® 33 mm filter	3955036	EMD Millipore		50 Pack	-
Onpattro® 4.3 ml filter extension	3954971	B. Braun		50 Pack	--
ONUREG® 200 mg tablets	1565852	Celgene	59572-0730-14	14 pack	
ONUREG® 300 mg tablets	1565878	Celgene	59572-0740-14	14 pack	
Opdivo® 40 mg SDV*	3413655	Bristol-Myers Squibb	00003-3772-11	Single Vial	J9299
Opdivo® 100 mg SDV*	3413648	Bristol-Myers Squibb	00003-3774-12	Single Vial	J9299
Opdivo® 240 mg SDV*	3746989	Bristol-Myers Squibb	00003-3734-13	Single Vial	J9299
Orkambi® 100/125 mg 112 tablets	3589249	Vertex Pharmaceuticals Inc.	51167-0700-02	Each	J8499 \$Y
Orkambi® 200/125 mg 112 tablets	3467941	Vertex Pharmaceuticals Inc.	51167-0809-01	Each	J8499 \$Y
Orkambi® 100/125 mg Packets 56	2064632	Vertex Pharmaceuticals Inc.	51167-0900-01	Each	J8499 \$Y
Orkambi® 200/125 mg Packets 56	2064657	Vertex Pharmaceuticals Inc.	51167-0500-02	Each	J8499 \$Y
ORGOVYX™ 120 mg tablets	1591197	Myovant	72974-0120-01	30 pack	J8999 \$Y
Otiprio® 60 mg SDV*	3518339	Otonomy	69251-0201-01	Single Vial	J7342
Parsabiv® 2.5 mg 0.5 mL SDV*	3745643	Amgen	55513-0740-10	10 Pack	J0606
Parsabiv® 5 mg 1 mL SDV*	3745650	Amgen	55513-0741-10	10 Pack	J0606
Parsabiv® 10 mg 2 mL SDV*	3745668	Amgen	55513-0742-10	10 Pack	J0606
PERJETA® 420 mg, 14 mL SDV*	1180942	Genentech	50242-0145-01	Single Vial	J9306
PHESGO™ 600 mg SDV KIT	1554393	Genentech	50242-0260-01	Each	J9999 \$Y
PHESGO™ 1200 mg SDV KIT	1554427	Genentech	50242-0245-01	Each	J9999 \$Y
Piqray® 150mg 2x28 tablets	3957875	Novartis	00078-0708-02	Each	J8999 \$Y
Piqray® 200 mg 28 tablets	3957834	Novartis	00078-0701-84	Each	J8999 \$Y
Piqray® 200 mg/50 mg 2x28 tablets	3957867	Novartis	00078-0715-02	Each	J8999 \$Y
Polivy™ 30 mg SDV	1571645	Genentech	50242-0103-01	Each	J9309
Polivy™ 140 mg SDV	3961570	Genentech	50242-0105-01	Each	J9309
Portrazza® 800 mg SDV*	3504610	Eli Lilly	00002-7716-01	Single Vial	J9295
Poteligeo® 20 mg 5 mL Vial*	3916335	Kyowa Kirin	42747-0761-01	Single Vial	J9204
Praxbind® 2.5 g*⊕	3491289	Boehringer Ingelheim	00597-0197-05	2 Pack/Vial	J3590 \$Y
Promacta® 12.5 mg 30 tablets	3584463	Novartis	00078-0684-15	Each	J8499 \$Y
Promacta® 25 mg 30 tablets	3556636	Novartis	00078-0685-15	Each	J8499 \$Y

Note: Order quantities are based on the size/form indicated per item

\* Refrigerated \*\* Frozen

+ Available only for in-patient hospital pharmacies

\* Drop ship

⊕ Consignment

Y Required NOC/NOS may vary from payer to payer

\$ Unclassified Code



## Specialty Products (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Promacta® 50 mg 30 tablets	3550175	Novartis	00078-0686-15	Each	J8499 <sup>\$Y</sup>
Promacta® 75 mg 30 tablets	3546405	Novartis	00078-0687-15	Each	J8499 <sup>\$Y</sup>
Promacta® 12.5 mg Oral Suspension Kit	3672409	Novartis	00078-0972-61	Each	J8499 <sup>\$Y</sup>
Purixan® 2000 mg 100 mL	3743523	Rare Disease Therapeutics	62484-0020-02	Each	J8999 <sup>\$Y</sup>
QINLOCK™ 50 mg tablet	1543768	Deciphera	73207-0101-30	Bottle of 90	J8999 <sup>\$Y</sup>
Quzyttir™ 10 mg/mL vial	1506260	TerSera Therapeutics	70720-0100-25	Carton of 25	J3490 <sup>\$Y</sup>
Quzyttir™ 10 mg/mL SDV	1540392	TerSera Therapeutics	70720-0100-10	Each	J3490 <sup>\$Y</sup>
Radicava® 30 mg 100 mL bag 2	3692092	MT Pharma	70510-2171-02	2 Pack	J3490 <sup>\$Y</sup>
Recarbrio™ 500 mg 20 mL vial	1508035	Merck & Co.	00006-3856-02	25 Pack	J3490 <sup>\$Y</sup>
Retevmo 40 mg capsules	1541309	Eli Lilly	00002-3977-60	60 pack	J8999 <sup>\$Y</sup>
Retevmo 80 mg capsules	1541317	Eli Lilly	00002-2980-60	60 pack	J8999 <sup>\$Y</sup>
Retevmo 80 mg capsules	1541325	Eli Lilly	00002-2980-26	120 pack	J8999 <sup>\$Y</sup>
Rituxan® 100 mg 10 mL SDV*	3280971	Genentech	50242-0051-21	Single Vial	J9312
Rituxan® 100 mg 10 mL SDV*	3964665	Genentech	50242-0051-10	10 Pack	J9312
Rituxan® 500 mg 50 mL SDV*	3280989	Genentech	50242-0053-06	Single Vial	J9312
Rituxan Hycela 1400 mg 11.7 mL SDV*	3678182	Genentech	50242-0108-01	Single Vial	J9311
Rituxan Hycela 1600 mg 13.4 mL SDV*	3678216	Genentech	50242-0109-01	Single Vial	J9311
Rozlytrek™ 100 mg	3979846	Genentech	50242-0091-30	30 capsules	J8999 <sup>\$Y</sup>
Rozlytrek™ 200 mg	3979861	Genentech	50242-0094-90	90 capsules	J8999 <sup>\$Y</sup>
Rubraca® 200 mg 60 tablets	3609922	Clovis Oncology	69660-0201-91	Each	J8999 <sup>\$Y</sup>
Rubraca® 250 mg 60 tablets	3673373	Clovis Oncology	69660-0202-91	Each	J8999 <sup>\$Y</sup>
Rubraca® 300 mg 60 tablets	3610032	Clovis Oncology	69660-0203-91	Each	J8999 <sup>\$Y</sup>
Sarclisa® 100 mg, 5mL SDV	1523828	Genzyme	00024-0654-01	Each	J9227
Sarclisa® 500 mg, 25mL SDV	1523877	Genzyme	00024-0656-01	Each	J9227
Sinuva® 1350 mcg implant	3274123	Intersect ENT	10599-0003-01	Each	J7401
Soliris® 10 mg/30 mL SDV*‡	3239084	Alexion	25682-0001-01	Single Vial	J1300
Somatuline® Depot 60 mg/.2mL PFS*	3986411	Ipsen	15054-1060-04	Single Vial	J1930
Somatuline® Depot 90 mg/.3mL PFS*	3986437	Ipsen	15054-1090-04	Single Vial	J1930
Somatuline® Depot 120 mg/.5mL PFS*	3986445	Ipsen	15054-1120-04	Single Vial	J1930
Somavert® 10 mg 8mL PFS*	3712734	Pfizer Inc.	00009-7166-01	Single Vial	J3490 <sup>\$Y</sup>
Somavert® 15 mg 8mL PFS*	3712791	Pfizer Inc.	00009-7168-01	Single Vial	J3490 <sup>\$Y</sup>
Somavert® 20 mg 8mL PFS*	3712817	Pfizer Inc.	00009-7188-01	Single Vial	J3490 <sup>\$Y</sup>
Somavert® 25 mg 8mL PFS*	3712874	Pfizer Inc.	00009-7199-01	Single Vial	J3490 <sup>\$Y</sup>
Somavert® 30 mg 8mL PFS*	3712908	Pfizer Inc.	00009-7200-01	Single Vial	J3490 <sup>\$Y</sup>
Sotalol IV 10 mL SDV‡	3555158	Alta Thera	69724-0112-10	Single Vial	J1627
Stelara® 130 mg/26 mL SDV*	3590288	JOM	57894-0054-27	Single Vial	J3358
Stelara® 45 mg/.5 mL SDV*	3644366	JOM	57894-0060-02	Single Vial	J3357
Stivarga® 40 mg, 28 tablets 3	3736154	Bayer	50419-0171-03	3 Pack	J8999 <sup>\$Y</sup>
Sustol® 1 mL Kit 6*	3591880	Heron Therapeutics	47426-0101-06	6 Pack	J3490 <sup>\$Y</sup>
Sutent® 12.5 mg, 28 tablets	3404704	Pfizer Inc.	00069-0550-38	Each	J8999 <sup>\$Y</sup>
Sutent® 25 mg, 28 tablets	3404712	Pfizer Inc.	00069-0770-38	Each	J8999 <sup>\$Y</sup>
Sutent® 37.5 mg, 28 tablets	3404738	Pfizer Inc.	00069-0830-38	Each	J8999 <sup>\$Y</sup>
Sutent® 50 mg, 28 tablets	3404720	Pfizer Inc.	00069-0980-38	Each	J8999 <sup>\$Y</sup>
Sylvant® 100 mg SDV*	1592724	EUSA	73090-0420-01	Single Vial	J2860
Sylvant® 400 mg SDV*	1592773	EUSA	73090-0421-01	Single Vial	J2860
Symdeko® 56 tablets	3763190	Vertex Pharmaceuticals Inc.	51167-0661-01	Each	J8499 <sup>\$Y</sup>
Symdeko® 56 tablets 50 mg / 75 mg	3966868	Vertex Pharmaceuticals Inc.	51167-0113-01	Each	J8499 <sup>\$Y</sup>
SYNAGIS® 50 mg SDV	1551324	Sobi	60574-4114-01	Each	90378
SYNAGIS® 100 mg SDV	1551332	Sobi	60574-4113-01	Each	90378
Synribo® 3.5 mg 8 mL SDV	1870906	Teva	63459-0177-14	Single Vial	J9262
TABRECTA™ 150 mg tablets	1539253	Novartis	00078-0709-56	56 pack	J8999 <sup>\$Y</sup>
TABRECTA™ 200 mg tablets	1539261	Novartis	00078-0716-56	56 pack	J8999 <sup>\$Y</sup>
Tafinlar® 50 mg 120 tablets	3553146	Novartis	00078-0682-66	Each	J8999 <sup>\$Y</sup>
Tafinlar® 75 mg 120 tablets	3543766	Novartis	00078-0681-66	Each	J8999 <sup>\$Y</sup>

