Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Adult Vaccine	Adacel® (Tdap)	Sanofi	0.5 mL 5 PFS 5-pk	49281-0400-20	90715	Yes	No	Overnight
Adult Vaccine	Adacel® (Tdap)	Sanofi	0.5 mL SDV 10-pk	49281-0400-10	90715	Yes	No	Overnight
Adult Vaccine	Aplisol®[3]	Par Pharmaceutical	1 mL 10 tests	42023-0104-01	86580	No	Yes	Overnight
Adult Vaccine	BEXSERO®	GSK	0.5 mL PFS 10-pk	58160-0976-20	90620	TBD	TBD	Overnight
Adult Vaccine	BOOSTRIX®	GSK	0.5 mL PFS 10-pk	58160-0842-52	90715	TBD	TBD	Overnight
Adult Vaccine	CAPVAXIVE™	Merck	0.5 mL PFS 10-pk	00006-4347-02	90684	TBD	TBD	Overnight
Adult Vaccine	ENGERIX-B®	GSK	20 mcg/mL SDV 10-pk	58160-0821-11	90746/90747	TBD	TBD	Overnight
Adult Vaccine	ENGERIX-B®	GSK	20 mcg/mL PFS 10-pk	58160-0821-52	90746/90747	TBD	TBD	Overnight
Adult Vaccine	GARDASIL® 9	Merck	0.5 mL PFS 10-pk	00006-4121-02	90651	No	No	Overnight
Adult Vaccine	HAVRIX®	GSK	1440 EL.U./mL PFS 10-pk	58160-0826-52	90632	TBD	TBD	Overnight
Adult Vaccine	HEPLISAV-B™	Dynavax	20 mcg/0.5 mL PFS 5-pk	43528-0003-05	90739	Yes	Yes	Overnight
Adult Vaccine	Imovax® Rabies	Sanofi	1 SDV w/diluent	49281-0252-51	90675	Yes	No	Overnight
Adult Vaccine	IXIARO®	Valneva	0.5 mL PFS	42515-0002-01	90738	Yes	No	Overnight
Adult Vaccine	IXCHIQ®	Valneva	0.5 mL SDV w/diluent	42515-0003-01	90589	No	No	Overnight
Adult Vaccine	JYNNEOS®	Barvarian Nordic	0.5 mL 10-pk	50632-0001-03	90611	No	TBD	Overnight
Adult Vaccine	MenQuadfi®	Sanofi	0.5 mL SDV 5-pk	49281-0590-05	90619	Yes	No	Overnight
Adult Vaccine	MENVEO® One-Vial	GSK	0.5 mL SDV 10-pk	58160-0827-30	90734	No	No	Overnight
Adult Vaccine	M-M-R® II	Merck	0.5 mL SDV 10-pk	00006-4681-00	90707	Yes	No	Overnight
Adult Vaccine	Pneumovax® 23	Merck	0.5 mL PFS 10-pk	00006-4837-03	90732	Yes	No	Overnight
Adult Vaccine	PreHevbrio™	VBI Vaccines	10 mcg/1 mL SDV 10-pk	75052-0001-10	90759	Yes	TBD	Overnight
Adult Vaccine	PREVNAR 20™	Pfizer	0.5 mL PFS 1-pk	00005-2000-02	90677	Yes	No	Overnight
Adult Vaccine	PREVNAR 20™	Pfizer	0.5 mL PFS 10-pk	00005-2000-10	90677	Yes	No	Overnight
Adult Vaccine	RabAvert® Rabies Vaccine	Barvarian Nordic	1 mL SDV	50632-0010-01	90675	No	TBD	Overnight
Adult Vaccine	RECOMBIVAX HB® Dialysis Formulation	Merck	40 mcg/1 mL SDV	00006-4922-00	90740	No	No	Overnight
Adult Vaccine	RECOMBIVAX HB®	Merck	10 mcg SDV 10-bx	00006-4995-41	90743/90746	No	No	Overnight
Adult Vaccine	SHINGRIX	GSK	0.5 mL SDV 10-pk	58160-0823-11	90750	No	No	Overnight
Adult Vaccine	TENIVAC®	Sanofi	0.5 mL PFS 10-pk	49281-0215-15	90714	Yes	No	Overnight
Adult Vaccine	TICOVAC™	Pfizer	0.5 mL PFS 10-pk	00069-0411-10	90627	Yes	No	Overnight
Adult Vaccine	TICOVAC™[6]	Pfizer	0.5 mL PFS 1-pk	00069-0411-02	90627	Yes	No	Overnight
Adult Vaccine	TRUMENBA®	Pfizer	0.5 mL PFS 5-pk	00005-0100-05	90621	No	Yes	Overnight
Adult Vaccine	TRUMENBA®	Pfizer	0.5 mL PFS 10-pk	00005-0100-10	90621	No	Yes	Overnight
Adult Vaccine	TUBERSOL®	Sanofi	1 mL vial 10 tests	49281-0752-21	86580	Yes	No	Overnight
Adult Vaccine	TUBERSOL®	Sanofi	5 mL vial 50 tests	49281-0752-22	86580	Yes	No	Overnight
Adult Vaccine	TWINRIX®	GSK	1 mL PFS 10-pk	58160-0815-52	90636	No	No	Overnight
Adult Vaccine	Typhim Vi®	Sanofi	0.5 mL MDV	49281-0790-20	90691	Yes	No	Overnight
Adult Vaccine	Typhim Vi®	Sanofi	0.5 mL PFS	49281-0790-51	90691	Yes	No	Overnight
Adult Vaccine	VAQTA®	Merck‡	50 U/1 mL PFS 10-pk	00006-4096-02	90633	Yes	No	Overnight
Adult Vaccine	VAQTA®	Merck‡	50 U/1 mL SDV 10-pk	00006-4841-02	90633	Yes	No	Overnight
Adult Vaccine	VARIVAX®	Merck‡	0.5 mL SDV 10-pk	00006-4827-00	90716	No	No	Overnight
Adult Vaccine	Vaxchora® (Cholera Vaccine, Live, Oral)	Bavarian Nordic	100 mL 1-pk	70460-0004-01	90625	No	TBD	Overnight
Adult Vaccine	VAXNEUVANCE™	Merck‡	0.5 mL PFS 10-pk	00006-4329-03	90671	No	No	Overnight
Adult Vaccine	Vivotif® Oral	Bavarian Nordic	4-pk	69401-0000-02	90690	No	TBD	Overnight
Albumin	Albuked® 5%	Kedrion	250 mL 12-cs	76125-0790-25	P9045	No	Yes	Overnight
Albumin	Albuked® 25%	Kedrion	50 mL 50-cs	76125-0792-25	P9047	No	Yes	Overnight
Albumin	Albuked® 25%	Kedrion	100 mL 12-cs	76125-0792-10	P9047	No	Yes	Overnight
Albumin	ALBUMIN 5%	Octapharma	250 mL 6-cs	68982-0623-02	P9045	No	Yes	Overnight
Albumin	ALBUMIN 5%	Octapharma	500 mL 6-cs	68982-0623-03	P9045	No	Yes	Overnight
Albumin	ALBUMIN 25%	Octapharma	50 mL 12-cs	68982-0643-01	P9047	No	Yes	Overnight
Albumin	ALBUMIN 25%	Octapharma	100 mL 12-cs	68982-0643-02	P9047	No	Yes	Overnight
Albumin	ALBUMINEX® 5%	BPL	250 mL 10-cs	64208-2510-01	P9045	No	Yes	Overnight
Albumin	ALBUMINEX® 5%	BPL	500 mL 10-cs	64208-2510-05	P9045	No	Yes	Overnight
Albumin	ALBUMINEX® 25%	BPL	50 mL 20-cs	64208-2512-03	P9047	No	Yes	Overnight
Albumin	ALBUMINEX® 25%	BPL	100 mL 20-cs	64208-2512-07	P9047	No	Yes	Overnight
Albumin	AlbuRx® 5%	CSL Behring	250 mL 10-cs	44206-0310-25	P9045	No	Yes	Overnight
Albumin	AlbuRx® 5%	CSL Behring	500 mL 10-cs	44206-0310-50	P9045	No	Yes	Overnight
Albumin	AlbuRx® 25%	CSL Behring	50 mL 10-cs	44206-0251-05	P9047	No	Yes	Overnight
Albumin	AlbuRx® 25%	CSL Behring	100 mL 10-cs	44206-0251-10	P9047	No	Yes	Overnight

Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Albumin	Albutein® 5%	Grifols	50 mL 50-cs	68516-5214-05	P9045	No	Yes	Overnight
Albumin	Albutein® 5%	Grifols	250 mL 15-cs	68516-5214-01	P9045	No	Yes	Overnight
Albumin	Albutein® 5%	Grifols	500 mL 15-cs	68516-5214-02	P9045	No	Yes	Overnight
Albumin	Albutein® 25%	Grifols	20 mL 48-cs	68516-5216-05	P9047	No	Yes	Overnight
Albumin	Albutein® 25%	Grifols	50 mL 25-cs	68516-5216-01	P9047	No	Yes	Overnight
Albumin	Albutein® 25%	Grifols	100 mL 25-cs	68516-5216-02	P9047	No	Yes	Overnight
Albumin	Albutein FlexBag™ 5%	Grifols	250 mL 4-cs	68516-5218-04	P9045	No	Yes	Overnight
Albumin	Albutein FlexBag™ 5%	Grifols	500 mL 2-cs	68516-5219-02	P9045	No	Yes	Overnight
Albumin	Albutein FlexBag™ 25%[1]	Grifols	50 mL 5-cs	68516-5216-09	P9047	No	Yes	Overnight
Albumin	Albutein FlexBag™ 25%[1]	Grifols	100 mL 5-cs	68516-5216-00	P9047	No	Yes	Overnight
Albumin	FLEXBUMIN® 5%[1]	Takeda Pharmaceuticals	250 mL 10-cs	00944-0495-05	P9045	No	Yes	Overnight
Albumin	FLEXBUMIN® 25%[1]	Takeda Pharmaceuticals	50 mL 24-cs	00944-0493-01	P9047	No	Yes	Overnight
Albumin	FLEXBUMIN® 25%[1]	Takeda Pharmaceuticals	100 mL 12-cs	00944-0493-02	P9047	No	Yes	Overnight
Ancillary	IV Bag (Intravenous)	-	1000 mL Y site connection	—	—	—	—	—
Ancillary	Needle Less Transfer Device II[4]	Takeda Pharmaceuticals	20 mm single-dose btl 5-pk	__	__	No	No	—
Ancillary	Sharps TakeAway Recovery System	Medical Specialties Distributors	5 gal	—	—	No	No	—
Ancillary	SharpSafety™ Pharmaceutical Waste Container	Medical Specialties Distributors	18 gal	—	—	No	No	—
Ancillary	Sterile Water[3]	Hikma	10 mL vial 10-pk	00641-6147-10	A4216	No	Yes	Overnight
Antithrombin	Thrombate III®	Grifols	500 IU vial	13533-0606-12	J7197	No	Yes	Overnight
Antiviral	Tamiflu® Oral Suspension	Genentech	6 mg/60 mL	00004-0822-05	J8499	No	Yes	Overnight
Antiviral	Tamiflu®	Genentech	30 mg 10-pk	00004-0802-85	G9035/G9019	No	Yes	Overnight
Antiviral	Tamiflu®	Genentech	45 mg 10-pk	00004-0801-85	G9035/G9019	No	Yes	Overnight
Antiviral	Tamiflu®	Genentech	75 mg 10-pk	00004-0800-85	G9035/G9019	No	Yes	Overnight
BioSurgical	COSEAL SpraySet	Baxter	10-cs	08541-2087-78	—	No	No	—
BioSurgical	COSEAL Surgical Sealant Kit	Baxter	2 mL	01376-5404-61	—	No	No	Overnight
BioSurgical	COSEAL Surgical Sealant Kit	Baxter	4 mL	01376-5404-62	—	No	No	Overnight
BioSurgical	COSEAL Surgical Sealant Kit	Baxter	8 mL	01376-5404-63	—	No	No	Overnight
BioSurgical	FLOSEAL Endoscopic Applicator	Baxter	6-cs	—	—	No	No	Overnight
BioSurgical	GEL-FLOW™ Kit THROMBIN-JMI®	Pfizer	5000 IU syringe spray kit	00009-2250-01	J3590	No	No	—
BioSurgical	GEL-FLOW™ NT	Pfizer	6 mL PFS 6-bx	00009-1040-06	J3490	No	No	Overnight
BioSurgical	TISSEEL Kit (Freeze-Dried) with DUPLOJECT System	Baxter	2 mL 1-kit	00338-4301-02	—	No	No	Overnight
BioSurgical	TISSEEL Kit (Freeze-Dried) with DUPLOJECT System	Baxter	4 mL 1-kit	00338-4302-04	C9399/J3590	No	No	Overnight
BioSurgical	TISSEEL Kit (Freeze-Dried) with DUPLOJECT System	Baxter	10 mL 1-kit	00338-4303-10	C9399/J3590	No	No	Overnight
Brand Pharmaceutical	ABLYSINOL®	BPI Labs, LLC	5 mL 10-bx	54288-0105-15	J3490	No	No	Overnight
Brand Pharmaceutical	ACTHAR® Gel	Mallinckrodt	5 mL MDV	63004-8710-01	J0800	No	Yes	Overnight
Brand Pharmaceutical	ACTHAR® Gel	Mallinckrodt	0.5 mL PFS Injection 4-pk	63004-8712-04	J0800	No	Yes	Overnight
Brand Pharmaceutical	ACTHAR® Gel	Mallinckrodt	1 mL PFS Injection 4-pk	63004-8711-04	J0800	No	Yes	Overnight
Brand Pharmaceutical	Activase®	Genentech	50 mg w/ 50 mL diluent	50242-0044-13	J2997	Yes	Yes	Overnight
Brand Pharmaceutical	Activase®	Genentech	100 mg w/ 100 mL diluent	50242-0085-27	J2997	Yes	Yes	Overnight
Brand Pharmaceutical	Adrenalin® Epinephrine in Sodium Chloride Injection[4]	Endo Pharmaceuticals	4 mg/250 mL 10-ctn	42023-0315-10	J3490	No	Yes	Overnight
Brand Pharmaceutical	Anavip®	Rare Disease Therapeutics	20 mL vial	66621-0790-02	J0841	Yes	No	Overnight
Brand Pharmaceutical	AURLUMYN™ (Iloprost) Injection[3]	SERB Pharmaceuticals	1 mL vial	83226-2001-01	J1749	No	TBD	Overnight
Brand Pharmaceutical	Berinert®	CSL Behring	500 IU vial	63833-0825-02	J0597	No	Yes	Overnight
Brand Pharmaceutical	CIMZIA®	UCB, Inc.	200 mg PFS kit 2-pk	50474-0710-79	J0717	No	Yes	Overnight
Brand Pharmaceutical	CIMZIA®	UCB, Inc.	200 mg PFS kit 6-pk	50474-0710-81	J0717	No	Yes	Overnight
Brand Pharmaceutical	CIMZIA®	UCB, Inc.	200 mg SDV 2-pk	50474-0700-62	J0717	No	Yes	Overnight
Brand Pharmaceutical	CORVERT®[3]	Pfizer	10 mL	00009-3794-01	J1742	No	Yes	Overnight
Brand Pharmaceutical	CroFab®	BTG International	2 vial pk	50633-0110-12	J0840	Yes	No	Overnight
Brand Pharmaceutical	Cupric Chloride Injection	Exela	4 mg/10 mL plastic vials	51754-0103-04	J3490	No	Yes	Overnight
Brand Pharmaceutical	Cyanokit®	BTG International	5 gm SDV	50633-0310-11	J3490	No	No	Overnight
Brand Pharmaceutical	DigiFab®	BTG International	40 mg vial	50633-0120-11	J1162	No	No	Overnight
Brand Pharmaceutical	DIPRIVAN®[3]	Fresenius Kabi	1% 100 mg/10 mL (10 mg/mL) 10-pk	63323-0269-10	J2704	No	No	Overnight
Brand Pharmaceutical	DIPRIVAN®[3]	Fresenius Kabi	1% 200 mg/20 mL (10 mg/mL) 10-pk	63323-0269-29	J2704	No	No	Overnight
Brand Pharmaceutical	DIPRIVAN®[3]	Fresenius Kabi	1% 500 mg/50 mL (10 mg/mL) 20-pk	63323-0269-50	J2704	No	No	Overnight
Brand Pharmaceutical	DIPRIVAN®[3]	Fresenius Kabi	1% 1000 mg/100 mL (10 mg/mL) 10-pk	63323-0269-65	J2704	No	No	Overnight
Brand Pharmaceutical	ELCYS™[3]	EXELA	10 mL 10-pk	51754-1007-03	J3490	No	No	Overnight
Brand Pharmaceutical	ENTYVIO®	Takeda Pharmaceuticals	20 mL SDV	64764-0300-20	J3380	No	Yes	Overnight

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Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Brand Pharmaceutical	EpinehprineSnap™-EMS	Snap Medical	1 mg/mL kit	71923-0100-20	J0171	No	No	Overnight
Brand Pharmaceutical	EpinehprineSnap™-V	Snap Medical	1 mg/mL kit	71923-0200-20	J0171	No	No	Overnight
Brand Pharmaceutical	EpiPen Jr®	Mylan	0.15 mg/0.3 mL 2-pk	49502-0501-02	J1305	No	No	Overnight
Brand Pharmaceutical	EpiPen®	Mylan	0.3 mg/0.3 mL 2-pk	49502-0500-02	J3490	No	No	Overnight
Brand Pharmaceutical	EVKEEZA™	Regeneron	2.3 mL SDV 1-pk	61755-0013-01	C9399/J3590	No	Yes	Overnight
Brand Pharmaceutical	EVKEEZA™	Regeneron	8 mL SDV 1-pk	61755-0010-01	C9399/J3590	No	Yes	Overnight
Brand Pharmaceutical	FIRAZYR®	Takeda Pharmaceuticals	30 mg/3 mL PFS	54092-0702-02	J1744	No	No	Overnight
Brand Pharmaceutical	FIRAZYR®	Takeda Pharmaceuticals	30 mg/3 mL PFS 3-pk	54092-0702-03	J1744	No	No	Overnight
Brand Pharmaceutical	GLYRX-PF™[4]	Exela Pharma Sciences	0.2 mg/1 mL SDV 25-pk	51754-6000-04	J3490	TBD	Yes	Overnight
Brand Pharmaceutical	GLYRX-PF™[4]	Exela Pharma Sciences	0.4 mg/2 mL SDV 25-pk	51754-6001-04	J3490	TBD	Yes	Overnight
Brand Pharmaceutical	INDOCIN® (indomethacin) Suppositories	Assertio	50 mg 30-bx	6933-0102-33	J3490	No	No	Overnight
Brand Pharmaceutical	Inflectra™	Pfizer	20 mL vial 100 mg	00069-0809-01	Q5103	No	Yes	Drop-Ship
Brand Pharmaceutical	INTEGRILIN®	Merck	20 mg/mL 10 mL vial	00085-1177-01	J1327	No	No	Overnight
Brand Pharmaceutical	KEPPRA XR®	UCB, Inc.	500 mg tab 60-btl	50474-0598-66	J8499	No	No	Overnight
Brand Pharmaceutical	KEPPRA XR®	UCB, Inc.	750 mg tab 60-btl	50474-0599-66	J8499	No	No	Overnight
Brand Pharmaceutical	KEPPRA®	UCB, Inc.	500 mg/5 mL SDV 10-pk	50474-0002-63	J1953	No	No	Overnight
Brand Pharmaceutical	KEPPRA®	UCB, Inc.	500 mg tab 120-btl	50474-0595-40	J8499	No	No	Overnight
Brand Pharmaceutical	KEPPRA®	UCB, Inc.	1000 mg tab 60-btl	50474-0597-66	J8499	No	No	Overnight
Brand Pharmaceutical	Miacalcin®	Mylan	2 mL MDV	67457-0675-02	J0630	No	Yes	Overnight
Brand Pharmaceutical	NEUPRO®	UCB, Inc.	1 mg patch 30-bx	50474-0801-03	J3490	No	No	Overnight
Brand Pharmaceutical	NEUPRO®	UCB, Inc.	2 mg patch 30-bx	50474-0802-03	J3490	No	No	Overnight
Brand Pharmaceutical	NEUPRO®	UCB, Inc.	3 mg patch 30-bx	50474-0803-03	J3490	No	No	Overnight
Brand Pharmaceutical	NEUPRO®	UCB, Inc.	4 mg patch 30-bx	50474-0804-03	J3490	No	No	Overnight
Brand Pharmaceutical	NEUPRO®	UCB, Inc.	6 mg patch 30-bx	50474-0805-03	J3490	No	No	Overnight
Brand Pharmaceutical	NEUPRO®	UCB, Inc.	8 mg patch 30-bx	50474-0806-03	J3490	No	No	Overnight
Brand Pharmaceutical	NIPRIDE® RTU[4]	Exela Pharma Sciences	20 mg/100 mL	51754-1029-01	J3490	No	Yes	Overnight
Brand Pharmaceutical	Pitocin®[3]	PAR Pharmaceuticals	1 mL SDV 25-ctn	42023-0116-25	J2590	No	Yes	Overnight
Brand Pharmaceutical	Pitocin®[3]	PAR Pharmaceuticals	10 mL MDV 25-ctn	42023-0116-02	J2590	No	Yes	Overnight
Brand Pharmaceutical	Plenamine™ 15% Amino Acids	B. Braun Medical	1000 mL flexible bag	00264-4500-00	J3490	No	Yes	Overnight
Brand Pharmaceutical	Plenamine™ 15% Amino Acids	B. Braun Medical	2000 mL flexible bag	00264-4500-05	J3490	No	Yes	Overnight
Brand Pharmaceutical	RYPLAZIM®	Kedrion	68.8 mg/50 mL	70573-0099-01	C9090/J3590	No	No	Overnight
Brand Pharmaceutical	Sensorcaine® 0.5% (MPF)[3]	Fresenius Kabi	10 mL SDV 25-pk	63323-0466-17	J3490/S0020	No	Yes	Overnight
Brand Pharmaceutical	Sensorcaine® 0.5% (MPF)[3]	Fresenius Kabi	30 mL SDV 25-pk	63323-0466-37	J3490/S0020	No	Yes	Overnight
Brand Pharmaceutical	Sensorcaine® 0.5% (MPF/EPI)[3]	Fresenius Kabi	30 mL SDV 25-pk	63323-0468-37	J3490/S0020	No	Yes	Overnight
Brand Pharmaceutical	Sensorcaine® 0.25% (MPF)[3]	Fresenius Kabi	10 mL SDV 25-pk	63323-0464-17	J3490/S0020	No	Yes	Overnight
Brand Pharmaceutical	Sensorcaine® 0.25% (MPF)[3]	Fresenius Kabi	30 mL SDV 25-pk	63323-0464-37	J3490/S0020	No	Yes	Overnight