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\* Refrigerated \*\* Frozen

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\* Drop ship

◊ Consignment

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§ Unclassified Code

## Specialty Products (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Tagrisso® 40 mg 30 tablets	3496932	AstraZeneca	00310-1349-30	Each	J8999 <sup>\$¥</sup>
Tagrisso® 80 mg 30 tablets	3496965	AstraZeneca	00310-1350-30	Each	J8999 <sup>\$¥</sup>
Talzenna® 0.25 mg 30 capsules	3290616	Pfizer Inc.	00069-0296-30	Each	J8999 <sup>\$¥</sup>
Talzenna® 1 mg 30 capsules	3291978	Pfizer Inc.	00069-1195-30	Each	J8999 <sup>\$¥</sup>
Targretin® 75 mg 100 capsules	3419983	Valeant Pharm	00187-5526-75	Each	J8999 <sup>\$¥</sup>
Targretin® Gel 60 GM 1%	3441979	Valeant Pharm	00187-5525-60	Each	J3490 <sup>\$¥</sup>
Tasigna® 50 mg 120 capsules	3784675	Novartis	00078-0951-66	Each	J8999 <sup>\$¥</sup>
Tasigna® 150 mg 112 capsules	3482353	Novartis	00078-0592-87	Each	J8999 <sup>\$¥</sup>
Tasigna® 200 mg 112 capsules	3482346	Novartis	00078-0526-87	Each	J8999 <sup>\$¥</sup>
Tavalisse™ 100 mg 60 tablets	3900826	Rigel	71332-0001-01	Each	J8499 <sup>\$¥</sup>
Tavalisse™ 150 mg 60 tablets	3900834	Rigel	71332-0002-01	Each	J8499 <sup>\$¥</sup>
Tazverik™ 200 mg tablets	1507342	Epizyme	72607-0100-00	240 pack	J8499 <sup>\$¥</sup>
Tecentriq® 840 mg/14 mL SDV*	3936366	Genentech	50242-0918-01	Single Vial	J9022
Tecentriq® 1200 mg/20 mL SDV*	3554888	Genentech	50242-0917-01	Single Vial	J9022
Tepezza™ 500 mg 20 mL vial	1513027	Horizon	75987-0130-15	Single Vial	J3590 <sup>\$¥</sup>
Thyrogen® 1.1 mg SDV 2*†	3560570	Genzyme	58468-0030-02	2 Pack	J3240
Tibsovo® 250 mg 60 tablets	3926888	Agios	71334-0100-01	Each	J8999 <sup>\$¥</sup>
Trikafta™ 4x21 tablets	3997319	Vertex Pharmaceuticals Inc.	51167-0331-01	Each	J8499 <sup>\$¥</sup>
Triptodur® 22.5 mg SDV	3723343	Arbor	24338-0150-20	Single Vial	J3490 <sup>\$¥</sup>
TRODELVY™ 180 mg SDV*	1536929	Immunomedics	55135-0132-01	Single Vial	J8499 <sup>\$¥</sup>
Tykerb® 250 mg 150 tablets	3575107	Novartis	00078-0671-19	Each	J8999 <sup>\$¥</sup>
Ultomiris™ 300 mg 30 mL SDV*‡	3670189	Alexion	25682-0022-01	Single Vial	J3590 <sup>\$¥</sup>
Varubi® 90 mg 2 tablets	3998150	TerSera Therapeutics	70720-0101-02	Each	J8670
Venclexta® 4 Week Starter Kit	3544145	AbbVie	00074-0579-28	Each	J8999 <sup>\$¥</sup>
Venclexta® 10 mg 2 tablets	3544152	AbbVie	00074-0561-11	Each	J8999 <sup>\$¥</sup>
Venclexta® 10 mg 14 tablets	3544160	AbbVie	00074-0561-14	Each	J8999 <sup>\$¥</sup>
Venclexta® 50 mg 1 tablets	3544178	AbbVie	00074-0566-11	Each	J8999 <sup>\$¥</sup>
Venclexta® 50 mg 7 tablets	3544186	AbbVie	00074-0566-07	Each	J8999 <sup>\$¥</sup>
Venclexta® 100 mg 1 tablets	3544202	AbbVie	00074-0576-11	Each	J8999 <sup>\$¥</sup>
Venclexta® 100 mg 120 tablets	3544194	AbbVie	00074-0576-22	Each	J8999 <sup>\$¥</sup>
Venclexta® 100 mg 180 tablets	3574167	AbbVie	00074-0576-34	Each	J8999 <sup>\$¥</sup>
Vidaza® 100 mg SDV	2790970	Celgene	59572-0102-01	Single Vial	J9025
VITRAKVI® 20 mg/mL, 100 mL	1518471	Bayer	50419-0392-01	Each	J8999 <sup>\$¥</sup>
VITRAKVI® 100 mg capsules	1523315	Bayer	50419-0391-01	60 capsules	J8999 <sup>\$¥</sup>
VITRAKVI® 25 mg capsules	1523810	Bayer	71777-0390-01	60 capsules	J8999 <sup>\$¥</sup>
Vigadrone® 500 mg 50 tablets	3919529	Upsher-Smith	00245-0556-50	Each	J8499 <sup>\$¥</sup>
Vizimpro® 15 mg 30 tablets	2581007	Pfizer Inc.	00069-0197-30	Each	J8999 <sup>\$¥</sup>
Vizimpro® 30 mg 30 tablets	2581015	Pfizer Inc.	00069-1198-30	Each	J8999 <sup>\$¥</sup>
Vizimpro® 45 mg 30 tablets	2581031	Pfizer Inc.	00069-2299-30	Each	J8999 <sup>\$¥</sup>
Voraxaze® 1000 IU SDV†‡	2038743	BTG	50633-0210-11	Single Vial	J3590 <sup>\$¥</sup>
Votrient® 200 mg 120 tablets	3572575	Novartis	00078-0670-66	Each	J8999 <sup>\$¥</sup>
VYEPTI™ 100MG 1ML SDV*	1527563	Lundbeck	67386-0130-51	Each	J3490
VYNDAMAX® 61 mg capsules 3x10	3984044	Pfizer Inc.	00069-8730-30	3 pack	J8999 <sup>\$¥</sup>
VYNDAQEL® 20 mg capsules 4x30	3954930	Pfizer Inc.	00069-1975-40	4 Pack	J8999 <sup>\$¥</sup>
Vyxeos® 100 mg SDV 2*	3676434	Jazz Pharmaceuticals	68727-0745-02	2 Pack	J9153
Vyxeos® 100 mg SDV 5*	3676491	Jazz Pharmaceuticals	68727-0745-05	5 Pack	J9153
Xalkori® 200 mg 60 capsules	3400173	Pfizer Inc.	00069-8141-20	Each	J8999 <sup>\$¥</sup>
Xalkori® 250 mg 60 capsules	3400181	Pfizer Inc.	00069-8140-20	Each	J8999 <sup>\$¥</sup>
Xenleta 150 mg SDV	3980877	Nabriva	72000-0120-06	6 pack	J3490 <sup>\$¥</sup>
Xenleta 600 mg	3980885	Nabriva	72000-0110-30	30 tablets	J3490 <sup>\$¥</sup>
Xenleta Diluent Free	3980893	Nabriva	72000-0030-06	6 pack	J3490 <sup>\$¥</sup>
Xerava™ 50 mg SDV*	2574804	Tetraphase	71773-0050-12	12 Pack	J3490
XERMELO™ 250 mg tablets	1563048	TerSera Therapeutics	70183-0125-84	Case of 84	J8499 <sup>\$¥</sup>