Brand Pharmaceutical	Sensorcaine® 0.25% (MPF/EPI)[3]	Fresenius Kabi	30 mL SDV 25-pk	63323-0462-37	J3490/S0020	No	Yes	Overnight
Brand Pharmaceutical	SOTRADECOL®	Mylan	1% 20 mg/2 mL 5-bx	67457-0162-02	J3490/S0020	No	Yes	Overnight
Brand Pharmaceutical	SOTRADECOL®	Mylan	3% 60 mg/2 mL 5-bx	67457-0163-02	J3490/S0020	No	Yes	Overnight
Brand Pharmaceutical	TERLIVAZ®	Mallinckrodt	0.85 mg SDV	43825-0200-01	J3490	No	No	Overnight
Brand Pharmaceutical	TNKase®	Genentech	50 mg vial	50242-0120-47	J3101	Yes	Yes	Overnight
Brand Pharmaceutical	TOLSURA®	Mayne Pharma	65 mg tab 60-ct	51862-0462-60	J8499	No	No	Overnight
Brand Pharmaceutical	TrophAmine® 10%	B. Braun Medical	500 mL	00264-1933-10	J3490	No	Yes	Overnight
Brand Pharmaceutical	Tymlos®[4]	Radius Health	80 mcg injection	70539-0001-02	C9399/J3490	No	Yes	Overnight
Brand Pharmaceutical	VAZCULEP®[4]	Exela Pharma Sciences	50 mg/5 mL SDV 10-pk	51754-4000-03	J2370	TBD	Yes	Overnight
Brand Pharmaceutical	VAZCULEP®[4]	Exela Pharma Sciences	100 mg/10 mL SDV	51754-4020-01	J2370	TBD	Yes	Overnight
Brand Pharmaceutical	VEOPOZ™[4] Injection	Regeneron	400 mg/2mL	61755-0014-01	J3590	No	Yes	Overnight
Brand Pharmaceutical	VIBATIV®	Cumberland	750 mg 4-pk	66220-0315-44	J3095	TBD	No	Overnight
Brand Pharmaceutical	Xylocaine® HCl 1%[3]	Fresenius Kabi	5 mL MDV 25-pk	63323-0492-57	J3490	Yes	Yes	Overnight
Brand Pharmaceutical	Xylocaine® HCl 1%[3]	Fresenius Kabi	20 mL MDV 25-pk	63323-0485-27	J3490	No	Yes	Overnight
Brand Pharmaceutical	Xylocaine® HCl 1%[3]	Fresenius Kabi	5 mL MDV 25-pk	63323-0495-07	J3490	No	Yes	Overnight
Brand Pharmaceutical	Xylocaine® HCl EPI 1%[3]	Fresenius Kabi	20 mL MDV 25-pk	63323-0482-27	J3490	No	Yes	Overnight
Brand Pharmaceutical	Xylocaine® HCl EPI 2%[3]	Fresenius Kabi	40 mg/2 mL (20 mg/mL) SDV 25-pk	63323-0483-27	J3490	No	Yes	Overnight
Brand Pharmaceutical	Xylocaine® HCl EPI MPF 2%[3]	Fresenius Kabi	40 mg/2 mL (20 mg/mL) SDV 25-pk	63323-0489-27	J3490	No	Yes	Overnight
Brand Pharmaceutical	Xylocaine® HCl MPF 1%[3]	Fresenius Kabi	2 mL MDV 25-pk	63323-0492-27	J3490	No	Yes	Overnight
Brand Pharmaceutical	Xylocaine® HCl MPF 1%[3]	Fresenius Kabi	30 mL MDV 25-pk	63323-0492-37	J3490	No	Yes	Overnight
Brand Pharmaceutical	Xylocaine® HCl MPF 2%[3]	Fresenius Kabi	40 mg/2 mL (20 mg/mL) SDV 25-pk	63323-0495-27	J3490	No	Yes	Overnight

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Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Brand Pharmaceutical	Zemaira®4	CSL Behring	1000 mg/20 mL (1 gm) SDV	00053-7201-02	J0256	No	Yes	Overnight
Brand Pharmaceutical	Zemaira®2	CSL Behring	4000 mg/76 mL (4 gm) SDV	00053-7202-02	J0256	No	Yes	Overnight
Brand Pharmaceutical	Zemaira®2	CSL Behring	5000 mg/95 mL (5 gm) SDV	00053-7203-02	J0256	No	Yes	Overnight
Brand Pharmaceutical	ZERBAXA®	Merck	1.5 gm SDV 10-bx	67919-0030-01	J0695	No	No	Overnight
Brand Pharmaceutical	ZIMHI™ (naloxone HCl Injection)	USWM, LLC.	5 mg/0.5 mL PFS 2-ctn	78670-0140-02	J2311	No	TBD	
Coagulation	ADVATE®	Takeda Pharmaceuticals	250 IU vial	00944-3051-02	J7192	Yes	Yes	Overnight
Coagulation	ADVATE®	Takeda Pharmaceuticals	500 IU vial	00944-3052-02	J7192	Yes	Yes	Overnight
Coagulation	ADVATE®	Takeda Pharmaceuticals	1000 IU vial	00944-3053-02	J7192	Yes	Yes	Overnight
Coagulation	ADVATE®	Takeda Pharmaceuticals	1500 IU vial	00944-3054-02	J7192	Yes	Yes	Overnight
Coagulation	ADVATE®	Takeda Pharmaceuticals	2000 IU vial	00944-3045-10	J7192	Yes	Yes	Overnight
Coagulation	ADVATE®	Takeda Pharmaceuticals	3000 IU vial	00944-3046-10	J7192	Yes	Yes	Overnight
Coagulation	ADVATE®	Takeda Pharmaceuticals	4000 IU vial	00944-3047-10	J7192	Yes	Yes	Overnight
Coagulation	ADYNOVATE®	Takeda Pharmaceuticals	250 IU vial Baxject III	00944-4622-01	J7207	Yes	Yes	Overnight
Coagulation	ADYNOVATE®	Takeda Pharmaceuticals	500 IU vial Baxject III	00944-4623-01	J7207	Yes	Yes	Overnight
Coagulation	ADYNOVATE®	Takeda Pharmaceuticals	750 IU vial Baxject III	00944-4626-01	J7207	Yes	Yes	Overnight
Coagulation	ADYNOVATE®	Takeda Pharmaceuticals	1000 IU vial Baxject III	00944-4624-01	J7207	Yes	Yes	Overnight
Coagulation	ADYNOVATE®	Takeda Pharmaceuticals	1500 IU vial Baxject III	00944-4627-01	J7207	Yes	Yes	Overnight
Coagulation	ADYNOVATE®	Takeda Pharmaceuticals	2000 IU vial Baxject III	00944-4625-01	J7207	Yes	Yes	Overnight
Coagulation	ADYNOVATE®	Takeda Pharmaceuticals	3000 IU vial Baxject III	00944-4628-01	J7207	Yes	Yes	Overnight
Coagulation	AFSTYLA®	CSL Behring	250 IU vial	69911-0474-02	J7210	Yes	Yes	Overnight
Coagulation	AFSTYLA®	CSL Behring	500 IU vial	69911-0475-02	J7210	Yes	Yes	Overnight
Coagulation	AFSTYLA®	CSL Behring	1000 IU vial	69911-0476-02	J7210	Yes	Yes	Overnight
Coagulation	AFSTYLA®	CSL Behring	1500 IU vial	69911-0480-02	J7210	Yes	Yes	Overnight
Coagulation	AFSTYLA®	CSL Behring	2000 IU vial	69911-0477-02	J7210	Yes	Yes	Overnight
Coagulation	AFSTYLA®	CSL Behring	2500 IU vial	69911-0481-02	J7210	Yes	Yes	Overnight
Coagulation	AFSTYLA®	CSL Behring	3000 IU vial	69911-0478-02	J7210	Yes	Yes	Overnight
Coagulation	Alphanate®	Grifols	250 IU vial 300 RCOF	68516-4616-01	J7186	No	No	Overnight
Coagulation	Alphanate®	Grifols	500 IU vial 600 RCOF	68516-4617-01	J7186	No	No	Overnight
Coagulation	Alphanate®	Grifols	1000 IU vial 1200 RCOF	68516-4618-02	J7186	No	No	Overnight
Coagulation	Alphanate®	Grifols	1500 IU vial 1800 RCOF	68516-4619-02	J7186	No	No	Overnight
Coagulation	Alphanate®	Grifols	2000 IU vial 2400 RCOF	68516-4620-02	J7186	No	No	Overnight
Coagulation	AlphaNine® SD	Grifols	500 IU vial	68516-3610-02	J7193	No	No	Overnight
Coagulation	AlphaNine® SD	Grifols	1000 IU vial	68516-3611-02	J7193	No	No	Overnight
Coagulation	AlphaNine® SD	Grifols	1500 IU vial	68516-3612-02	J7193	No	No	Overnight
Coagulation	ALPROLIX®	Sanofi	250 UI vial	71104-0966-01	J7201	No	Yes	Overnight
Coagulation	ALPROLIX®	Sanofi	500 IU vial	71104-0911-01	J7201	No	Yes	Overnight
Coagulation	ALPROLIX®	Sanofi	1000 IU vial	71104-0922-01	J7201	No	Yes	Overnight
Coagulation	ALPROLIX®	Sanofi	2000 IU vial	71104-0933-01	J7201	No	Yes	Overnight
Coagulation	ALPROLIX®	Sanofi	3000 IU vial	71104-0944-01	J7201	No	Yes	Overnight
Coagulation	ALPROLIX®	Sanofi	4000 IU vial	71104-0977-01	J7201	No	Yes	Overnight
Coagulation	ALTUVIIIO™	Bioverativ	250 IU vial	71104-0978-01	J7214	No	Yes	Overnight
Coagulation	ALTUVIIIO™	Bioverativ	500 IU vial	71104-0979-01	J7214	No	Yes	Overnight
Coagulation	ALTUVIIIO™	Bioverativ	1000 IU vial	71104-0981-01	J7214	No	Yes	Overnight
Coagulation	ALTUVIIIO™	Bioverativ	2000 IU vial	71104-0982-01	J7214	No	Yes	Overnight
Coagulation	ALTUVIIIO™	Bioverativ	3000 IU vial	71104-0983-01	J7214	No	Yes	Overnight
Coagulation	ALTUVIIIO™	Bioverativ	4000 IU vial	71104-0984-01	J7214	No	Yes	Overnight
Coagulation	ANDEXXA®3	AstraZeneca	200 mg 4-ctn	00310-3200-04	J7169	Yes	Yes	Overnight
Coagulation	ANDEXXA®3	AstraZeneca	200 mg 5-ctn	00310-3200-05	J7169	Yes	Yes	Overnight
Coagulation	Balfaxar®	Octapharma	500 IU range 20 mL vial	68982-0261-01	J3590/C9399	Yes	Yes	Overnight
Coagulation	Balfaxar®	Octapharma	1000 IU range 40 mL vial	68982-0261-02	J3590/C9399	Yes	Yes	Overnight
Coagulation	BeneFIX®	Pfizer	250 IU vial	58394-0633-03	J7195	Yes	Yes	Overnight
Coagulation	BeneFIX®	Pfizer	500 IU vial	58394-0634-03	J7195	Yes	Yes	Overnight
Coagulation	BeneFIX®	Pfizer	1000 IU vial	58394-0635-03	J7195	Yes	Yes	Overnight
Coagulation	BeneFIX®	Pfizer	2000 IU vial	58394-0636-03	J7195	Yes	Yes	Overnight
Coagulation	BeneFIX®	Pfizer	3000 IU vial	58394-0637-03	J7195	Yes	Yes	Overnight
Coagulation	Corifact®	CSL Behring	1000-1600 IU vial	63833-0518-02	J7180	Yes	Yes	Overnight
Coagulation	ELOCTATE®	Sanofi	250 IU vial	71104-0801-01	J7205	No	Yes	Overnight

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Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Coagulation	ELOCTATE®	Sanofi	500 IU vial	71104-0802-01	J7205	No	Yes	Overnight
Coagulation	ELOCTATE®	Sanofi	750 IU vial	71104-0803-01	J7205	No	Yes	Overnight
Coagulation	ELOCTATE®	Sanofi	1000 IU vial	71104-0804-01	J7205	No	Yes	Overnight
Coagulation	ELOCTATE®	Sanofi	1500 IU vial	71104-0805-01	J7205	No	Yes	Overnight
Coagulation	ELOCTATE®	Sanofi	2000 IU vial	71104-0806-01	J7205	No	Yes	Overnight
Coagulation	ELOCTATE®	Sanofi	3000 IU vial	71104-0807-01	J7205	No	Yes	Overnight
Coagulation	ELOCTATE®	Sanofi	4000 IU vial	71104-0808-01	J7205	No	Yes	Overnight
Coagulation	ELOCTATE®	Sanofi	5000 IU vial	71104-0809-01	J7205	No	Yes	Overnight
Coagulation	ELOCTATE®	Sanofi	6000 IU vial	71104-0810-01	J7205	No	Yes	Overnight
Coagulation	Esperoct®	Novo Nordisk	500 IU range	00169-8500-01	J7204	No	Yes	Overnight
Coagulation	Esperoct®	Novo Nordisk	1000 IU range	00169-8100-01	J7204	No	Yes	Overnight
Coagulation	Esperoct®	Novo Nordisk	1500 IU range	00169-8150-01	J7204	No	Yes	Overnight
Coagulation	Esperoct®	Novo Nordisk	2000 IU range	00169-8200-01	J7204	No	Yes	Overnight
Coagulation	Esperoct®	Novo Nordisk	3000 IU range	00169-8300-01	J7204	No	Yes	Overnight
Coagulation	FEIBA®	Takeda Pharmaceuticals	500 IU range vial	64193-0426-02	J7198	Yes	Yes	Overnight
Coagulation	FEIBA®	Takeda Pharmaceuticals	1000 IU range vial	64193-0424-02	J7198	Yes	Yes	Overnight
Coagulation	FEIBA®	Takeda Pharmaceuticals	2500 IU range vial	64193-0425-02	J7198	Yes	Yes	Overnight
Coagulation	FIBRYGA®	Octapharma	1 gm vial	68982-0347-01	J7177	Yes	Yes	Overnight
Coagulation	HEMLIBRA®	Genentech	12 mg vial	50242-0927-01	J7170	No	Yes	Overnight
Coagulation	HEMLIBRA®	Genentech	30 mg vial	50242-0920-01	J7170	No	Yes	Overnight
Coagulation	HEMLIBRA®	Genentech	60 mg vial	50242-0921-01	J7170	No	Yes	Overnight
Coagulation	HEMLIBRA®	Genentech	105 mg vial	50242-0922-01	J7170	No	Yes	Overnight
Coagulation	HEMLIBRA®	Genentech	150 mg vial	50242-0923-01	J7170	No	Yes	Overnight
Coagulation	HEMLIBRA®	Genentech	300 mg vial	50242-0930-01	J7170	No	Yes	Overnight
Coagulation	HEMOFIL® M	Takeda Pharmaceuticals	250 IU vial	00944-3940-02	J7190	Yes	Yes	Overnight
Coagulation	HEMOFIL® M	Takeda Pharmaceuticals	500 IU vial	00944-3942-02	J7190	Yes	Yes	Overnight
Coagulation	HEMOFIL® M	Takeda Pharmaceuticals	1000 IU vial	00944-3944-02	J7190	Yes	Yes	Overnight
Coagulation	HEMOFIL® M	Takeda Pharmaceuticals	1700 IU vial	00944-3946-02	J7190	Yes	Yes	Overnight
Coagulation	Humate-P®	CSL Behring	250 IU vial 600 RCOF	63833-0615-02	J7187	Yes	Yes	Overnight
Coagulation	Humate-P®	CSL Behring	500 IU vial 1200 RCOF	63833-0616-02	J7187	Yes	Yes	Overnight
Coagulation	Humate-P®	CSL Behring	1000 IU vial 2400 RCOF	63833-0617-02	J7187	Yes	Yes	Overnight
Coagulation	HYMPAVZI™ Injection	Pfizer	150 mg/mL Single-dose Prefilled Pen	00069-2151-01	J3590	No	Yes	Overnight
Coagulation	IDELVION®	CSL Behring	250 IU vial	69911-0864-02	J7202	Yes	Yes	Overnight
Coagulation	IDELVION®	CSL Behring	500 IU vial	69911-0865-02	J7202	Yes	Yes	Overnight
Coagulation	IDELVION®	CSL Behring	1000 IU vial	69911-0866-02	J7202	Yes	Yes	Overnight
Coagulation	IDELVION®	CSL Behring	2000 IU vial	69911-0867-02	J7202	Yes	Yes	Overnight
Coagulation	IDELVION®	CSL Behring	3500 IU vial	69911-0869-02	J7202	Yes	Yes	Overnight
Coagulation	Kcentra®	CSL Behring	500 IU vial	63833-0386-02	J7168	Yes	Yes	Overnight
Coagulation	Kcentra®	CSL Behring	1000 IU vial	63833-0387-02	J7168	Yes	Yes	Overnight
Coagulation	KOĀTE®	Kedrion	250 IU Range	76125-0257-25	J7190	Yes	Yes	Overnight
Coagulation	KOĀTE®	Kedrion	500 IU Range	76125-0663-50	J7190	Yes	Yes	Overnight
Coagulation	KOĀTE®	Kedrion	500 IU Range	76125-0665-02	J7190	Yes	Yes	Overnight
Coagulation	KOĀTE®	Kedrion	1000 IU Range	76125-0679-12	J7190	Yes	Yes	Overnight
Coagulation	Novoeight®2	Novo Nordisk	250 IU vial	00169-7825-01	J7182	Yes	Yes	Overnight
Coagulation	Novoeight®2	Novo Nordisk	500 IU vial	00169-7850-01	J7182	Yes	Yes	Overnight
Coagulation	Novoeight®2	Novo Nordisk	1000 IU vial	00169-7810-01	J7182	Yes	Yes	Overnight
Coagulation	Novoeight®2	Novo Nordisk	1500 IU vial	00169-7815-01	J7182	Yes	Yes	Overnight
Coagulation	Novoeight®2	Novo Nordisk	2000 IU vial	00169-7820-01	J7182	Yes	Yes	Overnight
Coagulation	Novoeight®2	Novo Nordisk	3000 IU vial	00169-7830-01	J7182	Yes	Yes	Overnight
Coagulation	NovoSeven® RT	Novo Nordisk	1000 mcg vial	00169-7201-01	J7189	Yes	Yes	Overnight
Coagulation	NovoSeven® RT	Novo Nordisk	2000 mcg vial	00169-7202-01	J7189	Yes	Yes	Overnight
Coagulation	NovoSeven® RT	Novo Nordisk	5000 mcg vial	00169-7205-01	J7189	Yes	Yes	Overnight
Coagulation	NovoSeven® RT	Novo Nordisk	8000 mcg vial	00169-7208-01	J7189	Yes	Yes	Overnight
Coagulation	NUWIQ®2	Octapharma	250 IU vial	68982-0139-01	J7209	Yes	Yes	Overnight
Coagulation	NUWIQ®2	Octapharma	500 IU vial	68982-0141-01	J7209	Yes	Yes	Overnight
Coagulation	NUWIQ®2	Octapharma	1000 IU vial	68982-0143-01	J7209	Yes	Yes	Overnight
Coagulation	NUWIQ®2	Octapharma	2000 IU vial	68982-0153-01	J7209	Yes	Yes	Overnight

Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Coagulation	NUWIQ®2	Octapharma	2500 IU vial	68982-0145-01	J7209	Yes	Yes	Overnight
Coagulation	NUWIQ®2	Octapharma	3000 IU vial	68982-0147-01	J7209	Yes	Yes	Overnight
Coagulation	NUWIQ®2	Octapharma	4000 IU vial	68982-0149-01	J7209	Yes	Yes	Overnight
Coagulation	Profilnine®	Grifols	500 IU vial	68516-3210-01	J7194	No	No	Overnight
Coagulation	Profilnine®	Grifols	1000 IU vial	68516-3211-02	J7194	No	No	Overnight
Coagulation	Profilnine®	Grifols	1500 IU vial	68516-3212-02	J7194	No	No	Overnight
Coagulation	REBINYN®	Novo Nordisk	500 IU vial	00169-7905-01	J7203	Yes	Yes	Overnight
Coagulation	REBINYN®	Novo Nordisk	1000 IU vial	00169-7901-01	J7203	Yes	Yes	Overnight
Coagulation	REBINYN®	Novo Nordisk	2000 IU vial	00169-7902-01	J7203	Yes	Yes	Overnight
Coagulation	REBINYN®	Novo Nordisk	3000 IU vial	00169-7903-01	J7203	Yes	Yes	Overnight
Coagulation	RECOMBINATE™	Takeda Pharmaceuticals	250 IU vial	00944-2841-10	J7192	Yes	Yes	Overnight
Coagulation	RECOMBINATE™	Takeda Pharmaceuticals	500 IU vial	00944-2842-10	J7192	Yes	Yes	Overnight
Coagulation	RECOMBINATE™	Takeda Pharmaceuticals	1000 IU vial	00944-2843-10	J7192	Yes	Yes	Overnight
Coagulation	RECOMBINATE™	Takeda Pharmaceuticals	1500 IU vial	00944-2844-10	J7192	Yes	Yes	Overnight
Coagulation	RECOMBINATE™	Takeda Pharmaceuticals	2000 IU vial	00944-2845-10	J7192	Yes	Yes	Overnight
Coagulation	RiaSTAP®	CSL Behring	900-1300 mg vial	63833-0891-51	J7178	No	Yes	Overnight
Coagulation	RIXUBIS®†	Takeda Pharmaceuticals	500 IU vial	00944-3028-02	J7200	No	Yes	Overnight
Coagulation	RIXUBIS®†	Takeda Pharmaceuticals	1000 IU vial	00944-3030-02	J7200	No	Yes	Overnight
Coagulation	RIXUBIS®†	Takeda Pharmaceuticals	2000 IU vial	00944-3032-02	J7200	No	Yes	Overnight