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## Specialty Products (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Xolair® 75 mg 0.5 mL PFS*	3465937	Genentech	50242-0214-01	Each	J2357
Xolair® 150 mg/mL PFS*	3466661	Genentech	50242-0215-01	Each	J2357
Xolair® 150 mg 5 mL SDV*	3281243	Genentech	50242-0040-62	Single Vial	J2357
Xospata® 40 mg 90 tablets	3586716	Astellas	00469-1425-90	Each	J8999 \$¥
XPOVIO 20MG TAB 4X4	3968450	Karyopharm	72237-0101-02	Each	J8999 \$¥
XPOVIO 20MG TAB 4X8	3968492	Karyopharm	72237-0101-04	Each	J8999 \$¥
XPOVIO 20MG TAB 4X5	3968500	Karyopharm	72237-0101-05	Each	J8999 \$¥
XPOVIO 20MG TAB 4X3	3968393	Karyopharm	72237-0101-01	Each	J8999 \$¥
XTANDI® 40 mg 120 capsules	1609296	Astellas	00469-0125-99	Each	J8999 \$¥
YERVOY® 50 mg 10 mL SUV*	2143535	Bristol-Myers Squibb	00003-2327-11	Single Vial	J9228
YERVOY® 200 mg 40 mL SUV*	2144046	Bristol-Myers Squibb	00003-2328-22	Single Vial	J9228
Yondelis® 1 mL SDV*	3508041	JOM	59676-0610-01	Single Vial	J9352
Yonsa® 125 mg 120 tablets‡	3977949	Sun Pharmaceuticals	47335-0401-81	Each	J8999 \$¥
ZALTRAP® 100 mg SDV*	2038727	Sanofi	00024-5840-01	Single Vial	J9400
ZALTRAP® 200 mg SDV*	2038735	Sanofi	00024-5841-01	Single Vial	J9400
Zejula® 100 mg 30 capsules	1513621	GSK	69656-0103-30	Each	J8999 \$¥
ZELBORAF® 240 mg, 112 tablets	3487568	Genentech	50242-0090-02	Each	J8999 \$¥
ZEPZELCA 4MG SDV	1552520	Jazz Pharmaceuticals	68727-0712-01	Each	J9999 \$¥
Zemdiri™ 500 mg 10 mL SUV 10*	2420982	Cipla	71045-0010-02	10 Pack	J3490
ZILRETTA® 32 mg Kit*	3687696	Flexion	70801-0003-01	Each	J3304
Zinplava™ 25 mg/mL 40 mL SDV*	3620325	Merck & Co.	00006-3025-00	Single Vial	J0565
Zydelig® 100 mg 60 tablets	3216496	Gilead	61958-1701-01	Each	J8999 \$¥
Zydelig® 150 mg 60 tablets	3216520	Gilead	61958-1702-01	Each	J8999 \$¥
Zykadia® 150 mg 84 capsules	3951613	Novartis	00078-0694-84	Each	J8999 \$¥

## Other Products

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
ARTISS Pre-filled Syringe Set 2 mL**	3744075	Baxter	00338-8503-02	Each	J3590 \$¥
ARTISS Pre-filled Syringe Set 4 mL**	3744067	Baxter	00338-8503-04	Each	J3590 \$¥
ARTISS Pre-filled Syringe Set 10 mL**	3747904	Baxter	00338-8503-10	Each	J3590 \$¥
Bax JII Needleless Device	2051001	Shire		Each	N/A
COSEAL® Surg Sealant 4 mL	1734409	Baxter		Each	N/A
COSEAL® Surg Sealant 8 mL	1734425	Baxter		Each	N/A
Duplocath 25	3485224	Baxter	08541-2095-64	Each	N/A
Duplocath 35	1260256	Baxter		Each	N/A
Duplospray 30 cm	3914850	Baxter		5/CS	N/A
Duplospray 40 cm	2057990	Baxter	08541-2085-84	5/CS	N/A
Endoscopic Applicator	2056265	Baxter	08541-2096-08	6/CS	N/A
FibriJet® 0600036 DUPLOTIP	3914835	Baxter		10/CS	N/A
FibriJet® 0600038 DUPLOTIP	3914843	Baxter		10/CS	N/A
Flexbumin Y-Connector Free	3705092	Shire		Each	N/A
Lynx Thermal Paper	3494614	MAC Medical Supply		Each	N/A
Lynx Thermal Paper	3494697	MAC Medical Supply		5/CS	N/A
MARQIBO® Kit	1538784	Acrotech Bio	72893-0008-03	Each	N/A
MARQIBO® Thermometer	2190320	Acrotech Bio	00005-5008-68	Each	N/A
MARQIBO® Timer	2190338	Acrotech Bio	00005-5008-67	Each	N/A
MARQIBO® Vent Needle	2189033	Acrotech Bio	00005-5008-64	Each	N/A
MARQIBO® Dry Block Heater	3673415	Acrotech Bio	00005-5019-40	Each	N/A
Smartmask Kid Ped 078F5000	1266287	PARI		Each	N/A
Tachosil 4.8 cm Large Patch 2 PK	3663739	Baxter	00338-8702-02	Each	N/A
Tachosil 9.5 cm Large Patch	3663721	Baxter	00338-8701-01	Each	N/A
Tisseel 2 mL Kit + DUPLJCT*	3747623	Baxter	00338-4301-02	Each	N/A
Tisseel 2 mL Frozen 1506078**	3952413	Baxter	00338-9560-01	Each	J3590 \$¥
Tisseel 4 mL Kit + DUPLJCT*	3747631	Baxter	00338-4302-04	Each	J3590 \$¥

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## Other Products (cont)

Product Description	Item	Manufacturer	NDC	Size/Form	HCPC Level II Code
Tisseel 4 mL Frozen 1506079**	3952454	Baxter	00338-9564-01	Each	J3590 \$¥
Tisseel 4 mL Valupak*	3747920	Baxter	00338-4211-04	6/CS	N/A
Tisseel 4 mL EZ PREP*	1725316	Baxter		6/CS	N/A
Tisseel 10 mL Kit + DUPLJCT*	3747649	Baxter	00338-4303-10	Each	J3590 \$¥
Tisseel 10 mL Frozen 1506080**	3952462	Baxter	00338-9568-01	Each	J3590 \$¥
Tisseel 10 mL Valupak*	3747938	Baxter	00338-4212-10	6/CS	N/A
Tisseel 10 mL EZ PREP*	1725324	Baxter		6/CS	N/A
Tisseel/Artiss 0600065 EasySpray	3914025	Baxter		10/CS	N/A

## Drop-ship Items

MPB maintains close relationships with suppliers and manufacturers to quickly distribute product to our customers. Unlike the majority of items in the catalog, those listed below are contracted to flow directly from the supplier to your facility. Please take note of cut-off times (seen below in CST). These can affect when certain product may arrive.