Coagulation	RIXUBIS®†	Takeda Pharmaceuticals	3000 IU vial	00944-3034-02	J7200	No	Yes	Overnight
Coagulation	SEVENFACT®	HEMA Biologics	1000 mcg vial	71127-1000-01	J7212	Yes	Yes	Overnight
Coagulation	SEVENFACT®	HEMA Biologics	5000 mcg vial	71127-5000-01	J7212	Yes	Yes	Overnight
Coagulation	VONVENDI®	Takeda Pharmaceuticals	450-850 IU SDV 5 mL	00944-7551-02	J7179	Yes	Yes	Overnight
Coagulation	VONVENDI®	Takeda Pharmaceuticals	900–1700 IU SDV 10 mL	00944-7553-02	J7179	Yes	Yes	Overnight
Coagulation	WILATE®	Octapharma	500 IU vial 500 RCOF	68982-0182-01	J7183	Yes	Yes	Overnight
Coagulation	WILATE®	Octapharma	1000 IU vial 1000 RCOF	68982-0182-02	J7183	Yes	Yes	Overnight
Coagulation	XYNTHA®	Pfizer	250 IU vial	58394-0012-01	J7185	Yes	Yes	Overnight
Coagulation	XYNTHA®	Pfizer	500 IU vial	58394-0013-01	J7185	Yes	Yes	Overnight
Coagulation	XYNTHA®	Pfizer	1000 IU vial	58394-0014-01	J7185	Yes	Yes	Overnight
Coagulation	XYNTHA®	Pfizer	2000 IU vial	58394-0015-01	J7185	Yes	Yes	Overnight
Coagulation	XYNTHA® SOLOFUSE®†	Pfizer	250 IU dual-chamber syringe	58394-0022-03	J7185	Yes	Yes	Overnight
Coagulation	XYNTHA® SOLOFUSE®†	Pfizer	500 IU dual-chamber syringe	58394-0023-03	J7185	Yes	Yes	Overnight
Coagulation	XYNTHA® SOLOFUSE®†	Pfizer	1000 IU dual-chamber syringe	58394-0024-03	J7185	Yes	Yes	Overnight
Coagulation	XYNTHA® SOLOFUSE®†	Pfizer	2000 IU dual-chamber syringe	58394-0025-03	J7185	Yes	Yes	Overnight
Coagulation	XYNTHA® SOLOFUSE®†	Pfizer	3000 IU dual-chamber syringe	58394-0016-03	J7185	Yes	Yes	Overnight
Controlled Substances	BRIVIACT®	UCB, Inc.	10 mg tab 60-btl	50474-0370-66	J8499	No	No	Overnight
Controlled Substances	BRIVIACT®	UCB, Inc.	25 mg tab 60-btl	50474-0470-66	TBD	No	No	Overnight
Controlled Substances	BRIVIACT®	UCB, Inc.	50 mg tab 100-ctn unit dose	50474-0570-09	J8499	No	No	Overnight
Controlled Substances	BRIVIACT®	UCB, Inc.	50 mg tab 60-btl	50474-0570-66	J8499	No	No	Overnight
Controlled Substances	BRIVIACT®	UCB, Inc.	75 mg tab 60-btl	50474-0670-66	J8499	No	No	Overnight
Controlled Substances	BRIVIACT®	UCB, Inc.	100 mg tab 100-ctn unit dose	50474-0770-09	J8499	No	No	Overnight
Controlled Substances	BRIVIACT®	UCB, Inc.	100 mg tab 60-btl	50474-0770-66	J8499	No	No	Overnight
Controlled Substances	BRIVIACT®	UCB, Inc.	10 mg/300 mL oral solution	50474-0870-15	J8499	No	No	Overnight
Controlled Substances	BRIVIACT®	UCB, Inc.	50 mg/5 mL SDV 10-pk	50474-0970-75	J3490	No	No	Overnight
Controlled Substances	DIAZEPAM Injection3	Fresenius Kabi	10 mg/2 mL PFS 24-ctn	76045-0204-20	J3360	No	Yes	Overnight
Controlled Substances	DIAZEPAM Injection3	Prizer	50 mg/10 mL MDV 10-bx	00409-3213-12	J3360	No	Yes	Overnight
Controlled Substances	DIAZEPAM Injection3	Prizer	10 mg/2 mL SDS 10-ct	00409-1273-32	J3360	No	Yes	Overnight
Controlled Substances	Dilaudid® Injection3	Fresenius Kabi	0.2 mg/mL PFS 10-bx	76045-0121-11	J1170	No	Yes	Overnight
Controlled Substances	Dilaudid® Injection3	Fresenius Kabi	0.5 mg/0.5 mL PFS 10-bx	76045-0009-06	J1170	No	Yes	Overnight
Controlled Substances	Dilaudid® Injection3	Fresenius Kabi	1 mg/1 mL PFS 10-bx	76045-0009-11	J1170	No	Yes	Overnight
Controlled Substances	Dilaudid® Injection3	Fresenius Kabi	2mg/mL PFS 10-bx	76045-0010-11	J1170	No	Yes	Overnight
Controlled Substances	Fentanyl Cintrate Injection3	Fresenius Kabi	50 mcg/1 mL PFS 10-bx	63323-0808-11	J3010	No	Yes	Overnight
Controlled Substances	Fentanyl Citrate Injection	Fresenius Kabi	50 mcg/1 mL SDV 25-bx	63323-0806-01	J3010	No	Yes	Overnight
Controlled Substances	Fentanyl Cintrate Injection3	Hikma	100 mcg/2 mL SDV 25-bx	00641-6027-25	J3010	No	Yes	Overnight
Controlled Substances	Fentanyl Cintrate Injection3	Hikma	500 mcg/10 mL SDV 25-bx	00641-6028-25	J3010	No	Yes	Overnight
Controlled Substances	Fentanyl Cintrate Injection3	Hikma	1000 mcg/20 mL SDV 25-bx	00641-6209-01	J3010	No	Yes	Overnight
Controlled Substances	Fentanyl Cintrate Injection3	Hikma	2500 mcg/50 mL SDV 25-bx	00641-6030-01	J3010	No	Yes	Overnight

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Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Controlled Substances	Fentanyl Cintrate Injection[3]	Hikma	200 mcg/20 mL MDV 10-pk	00641-6247-25	J3490	No	Yes	Overnight
Controlled Substances	Lorazepam Injection[3]	Hikma	2 mg/1 mL 25-pk	00641-6044-25	J2060	No	Yes	Overnight
Controlled Substances	Lorazepam Injection[3]	Pfizer	2 mg/1 mL single-dose 10-pk	00409-1985-30	J2060	No	Yes	Overnight
Controlled Substances	Morphine Sulfate Injection[3]	Fresenius Kabi	2 mg/1 mL PFS 10-bx	76045-0004-11	J2270	No	Yes	Overnight
Controlled Substances	Morphine Sulfate Injection[3]	Fresenius Kabi	4 mg/1 mL PFS 10-bx	76045-0005-11	J2270	No	Yes	Overnight
Controlled Substances	NAYZILAM®	UCB, Inc.	5 mg/0.1 mL nasal spray 2-pk	50474-0500-15	J3490	No	No	Overnight
Controlled Substances	VIMPAT®	UCB, Inc.	200 mg/20 mL SDV 10-pk	00131-1810-67	J3490	No	No	Overnight
Controlled Substances	VIMPAT®	UCB, Inc.	50 mg tab 60-btl	00131-2477-35	J8499	No	No	Overnight
Controlled Substances	VIMPAT®	UCB, Inc.	50 mg tab 60-ctn unit dose	00131-2477-60	J8499	No	No	Overnight
Controlled Substances	VIMPAT®	UCB, Inc.	100 mg tab 60-btl	00131-2478-35	J8499	No	No	Overnight
Controlled Substances	VIMPAT®	UCB, Inc.	100 mg tab 60-ctn unit dose	00131-2478-60	J8499	No	No	Overnight
Controlled Substances	VIMPAT®	UCB, Inc.	150 mg tab 60-btl	00131-2479-35	J8499	No	No	Overnight
Controlled Substances	VIMPAT®	UCB, Inc.	150 mg tab 60-ctn unit dose	00131-2479-60	J8499	No	No	Overnight
Controlled Substances	VIMPAT®	UCB, Inc.	200 mg tab 60-btl	00131-2480-35	J8499	No	No	Overnight
Controlled Substances	VIMPAT®	UCB, Inc.	200 mg tab 60-ctn unit dose	00131-2480-60	J8499	No	No	Overnight
Controlled Substances	VIMPAT®	UCB, Inc.	10 mg/200 mL oral solution	00131-5410-72	J8499	No	No	Overnight
2024-2025 COVID-19 Vaccines	Moderna® COVID-19 Vaccine, mRNA[7]	Moderna US, Inc.	0.5 mL PFS 10-pk	80777-0291-80	91322	No	No	Overnight
2024-2025 COVID-19 Vaccines	Spikevax® COVID-19 Vaccine, mRNA7	Moderna US, Inc.	0.5 mL PFS 10-pk	80777-0110-96	91321	No	No	Overnight
2024-2025 COVID-19 Vaccines	Novavax COVID-19 Vaccine, Adjuvanted[8]	Moderna US, Inc.	0.5 mL PFS 10-pk	80631-0107-10	TBD	No	No	Overnight
2024-2025 COVID-19 Vaccines	COMIRNATY® COVID-19 Vaccine, mRNA[9]	Pfizer-BioNTech	0.3 mL PFS 10-pk	00069-2432-10	91320	No	No	Overnight
Dermatology	Adapalene and Benzoyl Peroxide Gel[2], 0.3%/2.5%[4]	Mayne Pharma	45 gm pump	68308-0662-45	TBD	No	No	Overnight
Dermatology	Adapalene Cream, 0.1%	Mayne Pharma	45 gm tube	68308-0706-45	TBD	No	No	Overnight
Dermatology	AKLIEF® Cream, 0.005%[4]	Galderma	45 gm pump	00299-5935-45	J3490	No	No	Overnight
Dermatology	Calcipotriene Foam, 0.005%	Mayne Pharma	60 gm can	51862-0512-60	TBD	No	No	Overnight
Dermatology	CETAPHIL® Daily Facial Cleanser[4]	Galderma	4 oz btl	00299-3927-38	TBD	No	No	Overnight
Dermatology	CETAPHIL® Daily Facial Cleanser[4]	Galderma	8 oz btl	00299-3927-35	TBD	No	No	Overnight
Dermatology	CETAPHIL® Daily Facial Cleanser[4]	Galderma	4.5 oz 3-pk	00299-3923-58	TBD	No	No	Overnight
Dermatology	CETAPHIL® Daily Facial Moisturizer SPF 15[4]	Galderma	4 oz btl	00299-3928-04	TBD	No	No	Overnight
Dermatology	CETAPHIL® Daily Facial Moisturizer SPF 50[4]	Galderma	1.7 oz btl	00299-3930-02	TBD	No	No	Overnight
Dermatology	CETAPHIL®Deep Cleansing Bar[4]	Galderma	4.5 oz 3-pk	00299-3923-61	TBD	No	No	Overnight
Dermatology	CETAPHIL® Gentle Cleansing Bar[4]	Galderma	1.7 oz btl	00299-3930-02	TBD	No	No	Overnight
Dermatology	CETAPHIL® Eczema Flare-Up Relief Cream[4]	Galderma	8 oz tube	00299-4127-00	TBD	No	No	Overnight
Dermatology	CETAPHIL® Eczema Itch Relief Gel[4]	Galderma	2 oz roller	00299-4129-00	TBD	No	No	Overnight
Dermatology	CETAPHIL® Eczema Soothing Moisturizer[4]	Galderma	10 oz btl	00299-4128-00	TBD	No	No	Overnight
Dermatology	CETAPHIL® Facial Cleanser Fragrance Free[4]	Galderma	16 oz btl	00299-3927-40	TBD	No	No	Overnight
Dermatology	CETAPHIL® Gentle Exfoliating SA Lotion[4]	Galderma	8 oz btl	00299-0530-15	TBD	No	No	Overnight
Dermatology	CETAPHIL® Gentle Exfoliating SA Lotion[4]	Galderma	16 oz btl	00299-0530-18	TBD	No	No	Overnight
Dermatology	CETAPHIL® Gentle Exfoliating SA Cleanser[4]	Galderma	8 oz btl	00299-0530-16	TBD	No	No	Overnight
Dermatology	CETAPHIL® Gentle Skin Cleansing Cloths[4]	Galderma	3 oz 25-ct	00299-3934-56	TBD	No	No	Overnight
Dermatology	CETAPHIL® Gentle Skin Cleansing Cloths[4]	Galderma	10-ct	00299-3934-57	TBD	No	No	Overnight
Dermatology	CETAPHIL® Gentle Skin Cleanser[4]	Galderma	4 oz btl	00299-0110-24	TBD	No	No	Overnight
Dermatology	CETAPHIL® Gentle Skin Cleanser[4]	Galderma	8 oz btl	00299-0220-26	TBD	No	No	Overnight
Dermatology	CETAPHIL® Gentle Skin Cleanser[4]	Galderma	16 oz btl	00299-0110-22	TBD	No	No	Overnight
Dermatology	CETAPHIL® Healing Ointment[4]	Galderma	3 oz tube	00299-4116-00	TBD	No	No	Overnight
Dermatology	CETAPHIL® Healing Ointment[4]	Galderma	12 oz jar	00299-4116-10	TBD	No	No	Overnight
Dermatology	CETAPHIL® Hydrating Firming Cream[4]	Galderma	12 oz	00299-0117-10	TBD	No	No	Overnight
Dermatology	CETAPHIL® Hydrating Foaming Cream Cleanser[4]	Galderma	8 oz btl	0299-0117-10	TBD	No	No	Overnight
Dermatology	CETAPHIL® Hydrating Foaming Cream Cleanser[4]	Galderma	16 oz btl	00299-0117-09	TBD	No	No	Overnight
Dermatology	CETAPHIL® Moisturizing Cream[4]	Galderma	3 oz tube	00299-3917-53	TBD	No	No	Overnight
Dermatology	CETAPHIL® Moisturizing Cream[4]	Galderma	16 oz jar	00299-3917-55	TBD	No	No	Overnight
Dermatology	CETAPHIL® Moisturizing Cream (Body/Hand)[4]	Galderma	8.8 oz container	00299-3917-54	TBD	No	No	Overnight
Dermatology	CETAPHIL® Moisturizing Lotion[4]	Galderma	4 oz btl	00299-0241-31	TBD	No	No	Overnight
Dermatology	CETAPHIL® Moisturizing Lotion[4]	Galderma	16 oz btl	00299-0241-36	TBD	No	No	Overnight
Dermatology	CETAPHIL® Moisturizing Lotion (Body/Hand)[4]	Galderma	8 oz btl	00299-0241-37	TBD	No	No	Overnight
Dermatology	CETAPHIL® Oil-Free Facial Moisturizer SPF 35[4]	Galderma	3 oz btl	00299-4113-00	TBD	No	No	Overnight
Dermatology	CETAPHIL® Pro Oil Removing Foam Wash[4]	Galderma	8 oz btl	00299-3931-18	TBD	No	No	Overnight

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Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Dermatology	CETAPHIL® Redness Relieving Daily Facial Moisturizer[4]	Galderma	1.7 oz btl	00299-5889-00	TBD	No	No	Overnight
Dermatology	CETAPHIL® Restoraderm Soothing Wash[4]	Galderma	10 oz	00299-0210-10	TBD	No	No	Overnight
Dermatology	CETAPHIL® Sheer Mnrl Sunscreen SPF 50[4]	Galderma	0.5 oz stick	00299-4108-00	TBD	No	No	Overnight
Dermatology	CETAPHIL® Sheer Mnrl Sunscreen SPF 50[4]	Galderma	1.7 oz btl	00299-4110-00	TBD	No	No	Overnight
Dermatology	CETAPHIL® Sheer Mnrl Sunscreen SPF 50[4]	Galderma	3 oz btl	00299-4122-00	TBD	No	No	Overnight
Dermatology	CETAPHIL® Oil Absorbing Moisturizer SPF 30[4]	Galderma	4 oz btl	00299-4313-04	TBD	No	No	Overnight
Dermatology	CIMZIA®	UCB, Inc.	200 mg PFS kit 2-pk	50474-0710-79	J0717	No	No	Overnight
Dermatology	CIMZIA®	UCB, Inc.	200 mg PFS kit 6-pk	50474-0710-81	J0717	No	No	Overnight
Dermatology	CIMZIA®	UCB, Inc.	200 mg SDV 2-pk	50474-0700-62	J0717	No	No	Overnight
Dermatology	Dapsone Gel 5%	Mayne Pharma	60 gm pump	51862-0123-60	TBD	No	No	Overnight
Dermatology	Dapsone Gel 7.5%	Mayne Pharma	60 gm pump	68308-0342-60	TBD	No	No	Overnight
Dermatology	Dapsone Gel 7.5%	Mayne Pharma	90 gm pump	68308-0342-90	TBD	No	No	Overnight
Dermatology	Differin® Acne Prone Skin Patches[4]	Galderma	36-ct	00299-085108	TBD	No	No	Overnight
Dermatology	Differin® Deep Cleanser 5%[4]	Galderma	4 oz btl	0299-4606-00	TBD	No	No	Overnight
Dermatology	Differin® Cream, 0.1%[4]	Galderma	45 gm tube	00299-5915-45	TBD	No	No	Overnight
Dermatology	Differin® Gel 0.1% (Adapalene)[4]	Galderma	15 gm tube	00299-4910-15	TBD	No	No	Overnight
Dermatology	Differin® Gel 0.1% (Adapalene)[4]	Galderma	45 gm tube	00299-4910-45	TBD	No	No	Overnight
Dermatology	Differin® Adapalene, 0.1%[4]	Galderma	15 gm pump btl	00299-4910-10	TBD	No	No	Overnight
Dermatology	Differin® Adapalene, 0.1%[4]	Galderma	45 gm pump btl	00299-4910-40	TBD	No	No	Overnight
Dermatology	DIFFERIN® Gel, 0.3%[4]	Galderma	45 gm pump	00299-5918-25	TBD	No	No	Overnight
Dermatology	Doryx® MPC	Mayne Pharma	60 mg tab 120-btl	51862-0560-12	TBD	No	No	Overnight
Dermatology	Doxycycline[4]	Mayne Pharma	60 mg capsules 30-btl	68303-0668-30	TBD	No	No	Overnight
Dermatology	Doxycycline Hyclate	Mayne Pharma	80 mg tab 30-btl	51862-0571-30	TBD	No	No	Overnight
Dermatology	Doxycycline Hyclate	Mayne Pharma	200 mg tab 30-btl	68308-0716-30	TBD	No	No	Overnight
Dermatology	EPIDUO® FORTE, 0.3%/2.5%[4]	Galderma	45 gm pump	00299-5906-45	TBD	No	No	Overnight
Dermatology	EPSOLAY® Cream, 5%[4]	Galderma	30 gm pump	00299-5890-30	TBD	No	No	Overnight
Dermatology	FABIOR® Foam, 0.1%	Mayne Pharma	100 gm aluminum can	51862-0295-10	TBD	No	No	Overnight
Dermatology	Halobetasol Propionate Foam, 0.05%	Mayne Pharma	50 gm (0.5 mg/g) aluminum can	51862-0606-50	J3490	No	No	Overnight
Dermatology	Isotretinoin (ABSORICA®)	Mayne Pharma	10 mg capsules 30-ct	68308-0570-30	J8499	No	No	Overnight
Dermatology	Isotretinoin (ABSORICA®)	Mayne Pharma	20 mg capsules 30-ct	68308-0571-30	J8499	No	No	Overnight
Dermatology	Isotretinoin (ABSORICA®)	Mayne Pharma	30 mg capsules 30-ct	68308-0573-30	J8499	No	No	Overnight
Dermatology	Isotretinoin (ABSORICA®)	Mayne Pharma	40 mg capsules 30-ct	68308-0575-30	J8499	No	No	Overnight
Dermatology	Isotretinoin (Accutane®)	Mayne Pharma	10 mg capsules 30-ct	68308-0784-30	J8499	No	No	Overnight
Dermatology	Isotretinoin (Accutane®)	Mayne Pharma	20 mg capsules 30-ct	68308-0783-30	J8499	No	No	Overnight
Dermatology	Isotretinoin (Accutane®)	Mayne Pharma	30 mg capsules 30-ct	68308-0782-30	J8499	No	No	Overnight
Dermatology	Isotretinoin (Accutane®)	Mayne Pharma	40 mg capsules 30-ct	68308-0781-30	J8499	No	No	Overnight
Dermatology	Ivermectin Cream 1%	Mayne Pharma	45 gm tube	00574-2107-45	TBD	No	No	Overnight
Dermatology	Ivermectin Cream 1%	Padagis	45 gm tube	00574-2107-45	TBD	No	No	Overnight
Dermatology	MIRVASO®, 0.33%[4]	Galderma	30 gm pump	00299-5980-35	TBD	No	No	Overnight
Dermatology	ORACEA®[4]	Galderma	40 mg capsules 30-btl	00299-3822-30	TBD	No	No	Overnight
Dermatology	RHOFADE® Oxymetazoline Hydrochloride Cream, 1%	Mayne Pharma	30 gm tube	71403-0003-30	TBD	No	No	Overnight
Dermatology	SOOLANTRA®[2], 1%[4]	Galderma	45 gm tube	00299-3823-45	TBD	No	No	Overnight
Dermatology	SORILUX® Foam, 0.005%[5]	Mayne Pharma	120 gm aluminum can	51862-0376-12	TBD	No	No	Overnight