Product Description	Item #	Manufacturer	NDC	Shipping Method	Order Cut-off (CST)***	HCPC Level II Code
Adcetris 50 mg VL LY*	1837335	Seattle Genetics	51144-0050-01	UPS Overnight (M-F)	4:00 PM	J9042
AYVAKIT® 100 mg 30 tablets	1552660	Blueprint	72064-0110-30	FedEx Priority Overnight (M-F)	2:30 PM	J8999 \$¥
AYVAKIT® 200 MG 30 TABLETS	1552678	Blueprint	72064-0120-30	FedEx Priority Overnight (M-F)	2:30 PM	J8999 \$¥
AYVAKIT® 300 mg 30 tablets	1552686	Blueprint	72064-0130-30	FedEx Priority Overnight (M-F)	2:30 PM	J8999 \$¥
Elzonris 2 mL SDV**	3780418	StemLine	72187-0401-01	UPS Overnight (M-TH)	2:00 PM	J3490
GAVRETO™ 100 mg 90 capsules	1568344	Blueprint	72064-0210-90	FedEx Priority Overnight (M-F)	2:30 PM	J8999 \$¥
GAVRETO™ 100 mg 60 capsules	1568336	Blueprint	72064-0210-60	FedEx Priority Overnight (M-F)	2:30 PM	J8999 \$¥
ImLygic 10-6 PFU/mL VL**	3403970	Amgen	55513-0078-01	UPS Overnight (2-day transit from day of order)	6:30 PM	J9325
ImLygic 10-8 PFU/mL VL**	3493988	Amgen	55513-0079-01	UPS Overnight (2-day transit from day of order)	6:30 PM	J9325
Istodax Vial 10 mg	3583408	Celgene	59572-0984-01	UPS Overnight (M-F)	3:00 PM	J9315
Kanuma 20 mg 10 mL Vial*	3660396	Alexion	25682-0007-01	FedEx Priority Overnight (M-TH)	3:00 PM	J2840
Lumizyme 50 mg Vial 10-pack*	3486024	Genzyme	58468-0160-02	FedEx Priority Overnight (M-F)	4:00 PM	J0221
Lumizyme 50 mg Vial*	3486016	Genzyme	58468-0160-01	FedEx Priority Overnight (M-F)	4:00 PM	J0221
Mavenclad 10gm 4 tablets	3955051	EDM Serono	44087-4000-04	FedEx Priority Overnight (M-TH)	3:00 PM	J8499 \$¥
Mavenclad 10gm 5 tablets	3955069	EDM Serono	44087-4000-05	FedEx Priority Overnight (M-TH)	3:00 PM	J8499 \$¥
Mavenclad 10gm 6 tablets	3955085	EDM Serono	44087-4000-06	FedEx Priority Overnight (M-TH)	3:00 PM	J8499 \$¥
Mavenclad 10gm 7 tablets	3955093	EDM Serono	44087-4000-07	FedEx Priority Overnight (M-TH)	3:00 PM	J8499 \$¥
Mavenclad 10gm 8 tablets	3955101	EDM Serono	44087-4000-08	FedEx Priority Overnight (M-TH)	3:00 PM	J8499 \$¥
Mavenclad 10gm 9 tablets	3955119	EDM Serono	44087-4000-09	FedEx Priority Overnight (M-TH)	3:00 PM	J8499 \$¥
Mavenclad 10gm 10 tablets	3955127	EDM Serono	44087-4000-00	FedEx Priority Overnight (M-TH)	3:00 PM	J8499 \$¥
Oxlumo 94.5 mg/0.5 mL vial *	1582121	Alnylam	71336-1002-01	FedEx Priority Overnight (M-TH)	2:00 PM	J3490
Padcev 20 mg SDV *	1502509	Seattle Genetics	51144-0020-01	UPS Next Day	5:00 PM	J3490
Padcev 30 mg SDV *	1502517	Seattle Genetics	51144-0030-01	UPS Next Day	5:00 PM	J3490
Reblozyl 25 mg SDV *	2552818	Celgene	59572-0711-01	UPS Overnight (M-TH)	4:30 PM	J3490
Reblozyl 75 mg SDV *	2552842	Celgene	59572-0775-01	UPS Overnight (M-TH)	4:30 PM	J3490
Soliris 10 mg/mL, 30 mL*	3239084	Alexion	25682-0001-01	FedEx Priority Overnight (pending infusion date)	4:00 PM	J1300
VA Soliris 10 mg/mL, 30 mL*	3239084	Alexion	25682-0001-01	FedEx Priority Overnight (pending infusion date)	3:00 PM	J1300
Sotalol IV 10 mL Vial	3555158	AltaThera	69724-0112-10	FedEx Overnight (M-F)	5:00 PM	J3490 \$¥
Thyrogen 4 Vial Kit*	3560570	Genzyme	58468-1849-04	FedEx Priority Overnight (M-TH)	2:00 PM	J3240
TUKYSA™ 50 mg tablet	1534528	Seattle Genetics	51144-0001-60	FedEx Priority Overnight (M-F)	5:00 PM	J8999 \$¥
TUKYSA™ 150 mg tablet	1534544	Seattle Genetics	51144-0002-12	FedEx Priority Overnight (M-F)	5:00 PM	J8999 \$¥
TUKYSA™ 150 mg tablet	1534536	Seattle Genetics	51144-0002-60	FedEx Priority Overnight (M-F)	5:00 PM	J8999 \$¥
Ultomiris 300 mg 30 mL SDV*	3670189	Alexion	25682-0022-01	FedEx Priority Overnight (M-TH)	4:00 PM	J3590
Voraxase Vial INJ*	2038743	BTG International	50633-0210-11	UPS Overnight (M-TH)	2:00 PM	J3590 \$¥
ZEPOSIA 7-day Starter Pack	1546019	Celgene	59572-0810-07	UPS Overnight (M-TH)	4:30 PM	J8499 \$¥
ZEPOSIA .92 mg capsules (bottles of 30)	1546027	Celgene	59572-0820-30	UPS Overnight (M-TH)	4:30 PM	J8499 \$¥
ZEPOSIA Starter Pack (37 capsules)	1546035	Celgene	59572-0890-91	UPS Overnight (M-TH)	4:30 PM	J8499 \$¥

\*\*\* Orders placed after cut-off on Thursday may not ship until Tuesday or Wednesday the following week.

Note: Order quantities are based on the size/form indicated per item

\* Refrigerated \*\* Frozen

† Available only for in-patient hospital pharmacies

\* Drop ship

◇ Consignment

¥ Required NOC/NOS may vary from payer to payer

\$ Unclassified Code

## RMS Medical Products

McKesson Plasma and Biologics has partnered with Repro-Med Systems to bring customers and their patients valuable solutions for in-home infusion and self administration. For questions regarding RMS products please call **877.625.2566** or email **mpborders@mckesson.com**

Product Description	Item
FreedomEdge® Syringe Driver w/ Travel Pouch	3754066
FreedomEdge® Replacement Travel Pouch (Blue)	3754025
Freedom60® Syringe Driver w/ Travel Pouch	3754629
Freedom60® Replacement Travel Pouch (Black)	3754280
24" Tubing Extender (Box of 20)	3754587
Low Residual Volume Y Connector (Box of 50)	3754637

## RMS Precision Flow Rate Tubing™

Product Description	Item		
Very Low Flow 3 mL F3	3774320	High Flow 275 mL F275	3774312
Low Flow 30 mL F30	3774353	High Flow 420 mL F420	3774361
Low Flow 45 mL F45	3774379	High Flow 500 mL F500	3774387
Low Flow 60 mL F60	3774411	High Flow 600 mL F600	3774429
Low Flow 120 mL F120	3774247	High Flow 900 mL F900	3774445

## RMS Needle Sets

Product Description	Item		
Single Needle, 24 gauge, 6mm (Box of 20)	3754645	Three Needle, 26 gauge, 4mm (Box of 10)	3754942
Single Needle, 24 gauge, 9mm (Box of 20)	3754660	Three Needle, 26 gauge, 6mm (Box of 10)	3754959
Single Needle, 24 gauge, 12mm (Box of 20)	3754702	Three Needle, 26 gauge, 9mm (Box of 10)	3754975
Single Needle, 24 gauge, 14mm (Box of 20)	3754751	Three Needle, 26 gauge, 12mm (Box of 10)	3754983
Single Needle, 26 gauge, 4mm (Box of 20)	3754769	Three Needle, 26 gauge, 14mm (Box of 10)	3754991
Single Needle, 26 gauge, 6mm (Box of 20)	3754777	Four Needle, 24 gauge, 9mm (Box of 10)	3755006
Single Needle, 26 gauge, 9mm (Box of 20)	3754785	Four Needle, 24 gauge, 12mm (Box of 10)	3755022
Single Needle, 26 gauge, 12mm (Box of 20)	3754793	Four Needle, 26 gauge, 4mm (Box of 10)	3755030
Single Needle, 26 gauge, 14mm (Box of 20)	3754801	Four Needle, 26 gauge, 6mm (Box of 10)	3755048
Two Needle, 24 gauge, 6mm (Box of 10)	3754819	Four Needle, 26 gauge, 9mm (Box of 10)	3755055
Two Needle, 24 gauge, 9mm (Box of 10)	3754827	Four Needle, 26 gauge, 12mm (Box of 10)	3755063
Two Needle, 24 gauge, 12mm (Box of 10)	3754835	Four Needle, 26 gauge, 14mm (Box of 10)	3755071
Two Needle, 24 gauge, 14mm (Box of 10)	3754843	Five Needle, 26 gauge, 6mm (Box of 10)	3755089
Two Needle, 26 gauge, 4mm (Box of 10)	3754850	Five Needle, 26 gauge, 9mm (Box of 10)	3755105
Two Needle, 26 gauge, 6mm (Box of 10)	3754868	Five Needle, 26 gauge, 12mm (Box of 10)	3755113
Two Needle, 26 gauge, 9mm (Box of 10)	3754876	Five Needle, 26 gauge, 14mm (Box of 10)	3755121
Two Needle, 26 gauge, 12mm (Box of 10)	3754892	Six Needle, 26 gauge, 4mm (Box of 10)	3755139
Two Needle, 26 gauge, 14mm (Box of 10)	3754900	Six Needle, 26 gauge, 6mm (Box of 10)	3755147
Three Needle, 24 gauge, 9mm (Box of 10)	3767191	Six Needle, 26 gauge, 9mm (Box of 10)	3755154
Three Needle, 24 gauge, 12mm (Box of 10)	3754918	Six Needle, 26 gauge, 12mm (Box of 10)	3755162
Three Needle, 24 gauge, 14mm (Box of 10)	3754934	Six Needle, 26 gauge, 14mm (Box of 10)	3755170



## Exclusive Product List

McKesson Plasma and Biologics is proud to offer customers this list of key exclusive and semi-exclusive products. At MPB, we want to provide peace of mind and eliminate confusion over specialty products and their restrictions. If you have questions about product access, call us at **877.625.2566** or email **mpborders@mckesson.com** for additional details on how to obtain these products.