Dermatology	Tacrolimus Ointment 0.1%	Mayne Pharma	60 gm tube	68308-0703-60	TBD	No	No	Overnight
Dermatology	Tavaborole Topical Solution 5%	Mayne Pharma	10 mL btl	51862-0690-10	TBD	No	No	Overnight
Dermatology	Tazarotene Cream 0.1%	Mayne Pharma	30 gm aluminum tube	68308-0745-30	TBD	No	No	Overnight
Dermatology	Tazarotene Foam 0.1%	Mayne Pharma	50 gm aluminum can	68308-0685-50	TBD	No	No	Overnight
Dermatology	Triamcinolone Acetonide 0.05%	Mayne Pharma	430 gm jar	51862-0290-43	TBD	No	No	Overnight
Dermatology	TRI-LUMA® Cream[4]	Galderma	30 gm tube	00299-5950-30	TBD	No	No	Overnight
Dermatology	TWYNEO® Cream[4]	Galderma	30 gm pump btl	00299-5945-30	J3490	No	No	Overnight
Dermatology	VTAMA® Cream 1%[4]	Dermavant Sciences	60 gm tube	81672-5051-01	J3490	No	Yes	Overnight
Dermatology	WYNZORA® Cream, 0.005%/0.064%	Mayne Pharma	60 gm tube	73499-0001-01	J3490	No	No	Overnight
Dermatology	YCANTH™ (Cantharidin) Topical Solution 0.7%	Verrica Pharmaceuticals Inc.	7 mg/mL applicator 6-ct	71349-0070-06	J7354	Yes	Yes	Overnight
Generic Pharmaceutical	Acetaminophen Injection	B. Braun Medical	500 mg/50 mL	00264-4050-80	J0131	No	Yes	Overnight
Generic Pharmaceutical	Acetaminophen Injection	B. Braun Medical	1000 mg/100 mL	00264-4100-90	J0131	No	Yes	Overnight
Generic Pharmaceutical	Amiodarone HCl[3]	Hikma	150 mg/3 mL 25-pk	00143-9875-25	J0282	No	Yes	Overnight

Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Generic Pharmaceutical	Artesunate for Injection[4]	Amivas(US) LLC	110 mg SDV 2-pk	73607-0011-11	J3490	Yes	No	Overnight
Generic Pharmaceutical	Atropine Sulfate[3]	International Medication Systems	1 mg/10 mL 10-pk	76329-3340-01	J0461	No	Yes	Overnight
Generic Pharmaceutical	Bumetanide Injection[3]	Fresenius Kabi	1 mg/4 mL SDV 10-pk	65210-0570-04	TBD	No	Yes	Overnight
Generic Pharmaceutical	Bumetanide Injection[3]	Fresenius Kabi	2.5 mg/10 mL SDV 10-pk	65219-0570-10	TBD	No	Yes	Overnight
Generic Pharmaceutical	Caffeine Citrate Oral Solution[4]	Exela Pharma Sciences	60 mg/3 mL SUV 10-pk	51754-0501-03	J8499	TBD	Yes	Overnight
Generic Pharmaceutical	Calcium Chloride[3]	International Medication Systems	1000 mg/10 mL SDS 10-pk	76329-3304-01	J3490	No	Yes	Overnight
Generic Pharmaceutical	Calcitonin Salmon	Leucadia Pharmaceuticals	2 mL MDV	24201-0400-02	J0630	Yes	Yes	Overnight
Generic Pharmaceutical	Cefazolin Injection[3]	Apotex	1 gm/10 mL 25-pk	60505-6142-05	J0690	No	Yes	Overnight
Generic Pharmaceutical	Cefazolin Injection[3]	Apotex	2 gm/20 mL 25-pk	60505-6231-05	J0690	No	Yes	Overnight
Generic Pharmaceutical	Cefazolin Injection[3]	Apotex	10 gm/100 mL 10-pk	60505-6143-04	J0690	No	Yes	Overnight
Generic Pharmaceutical	Cefazolin in DUPLEX® Container	B. Braun Medical	1 gm/50 mL	00264-3103-11	J0690	No	Yes	Overnight
Generic Pharmaceutical	Cefoxitin in DUPLEX® Container	B. Braun Medical	2 gm/50 mL	00264-3105-11	J0690	No	Yes	Overnight
Generic Pharmaceutical	Cefepime Injection[3]	Apotex	1 gm/20 mL	60505-6146-00	J0692	No	Yes	Overnight
Generic Pharmaceutical	Cefepime Injection[3]	Apotex	2 gm/20 mL	60505-6147-00	J0692	No	Yes	Overnight
Generic Pharmaceutical	Cefepime Injection[3]	Apotex	1 gm/20 mL 10-bx	60505-6146-04	J0692	No	Yes	Overnight
Generic Pharmaceutical	Cefepime Injection[3]	Apotex	2 gm/ 20 mL 10-bx	60505-6147-04	J0692	No	Yes	Overnight
Generic Pharmaceutical	Cefepime in DUPLEX® Container	B. Braun Medical	1 gm/50 mL	00264-3193-11	J0692	No	Yes	Overnight
Generic Pharmaceutical	Cefepime in DUPLEX® Container	B. Braun Medical	2 gm/50 mL	00264-3195-11	J0692	No	Yes	Overnight
Generic Pharmaceutical	Cefoxitin in DUPLEX® Container	B. Braun Medical	1 gm/50 mL	00264-3123-11	J0694	No	Yes	Overnight
Generic Pharmaceutical	Cefoxitin in DUPLEX® Container	B. Braun Medical	2 gm/50 mL	00264-3125-11	J0694	No	Yes	Overnight
Generic Pharmaceutical	Ceftriaxone Injection[3]	Apotex	1 gm/20 mL 10-pk	60505-6148-04	J0696	No	Yes	Overnight
Generic Pharmaceutical	Ceftriaxone Injection[3]	Apotex	2 gm/20 mL 10-pk	60505-6149-04	J0696	No	Yes	Overnight
Generic Pharmaceutical	Ceftriaxone Injection[3]	Apotex	250 mg/10 mL 10-pk	60505-6151-01	J0696	No	Yes	Overnight
Generic Pharmaceutical	Ceftriaxone Injection[3]	Apotex	250 mg/10 mL	60505-6151-04	J0696	No	Yes	Overnight
Generic Pharmaceutical	Ceftriaxone Injection[3]	Apotex	500 mg/10 mL	60505-6152-04	J0696	No	Yes	Overnight
Generic Pharmaceutical	Ceftriaxone Injection[3]	Apotex	500 mg/10 mL 10-pk	60505-6152-01	J0696	No	Yes	Overnight
Generic Pharmaceutical	Ceftriaxone in DUPLEX® Container	B. Braun Medical	1 gm/50 mL	00264-3153-11	J0696	No	Yes	Overnight
Generic Pharmaceutical	Ceftriaxone in DUPLEX® Container	B. Braun Medical	2 gm/50 mL	00264-3155-11	J0696	No	Yes	Overnight
Generic Pharmaceutical	Chloroquine Phosphate	Rising Pharma	250 mg 50-btl	64980-0177-50	TBD	No	No	Overnight
Generic Pharmaceutical	Chloroquine Phosphate	Rising Pharma	500 mg 25-btl	64980-0178-02	TBD	No	No	Overnight
Generic Pharmaceutical	Cupic Chloride Injection[3]	Exela Pharma Sciences	4 mg/10 mL vial 25-ctn	51754-0103-04	J3490	No	Yes	Overnight
Generic Pharmaceutical	Dexmedetomidine HCl 0.9% Sodium Chloride Injection[3]	Baxter	400 mcg/100 mL 12 bags	00338-9557-12	J3490	No	Yes	Overnight
Generic Pharmaceutical	Dexmedetomidine HCl 0.9% Sodium Chloride Injection[3]	Baxter	200 mcg/50 mL 24 bags	00338-9555-24	J3490	No	Yes	Overnight
Generic Pharmaceutical	Dextrose 50%[3]	International Medication Systems	25 gm/50 mL 10-ctn	76329-3302-01	J3490	No	Yes	Overnight
Generic Pharmaceutical	Diltiazem HCl Injection[4]	Hikma	125 mg/25 mL 10-pk	00641-6015-10	J3490	No	No	Overnight
Generic Pharmaceutical	Diclofenac Epolamine Topical System 1.3%	Yaral Pharma	30 ct	82347-0405-05	TBD	No	No	Overnight
Generic Pharmaceutical	Diphenhydramine HCl[3]	Fresenius Kabi	50 mg/mL PFS 24-pk	76045-0102-10	J1200	TBD	Yes	Overnight
Generic Pharmaceutical	Diphenhydramine HCl[3]	Fresenius Kabi	50 mg/mL SDV 25-pk	63323-0664-01	J1200	TBD	Yes	Overnight
Generic Pharmaceutical	Epinephrine[4]	International Medication Systems	1 mg/10 mL PFS 10-pk	76329-3318-01	J0171	No	Yes	Overnight
Generic Pharmaceutical	Fosfomycin Tromethamine	Zambon	3 gm	82036-4274-01	TBD	No	TBD	Overnight
Generic Pharmaceutical	Glucagon Emergency Kit	Amphastar Pharma	1 mg/1 mL SDV	00548-5850-00	J1610	No	Yes	Overnight
Generic Pharmaceutical	Heparin Sodium in 0.45% Sodium Chloride Injection[3]	Amphastar Pharma	250 mL single dose freeflex® bag 24-pk	63323-0517-74	J1644	No	Yes	Overnight
Generic Pharmaceutical	Heparin Sodium in 0.45% Sodium Chloride Injection[3]	Fresenius Kabi	500 mL single dose freeflex® bag 24-pk	63323-0518-77	J1644	No	Yes	Overnight
Generic Pharmaceutical	Heparin Sodium in 5% Dextrose Injection[4]	Fresenius Kabi	250 mL single dose freeflex® bag 24-pk	63323-0523-74	J1644	No	Yes	Overnight
Generic Pharmaceutical	Heparin Sodium in 5% Dextrose Injection[4]	Fresenius Kabi	500 mL single dose freeflex® bag 24-pk	63323-0522-77	J1644	No	Yes	Overnight
Generic Pharmaceutical	Heparin Sodium Injection	Techdow USA	50,000 U/1 mL MDV 25-bx	81952-0111-06	J1644	No	No	Overnight
Generic Pharmaceutical	Heparin Sodium Injection	Techdow USA	1,000 U/1 mL MDV 25-bx	81952-0112-06	J1644	No	No	Overnight
Generic Pharmaceutical	Heparin Sodium Injection	Techdow USA	10,000 U/10 mL MDV 25-bx	81952-0112-09	J1644	No	No	Overnight