Product Description	Item #	NDC	Launch	HCPC Level II Code
Cayston® 75 mg 28-Day Kit Gil*	1259464	61958-0901-01	September 2010	J7699 ¥§
Cometriq® 60 mg 4x21 capsules	3598539	42388-0013-14	November 2016	J8999 ¥§
Cometriq® 100 mg 4x14 capsules	3598547	42388-0012-14	November 2016	J8999 ¥§
Cometriq® 140 mg 4x28 capsules	3598554	42388-0011-14	November 2016	J8999 ¥§
Defitelio® 200 mg 2.5 mL SUV 10	3498946	68727-0800-02	November 2015	J3490 ¥§
Erwinaze 10,000 IU SUV 5*	3465028	57902-0249-05	June 2015	J9019
Gamifant® 10 mg 2 mL SDV*	3669058	72171-0501-01	January 2019	J3590 ¥§
Gamifant® 50 mg 10 mL SDV*	3669280	72171-0505-01	January 2019	J3590 ¥§
Gamifant® 100 mg 20 mL SDV*	3669280	72171-0505-01	January 2021	J3590 ¥§
Givlaari™ 189 mg 1 mL SDV*	3490067	71336-1001-01	December 2019	J3490 ¥§
Jetrea® 2.5 mg/mL 2mL SDV**	3715901	24856-0002-01	September 2017	J7316
Jynarque™ 45mg /15mg 56 tablets	3796695	59148-0087-28	July 2018	J8499 ¥§
Jynarque™ 60mg/30mg 56 tablets	3796703	59148-0088-28	July 2018	J8499 ¥§
Jynarque™ 90mg/30mg 56 tablets	3796752	59148-0089-28	July 2018	J8499 ¥§
Kalydeco 150 mg 56 tablets	3414901	51167-0200-01	January 2015	J8499 ¥§
Kalydeco granule 25 mg 56 tablets	3950078	51167-0600-01	April 2019	J8499 ¥§
Kalydeco granule 50 mg 56 tablets	3437829	51167-0300-01	March 2015	J8499 ¥§
Kalydeco granule 75 mg 56 tablets	3437845	51167-0400-01	March 2019	J8499 ¥§
Northera® 100 mg 90 capsules	3437670	67386-0820-19	March 2015	J8499 ¥§
Northera® 200 mg 90 capsules	3437696	67386-0821-19	March 2015	J8499 ¥§
Northera® 300 mg 90 capsules	3437704	67386-0822-19	March 2015	J8499 ¥§
Nulojix® 250 mg SUV*	3628203	00003-0371-13	March 2017	J0485
Onpattro® 100 mg 5mL SDV*	2063295	71336-1000-01	August 2018	J3490 ¥§
Orkambi 100/125 mg 112 tablets	3589249	51167-0700-02	October 2016	J8499 ¥§
Orkambi 100/125 mg pack of 56	2064632	51167-0900-01	August 2018	J8499 ¥§
Orkambi 150/188 mg pack of 56	2064657	51167-0500-02	August 2018	J8499 ¥§
Orkambi 200/125 mg 112 tablets	3467941	51167-0809-01	July 2015	J8499 ¥§
Oxlumo 94.5 mg/0.5 mL vial	1582121	71336-1002-01	November 2020	J3490
Poteligeo® 20 mg 5 mL Vial*	3916335	42747-0761-01	October 2018	J9999¥§
Purixan® 2000 mg 100 mL bottle	3743523	62484-0020-02	July 2017	J8999¥§
PHS Turalio™ 200 mg capsules 120 count	3977386	65597-0402-20	August 2019	J8999 ¥§
Symdeko 50 mg/75 mg 56 tablets	3966868	51167-0113-01	June 2019	J8499
Symdeko 100 mg/150 mg 56 tablets	3763190	51167-0661-01	February 2018	J8499
Trikafta 4x12 tablets	3997319	51167-0331-01	October 2019	J8499
VA HP Acthar® Gel 5 mL MDV*	3791589	63004-7810-01	May 2018	J0800
VA Aubagio® 7 mg 28 tablets	2042984	58468-0210-02	June 2013	J8499 ¥§
VA Aubagio® 14 mg 28 tablets	2042992	58468-0211-01	June 2013	J8499 ¥§
Vigadrone® 500 mg 50 tablets	3919529	00245-0556-50	July 2018	J8499 ¥§
Vyxeos® 100 mg SDV 2*	3676434	68727-0745-02	August 2017	J9153
Vyxeos® 100 mg SDV 5*	3676491	68727-0745-05	August 2017	J9153

■ Exclusive to McKesson / Split by COT   ■ Exclusive to Acute Only / Select SP's go Direct   ■ 100% Exclusive / MPB Only

Note: Order quantities are based on the size/form indicated per item

\* Refrigerated   \*\* Frozen

† Available only for in-patient hospital pharmacies

\* Drop ship

◇ Consignment

¥ Required NOC/NOS may vary from payer to payer

§ Unclassified Code

## Standard Return Goods Policy

### Items eligible for return

- a. All product must be stored and returned in accordance with the protocol supplied by MPB, and protocols may vary depending on whether the product is refrigerated or ambient.
- b. Frozen products are not eligible for return and will not be accepted by MPB.
- c. All products that are received in damaged condition must be reported within two (2) business days of receipt.
- d. All product disputes regarding a mis-pick, shortage, or an overage must be reported within two (2) business days of receipt.
- e. Product that is purchased on a non-returnable basis, including refrigerated products, is not eligible for credit.
- f. Due to the unique manufacturing process of certain products and limitations on usage, MPB follows all manufacturer policies regarding acceptance of returns. MPB allows returns on products when the manufacturer policy deems the returned product fit.
- g. MPB sells products as non-returnable only when the manufacturer policy does not allow returns.

### Return authorization (RA)

- a. All customers must obtain a RA number from a customer service representative prior to returning a product. To request a RA number, contact MPB at **877.625.2566** or email [mpbreturns@mckesson.com](mailto:mpbreturns@mckesson.com).
- b. RA requests must be made within 30 days of product delivery.
- c. RA is valid for 30 days from the date of approval. Product not returned within 30 days of receipt of an RA will not be credited.
- d. RA provides the right to return product. It does not guarantee credit. Credit will be provided when product is received and all return requirements have been met.
- e. Any product that is returned without a signed RA will not be credited.
- f. Credit will be applied within 30 days of the return receipt date for approved items that are returned to the DC and accompanied by a signed RA.
- g. Customers will receive a copy of the [Return Goods Shipping Procedures](#) when requesting an RA from a customer service representative.

### Credit and restocking fee

- a. The credit amount for returned products is based on the original purchase price.
- b. All returns pursuant to this Return Goods Policy are subject to a restocking fee. The restocking fee will be waived for any product that is delivered to the customer in damaged condition or due to MPB's error.
- c. The restocking fee is ten percent (10%) of the purchase price, with a minimum of \$50. In some cases, due to manufacturer guidelines, the restocking fee will be a maximum of \$1,000.

### Required procedures for returning ALL items

- a. All returns MUST follow the Return Goods Shipping Procedures.
- b. MPB recommends all gel packs received from McKesson be refrozen in the event a refrigerated return is needed.
- c. Detailed care instructions for refrigerated and ambient product is provided in the RA, this Return Goods Policy, and the Return Goods Shipping Procedures.
- d. To receive credit, product must be returned in its original manufacturer packaging and be free of markings or other damage. (For product that arrives back to the MPB distribution center damaged, customer must provide evidence that the Return Goods Shipping Procedures were followed.)

### Important Notes

- \* MPB reserves the right to change its Return Goods Policies without notice
- \* MPB is not responsible for merchandise returned without prior return authorization and reserves the right to reject said shipment and charge the customer for any incurred costs
- \* All returns must comply with all applicable laws, rules, regulations, policies and procedures
- \* For consignment products, please refer to the separate [Consignment Return Goods Policy and Return Goods Shipping Procedures](#)

### MPB hours of operation:

Monday–Friday  
8:00 a.m.–6:30 p.m. CT

Call: 877.625.2566

Email: [mpbreturns@mckesson.com](mailto:mpbreturns@mckesson.com)

## Consignment Return Goods Policy

### Items eligible for return

- All consignment product must be stored and returned in accordance with the protocol for refrigerated product.
- All product that is received in damaged condition must be reported within two (2) business days of receipt.
- Consignment product with nine (9) months of dating remaining until expiration ("Dated Product") must be returned and, subject to this policy, will be replaced with longer-dated product. Replacement product will not be shipped without customer authorization. If customer authorizes shipment of replacement product, Dated Product will not be picked up until the replacement product has arrived.
- All product disputes regarding a mis-pick, shortage, or an overage must be reported within two (2) business days of receipt.

### Return authorization (RA)

- RA provides the right to remove product from customer inventory by returning it to MPB.
- To obtain an RA for consignment product, contact MPB at **877.625.2566** or email [mpbconsignment@mckesson.com](mailto:mpbconsignment@mckesson.com).
- Customers will be contacted by a Consignment Specialist to initiate eligible returns of Dated Product. RA is valid for 30 days from the date of approval.
- Credit will be issued only if all return requirements have been met.
- If product is returned without a signed RA, it will not be processed or removed from customer consignment inventory.

### Required procedures for returning all items

- All returns MUST follow the [Return Goods Shipping Procedures](#) that are included with the return request.
- Detailed care instructions for refrigerated product are included with the RA in the Return Goods Shipping Procedures.
- Product must be returned in its original manufacturer packaging, in accordance with the shipping instructions provided, and be free of markings or other damage (except for product received in damaged condition), to be eligible for removal from customer consignment inventory.

Customer is liable for cost of product that is received back to the MPB Distribution Center damaged unless there is supporting evidence the Return Goods Shipping Procedures were followed.

### Required procedures for returning ALL items

- All returns MUST follow the Return Goods Shipping Procedures.
- MPB recommends all gel packs received from McKesson be refrozen in the event a refrigerated return is needed.
- Detailed care instructions for refrigerated and ambient product is provided in the RA, this Return Goods Policy, and the Return Goods Shipping Procedures.
- To receive credit, product must be returned in its original manufacturer packaging and be free of markings or other damage. (For product that arrives back to the MPB distribution center damaged, customer must provide evidence that the Return Goods Shipping Procedures were followed.)

### Important Notes

- \* MPB reserves the right to change its Return Goods Policies without notice
- \* MPB is not responsible for merchandise returned without prior return authorization and reserves the right to reject said shipment and charge the customer for any incurred costs
- \* All returns must comply with all applicable laws, rules, regulations, policies and procedures
- \* Product not returned within thirty (30) days of receipt of an RA will no longer be eligible for return

### MPB hours of operation:

Monday–Friday  
8:00 a.m.–6:30 p.m. CT  
Call: 877.625.2566  
Email: [mpbconsignment@mckesson.com](mailto:mpbconsignment@mckesson.com)



# Return Goods Shipping Procedures

When you are ready to ship product back, follow these steps:

## For all refrigerated product:

**Step 1:** Place frozen gel packs or foam bricks in bottom of cooler



\*Place bubble wrap or other suitable packing material on top of the packs or bricks

**Step 2:** Place product in plastic bag and place in cooler



\*If possible, create a tight seal around the product before placing in cooler

**Step 3:** Place packing material on top of the product, (return lid to cooler)



\*Use enough material to ensure product is secure and does not shift, leak or become damaged

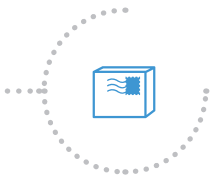
**Step 4:** With product secure, place cooler in box for shipping



\*Place signed RA on cooler before closing and taping box

**Note:** If product is not shipped back in original container, apply "refrigerated product" labels on 2 sides of box (labels provided by MPB)

**Step 5:** Use prepaid FedEx shipping slip and return to McKesson



\*Ensure that RA number is prominently displayed on the outside shipping container or address label

## For all ambient product:

**Step 1:** Place bubble wrap or similar packing material inside the box first



\*Ensure product is secure and/or bagged to prevent damage or leakage, and place in box.



**Step 2:** Place more packing material on top of product for added security



**Step 3:** Place any required documentation (signed RA) in box



**Step 4:** Close box, secure with tape and use prepaid FedEx label to return



## Important Notes:

- \* MPB is closed weekends and holidays. Please only ship returns Monday through Thursday.
- \* Please be sure to sign and date the second page of the RA.
- \* When you obtain a Return Authorization (RA), it is valid for 30 days.
- \* Product should be shipped back in the same type of styrofoam container (or box) in which it was delivered.

## Consignment Program Buyer's Reference Guide

To contact a Consignment Specialist, call **877.625.2566** or email **mpbconsignment@mckesson.com**

### Step 1: Place an initial consignment order



Please provide the following information to a Consignment Specialist: your customer account number, desired par levels of each requested consignment item. Product will be shipped via FedEx Priority Overnight and scheduled to arrive the next business day. The initial stocking order can only ship Mon–Wed.

### Step 2: Receive replacement inventory



There are two options to request replacement of your consignment inventory.

- **Option 1: Replace upon use or as needed** — Please provide the following information to a Consignment Specialist: your customer account number, product description and/or NDC and quantity. Product will be shipped via FedEx Priority Overnight and arrive the next business day.
- **Option 2: Replace monthly — Speak with a Consignment Specialist** to schedule a monthly delivery based upon established par levels or by indicating on the monthly reconciliation report the items that you wish to replenish. Monthly orders will be processed within 24 hours after receipt of the reconciliation report from your facility.

**Note:** Emergency replacements can be made as needed with either replacement option. Call MPB at 1-877-625-2566 to place an emergency/ same day shipment.

### Step 3: Get billed for used inventory



Please provide the following information to a Consignment Specialist: your customer account number, product description and/or NDC, lot number and quantity used. The used items will be billed to your account and an invoice will be emailed and/or faxed to you within 24 hours.

**Note:** For 340B facilities, the account number desired for billing (WAC, GPO, PHS) needs to be provided for proper invoicing to occur.

### Step 4: Reconcile consignment inventory



A Consignment Specialist will send a consignment reconciliation report to you via email by the 22nd day of every month. Please complete the report, documenting all current consignment inventory and send to mpbconsignment@mckesson.com within 72 business hours of receipt.

### Step 5: Manage short-dated consignment inventory



When a product is within nine months of expiring, you will be notified by a Consignment Specialist. The Consignment Specialist will schedule a FedEx pickup for the short-dated inventory. Additional inventory will be shipped to you prior to the FedEx pickup to replace the short-dated product being returned. The returned short-dated product must match the lot number McKesson Plasma and Biologics has on file and be in "saleable" condition.

#### Hours of Operation:

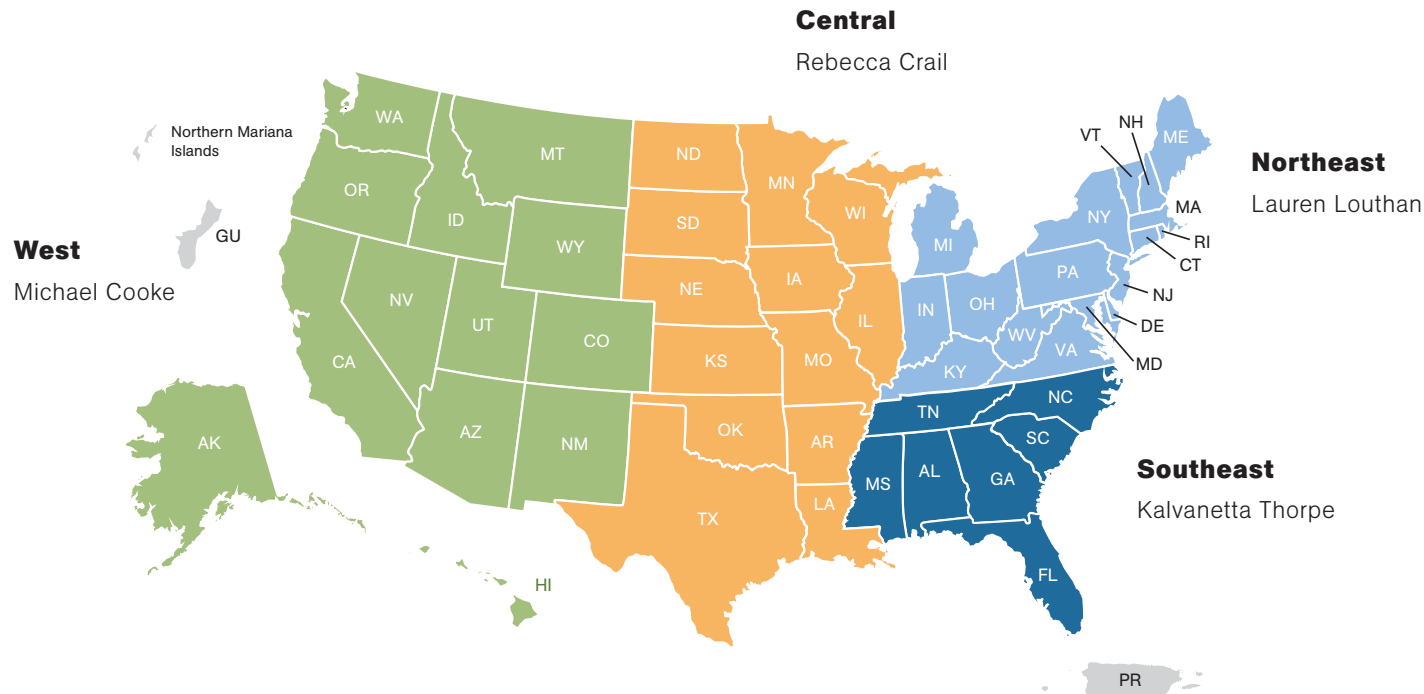
8:00 a.m.–6:30 p.m. CT  
Monday–Friday  
Email: mpbconsignment@mckesson.com

#### 24-hour Emergency Service:

Call: 877.625.2566

# MPB Consignment Team

Unless otherwise noted, please dial **1-877-625-2566** to contact your representative.



**Sherrie Davis**  
Customer Service Manager  
615.848.6084 Phone  
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**Michael Cooke**  
Consignment Specialist, West  
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**Quita Jones**  
Customer Service Supervisor  
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**Rebecca Crail**  
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**Patricia McMurtry**  
Consignment Lead  
patricia.mcmurtry@mckesson.com



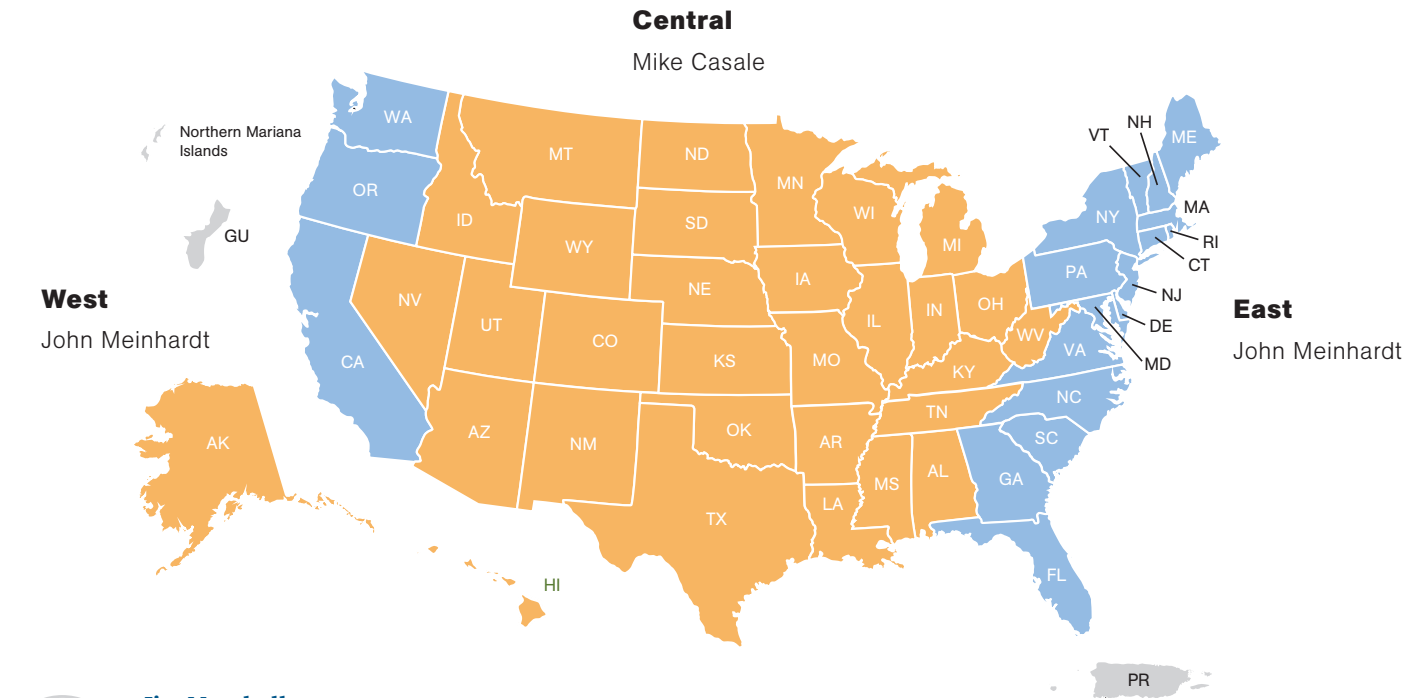
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**Lauren Louthan**  
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**MCKESSON**

# Sales Team | Acute Care



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**Maggie McCune**  
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**Mike Casale**  
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# Retail and Specialty Pharmacy Team

Unless otherwise noted, please dial **1-877-625-2566** to contact your representative.



**Debra Aronson**  
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**Julianna Bolton**  
Sr. Revenue Integrity Analyst  
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julianna.bolton@mckesson.com

## Corporate Sales



**Tom Duffy**  
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**Brooke Maynard**  
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**Scott Reed**  
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## Inside Sales



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**Christin Danker**  
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**Christina Kyzer**  
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**Jerry Taylor**  
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## Customer Support



**Thomas Roush**  
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**Katie Delesandro**  
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**MCKESSON**

# Retail and Specialty Pharmacy Team

McKesson Plasma and Biologics has a background in both specialty distribution and home infusion. This tenured group takes a personal approach in understanding your preferences, knowing your staff by name and supporting the needs of your patients. Commitment from two representatives helps serve the needs of all contributors within your business.

## Territory Breakdown

### Corporate Sales Executives



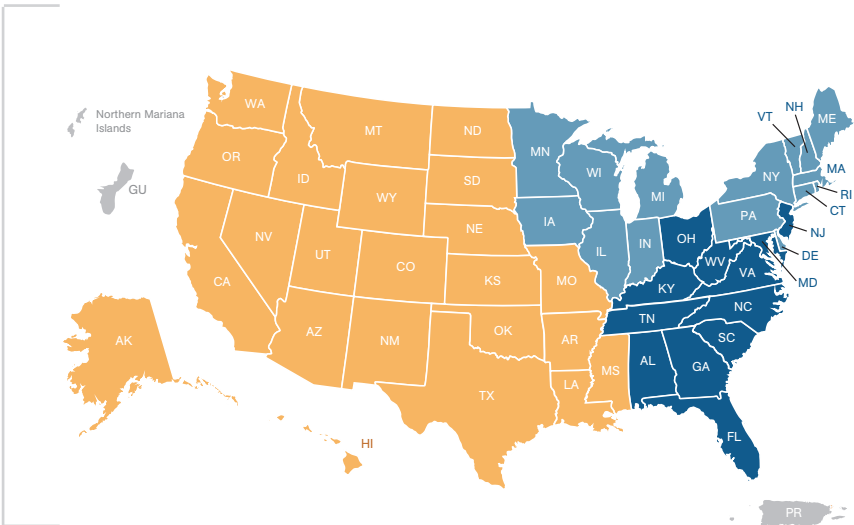
**Tom Duffy**  
Corporate Account Executive  
West / Central



**Brooke Maynard**  
Corporate Account Executive  
Southeast



**Scott Reed**  
Director, Business Development  
Bleeding Disorders  
Northeast



### Inside Sales Executives



**Kara Wheeler**  
Inside Sales Executive  
West



**Jessica Uldrick**  
Inside Sales Executive  
Mid-Atlantic



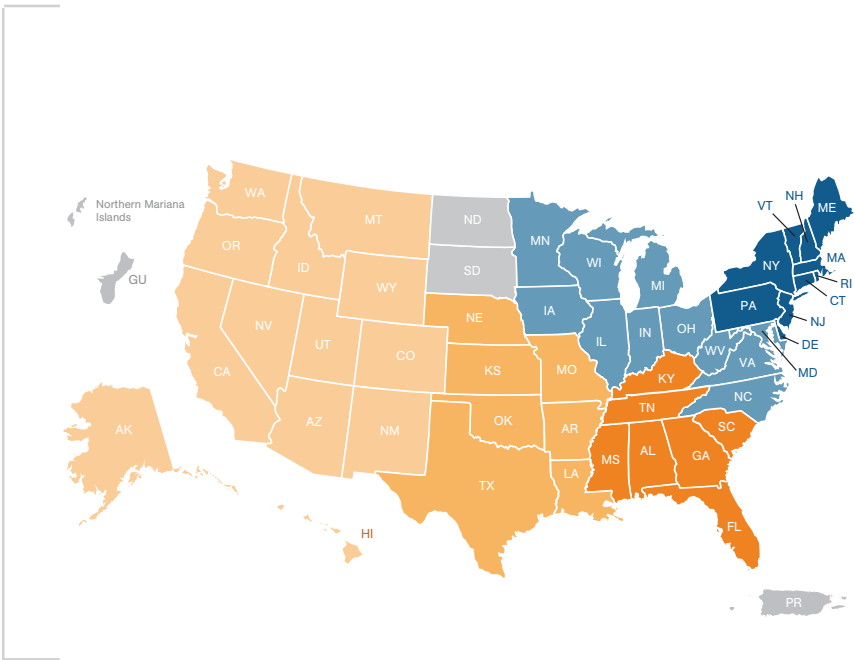
**Christin Danker**  
Inside Sales Executive  
South Central



**Jerry Taylor**  
Inside Sales Executive  
Northeast



**Christina Kyzer**  
Inside Sales Executive  
Southeast



# Customer Experience Team | Acute Care

Unless otherwise noted, please dial **1-877-625-2566** to contact your representative.

## Customer Accounts Team



**Morris Sisroe**  
Sr. Inside Sales Manager



**Nathan Deese**  
Customer Accounts Supervisor



**Chris Fuller**  
Customer Accounts Supervisor



**Mark Beale**  
Customer Accounts Team Lead  
Implementation Support



**Drew Bennett**  
Customer Accounts Team Lead



**Leigh Ann Summers**  
Sr. Customer Account Specialist



**Ramonda Agnew**  
Customer Account Specialist



**Bennett Corley**  
Sr. Customer Account Specialist



**Xavier Smartt**  
Customer Account Specialist



**Richard Dees**  
Customer Account Specialist



**Thomas McNinch**  
Customer Account Specialist



**Janette Nevels**  
Customer Account Specialist



**Akika Sweet**  
Clinical Trials



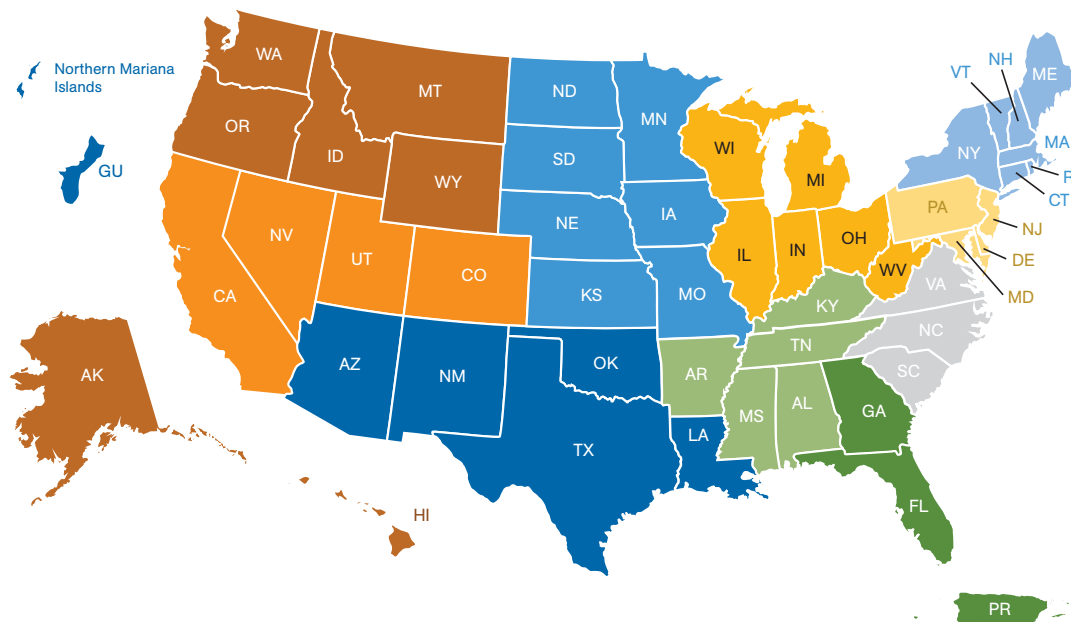
**Leslee Leach**  
Customer Account Specialist



# Customer Account Specialists

## Territory Breakdown

Below you will find a current regionalized map visualizing the areas our account specialists serve. Each person serves as your point of contact for daily account management. They provide informed communication involving product training, emergency alerts, product access requests, order placement, and more.



## Account Specialists

**Thomas McNinch**  
Phone: 615.805.7111  
thomas.mcnych@mckesson.com  
WA, OR, ID, MT, WY, AK, HI

**Drew Bennett**  
Phone: 615.805.7054  
drew.bennett@mckesson.com  
CA, NV, UT, CO

**Ramonda Agnew**  
Phone: 615.805.7051  
ramonda.agnew@mckesson.com  
AZ, NM, OK, TX, LA, GU, MP

**Xavier Smartt**  
Phone: 615.805.7086  
xavier.smartt@mckesson.com  
ND, SD, MN, NE, IA, KS, MO

**Richard Dees**  
Phone: 615.805.7061  
richard.dees@mckesson.com  
NY, CT, MA, VT, NH, ME, RI

**Janette Nevels**  
Phone: 615.805.7079  
janette.nevels@mckesson.com  
GA, FL, PR

**Mark Beale**  
Phone: 615.805.7053  
mark.beale@mckesson.com  
AR, TN, MS, AL, KY

**Leslee Leach**  
Phone: 615.805.7075  
leslee.leach@mckesson.com  
WI, IL, IN, MI, OH, WV

**Leigh Ann Summers**  
Phone: 615.805.7089  
leighann.summers@mckesson.com  
PA, NJ, DE, MD

**Akika Sweet**  
Phone: 615.805.7090  
akika.sweet@mckesson.com  
Clinical Trials

**Open Territories**  
Phone: 877.625.2566  
mpborders@mckesson.com

DC, VA, NC, SC  
Points of contact:

Richard Dees  
Leigh Ann Summers  
Janette Nevels



# Customer Service Team

Unless otherwise noted, please dial **1-877-625-2566** to contact your representative.



**Sherrie Davis**  
Customer Service Manager



**Thomas Roush**  
Customer Service Supervisor



**Hope McGuire**  
Customer Service Supervisor



**Quita Jones**  
Customer Service Supervisor



**Colby George**  
Customer Support Specialist  
Non-Acute Care



**Brian Schafer**  
Customer Service Team Lead



**Tim Chorley**  
Onboarding Specialist



**Raven Willis**  
Customer Support Specialist  
Non-Acute Care



**Jake Emery**  
Customer Support Specialist  
Acute Care



**Khris Downey**  
Sr. Customer Resolution Analyst



**Katie Delesandro**  
Customer Support Specialist  
Non-Acute Care



**Tim Boddie**  
Customer Support Specialist  
Acute Care



**Kim Smith**  
Connect Specialist



**Cindy Warrick**  
Customer Support Specialist  
Acute Care



**Felicia Moore**  
Customer Support Specialist  
Acute Care



**Delilah Clark**  
Credit / Rebill Specialist



**Holly Whitworth**  
Customer Support Specialist  
Acute Care



**Brian Barcalow**  
Customer Support Specialist  
Acute Care



**Ironetta Jenkins**  
Customer Service Specialist



**Gina King**  
Sales Item Maintenance Specialist



**Ivan Bonner**  
Logistics Specialist



**Adam Hughes**  
Email to Case Specialist  
Acute Care



**Ugo Okafor**  
Sales Item Maintenance Specialist



**Jenny Pate**  
Logistics Specialist



**Christy B. Ortner**  
Sales Item Maintenance Specialist



**Sheronda Davis**  
Onboarding Specialist



**Carissa Fultz**  
Sales Item Maintenance Specialist



**Tiffany Osborne**  
Onboarding Specialist

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McKesson Plasma and Biologics

## Plasma and Biologics | Group Email Addresses

Address	Mailbox Purpose
<a href="mailto:mpb@mckesson.com">mpb@mckesson.com</a>	General inbox for MPB
<a href="mailto:mpbconnect@mckesson.com">mpbconnect@mckesson.com</a>	McKesson Connect inquiries and access request
<a href="mailto:mpbonboarding@mckesson.com">mpbonboarding@mckesson.com</a>	MPB new account requests
<a href="mailto:mpborders@mckesson.com">mpborders@mckesson.com</a>	Acute order requests
<a href="mailto:mpbsporders@mckesson.com">mpbsporders@mckesson.com</a>	Non-acute order requests
<a href="mailto:mpbconsignment@mckesson.com">mpbconsignment@mckesson.com</a>	Consignment inquiries & Consignment stocking orders
<a href="mailto:mpbcreditrebill@mckesson.com">mpbcreditrebill@mckesson.com</a>	Credit / rebill requests
<a href="mailto:mpbreturns@mckesson.com">mpbreturns@mckesson.com</a>	MPB product return requests
<a href="mailto:mpbcvs@mckesson.com">mpbcvs@mckesson.com</a>	CVS requests and inquiries

**McKesson Plasma and Biologics**

2615 Medical Center Parkway, Suite 1580  
Murfreesboro, TN 37129

[mckesson.com/plasmabiologics](https://mckesson.com/plasmabiologics)

[mpb@mckesson.com](mailto:mpb@mckesson.com)

**877.625.2566**

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## Improving care in every setting.

At McKesson, we bring a deep understanding of the entire pharmacy business to effectively drive organizational change and help our customers achieve better business health. With our supply chain excellence, dedicated experts and portfolio of evidence-based solutions, we can help you drive down costs, improve efficiency and identify growth opportunities so you can focus on what matters most — patient outcomes. It's part of our promise to support the continuum of care — one product, one partner, one patient at a time.

### **McKesson Plasma and Biologics**

2615 Medical Center Parkway, Suite 1580  
Murfreesboro, TN 37129

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[mpb@mckesson.com](mailto:mpb@mckesson.com)

**877.625.2566**

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