Generic Pharmaceutical	Heparin Sodium Injection	Techdow USA	30,000 U/30 mL MDV 25-bx	81952-0112-10	J1644	No	No	Overnight
Generic Pharmaceutical	Heparin Sodium Injection	Techdow USA	10,000 U/1 mL MDV 25-bx	81952-0113-06	J1644	No	No	Overnight
Generic Pharmaceutical	Heparin Sodium Injection	Techdow USA	50,000 U/5 mL MDV 25-bx	81952-0113-08	J1644	No	No	Overnight
Generic Pharmaceutical	Heparin Sodium Injection	Techdow USA	2,000 U/2 mL MDV 25-bx	81952-0115-07	J1644	No	No	Overnight
Generic Pharmaceutical	Heparin Sodium Injection	Techdow USA	20,000 U/1 mL MDV 25-bx	81952-0116-06	J1644	No	No	Overnight
Generic Pharmaceutical	Labetalol[3]	Pfizer	20 mg/4 mL 10-pk	00409-2339-34	J3490	No	Yes	Overnight
Generic Pharmaceutical	Lanreotide Injection	Cipla	120 mg/0.5 mL	69097-0870-67	J1932	TBD	Yes	Overnight
Generic Pharmaceutical	Lidocaine[3]	International Medication Systems	2% HCl 100 mg 5 mL (20 mg/mL) PFS	76329-3390-01	J3490	No	Yes	Overnight
Generic Pharmaceutical	Lidocaine HCl Inj 1%	Sintetica US	20 mg/2 mL (10 mg/mL) single-dose ampule 10-pk	83090-0001-10	J2003	No	Yes	Overnight

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Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Generic Pharmaceutical	Lidocaine HCl Inj 1%	Sintetica US	50 mg/5 mL (10 mg/mL) single-dose ampule 10-pk	83090-0002-10	J2003	No	Yes	Overnight
Generic Pharmaceutical	Lidocaine HCl Inj 1%	Sintetica US	100 mg/10 mL (10 mg/mL) single-dose ampule 10-pk	83090-0003-10	J2003	No	Yes	Overnight
Generic Pharmaceutical	Lidocaine HCl Inj 2%	Sintetica US	40 mg/2 mL (20 mg/mL) single-dose ampule 10-pk	83090-0004-10	J2003	No	Yes	Overnight
Generic Pharmaceutical	Lidocaine HCl Inj 2%	Sintetica US	100 mg/5 mL (20 mg/mL) single-dose ampule 10-pk	83090-0005-10	J2003	No	Yes	Overnight
Generic Pharmaceutical	Lidocaine HCl Inj 2%	Sintetica US	200 mg/10 mL (20 mg/mL) single-dose ampule 10-pk	83090-0006-10	J2003	No	Yes	Overnight
Generic Pharmaceutical	Lidocaine HCl Inj 4%	Sintetica US	200 mg/5 mL (40 mg/mL) single-dose ampule 10-pk	83090-0007-10	J2003	No	Yes	Overnight
Generic Pharmaceutical	Meropenem in DUPLEX® Container	B. Braun Medical	500 mg/50 mL	00264-3183-11	J2185	No	Yes	Overnight
Generic Pharmaceutical	Meropenem in DUPLEX® Container	B. Braun Medical	1 gm/50 mL	00264-3185-11	J2185	No	Yes	Overnight
Generic Pharmaceutical	Methylprednisolone Acetate[3]	Amneal Pharmaceuticals	40 mg/mL SDV	70121-1573-01	J1030	No	No	Overnight
Generic Pharmaceutical	Methylprednisolone Acetate[3]	Amneal Pharmaceuticals	40 mg/mL SDV 25-ctn	70121-1573-05	J1030	No	No	Overnight
Generic Pharmaceutical	Methylprednisolone Acetate[3]	Amneal Pharmaceuticals	80 mg/mL SDV	70121-1574-05	J1040	No	No	Overnight
Generic Pharmaceutical	Methylprednisolone Acetate[3]	Amneal Pharmaceuticals	80 mg/mL SDV 25-ctn	70121-1574-05	J1040	No	No	Overnight
Generic Pharmaceutical	Methylene Blue Injection 1%	BPI Labs, LLC	10 mL vial	54288-0147-01	Q9968	No	Yes	Overnight
Generic Pharmaceutical	Metoprolol[3]	Baxter	5 mg/5 mL SDV 10-pk	36000-0033-10	J3490	TBD	Yes	Overnight
Generic Pharmaceutical	Phytonadione[3]	International Medication Systems	0.5 mL (1 mg/0.5 mL) PFS 10-pk	76329-1240-01	J3430	No	Yes	Overnight
Generic Pharmaceutical	Potassium Acetate Injection[3]	Exela Pharma Sciences	40 MEQ/20 mL 25-ct	51754-2001-04	J3490	No	Yes	Overnight
Generic Pharmaceutical	Potassium Acetate Injection[3]	Exela Pharma Sciences	100 mL Glass Vial 25-ctn	51754-2004-04	J3490	No	Yes	Overnight
Generic Pharmaceutical	Potassium Chloride EXCEL® Container	B. Braun Medical	2 MEQ/250 mL	00264-1944-20	J3480	No	Yes	Overnight
Generic Pharmaceutical	Potassium Phosphate Injection	Amneal	5 mL 5-pk	80830-1693-03	J3480	No	Yes	Overnight
Generic Pharmaceutical	Potassium Phosphate Injection	Amneal	15 mL 10-pk	80830-1691-02	J3480	No	Yes	Overnight
Generic Pharmaceutical	Potassium Phosphate Injection	Amneal	50 mL 10-pk	80830-1692-02	J3480	No	Yes	Overnight
Generic Pharmaceutical	Pyrimethamine	Alvogen	25 mg tab100-ct	47781-0925-01	J3490	No	Yes	Overnight
Generic Pharmaceutical	Pyrimethamine	Alvogen	25 mg tab30-ct	47781-0925-30	J3490	No	Yes	Overnight
Generic Pharmaceutical	Regadenoson Injection	International Medication Systems	0.4 mg/5 mL PFS	76329-3321-00	J2785	No	Yes	Overnight
Generic Pharmaceutical	Rocuronium Bromide Injection	Almaject	50 mg/5 mL	72611-0756-10	J3490	No	No	Overnight
Generic Pharmaceutical	Sodium Bicarbonate[3]	Exela Pharma Sciences	8.4% 50 mL SDV 25-pk	51754-5001-04	J3490	No	Yes	Overnight
Generic Pharmaceutical	Sodium Bicarbonate[3]	International Medication Systems	8.4% 50 mL PFS 10-pk	76329-3352-01	J3490	No	Yes	Overnight
Generic Pharmaceutical	Sodium Chloride 0.9%[3]	Pfizer	20 mL SDV 25-pk	00409-4888-20	A4216	No	Yes	Overnight
Generic Pharmaceutical	Sodium Chloride 0.9%[3]	Pfizer	50 mL SDV 25-pk	00409-4888-50	A4216	No	Yes	Overnight
Generic Pharmaceutical	Sodium Chloride 0.9%[3]	Pfizer	50 mL SDV 25-pk	00409-4888-50	A4216	No	Yes	Overnight
Generic Pharmaceutical	Sodium Phenylacetate & Sodium Benzoate	Zydus	50 mL SDV	68382-0396-01	J3490	No	Yes	Overnight
Generic Pharmaceutical	Sodium Tetradecyl Sulfate 3%	Leucadia Pharmaceuticals	2 mL 5-pk	24201-0201-05	J3490	Yes	Yes	Overnight
Generic Pharmaceutical	Sulfamethoxazole and Trimethoprim[3]	Somerset	5 mL	70069-0361-10	J3490	No	Yes	Overnight
Generic Pharmaceutical	Sulfamethoxazole and Trimethoprim[3]	Somerset	10 mL	70069-0362-10	J3490	No	Yes	Overnight
Generic Pharmaceutical	Sulfamethoxazole and Trimethoprim[3]	Somerset	30 mL	70069-0363-01	J3490	No	Yes	Overnight
Generic Pharmaceutical	Thiamine HCl[3]	Fresenius Kabi	200 mg/2 mL MDV 25-pk	63323-0013-02	J3411	No	Yes	Overnight
Generic Pharmaceutical	Tranexamic Acid in 0.7% Sodium Chloride[2]	Exela Pharma Sciences	1000 mg/100 mL Single Dose IV Bag	51754-0108-03	J3490	TBD	Yes	Overnight
Generic Pharmaceutical	Treprostinil	Par Pharmaceutical	1 mg/mL (20 mL)	42023-0206-01	J8499	No	Yes	Overnight
Generic Pharmaceutical	Treprostinil	Par Pharmaceutical	2.5 mg/mL (20 mL)	42023-0207-01	J8499	No	Yes	Overnight
Generic Pharmaceutical	Treprostinil	Par Pharmaceutical	5 mg/mL (20 mL)	42023-0208-01	J8499	No	Yes	Overnight
Generic Pharmaceutical	Treprostinil	Par Pharmaceutical	10 mg/mL (20 mL)	42023-0209-01	J8499	No	Yes	Overnight
Generic Pharmaceutical	Vancomycin[1]	Fresenius Kabi	5 gm SDV 1-pk	63323-0295-61	J3370	No	Yes	Overnight
Generic Pharmaceutical	Vancomycin[1]	Fresenius Kabi	10 gm SDV 1-pk	63323-0314-61	J3370	No	Yes	Overnight
Generic Pharmaceutical	Verapamil HCl Injection[2]	Exela Pharma Sciences	5 mg/2 mL SDV 5-pk	51754-0203-02	J3490	TBD	Yes	Overnight
Generic Pharmaceutical	Verapamil HCl Injection[2]	Exela Pharma Sciences	5 mg/2 mL SDV 25-pk	51754-0203-04	J3490	TBD	Yes	Overnight
Generic Pharmaceutical	Verapamil HCl Injection[2]	Exela Pharma Sciences	5 mg/2 mL SDV 25-pk	51754-0204-04	J3490	TBD	Yes	Overnight
Generic Pharmaceutical	Zinc Chloride Injection[3]	Exela Pharma Sciences	10 mg/10 mL (1 mg/1 mL) SDV 25-pk	51754-0102-04	J3490	No	Yes	Overnight
Hyperimmune Globulin	BabyBIG®	CA Department of Public Health	100 mg vial	68403-1100-06	—	No	No	Overnight
Hyperimmune Globulin	Cytogam®	Kamada Ltd.	2.5 gm vial	49591-0532-51	J0850	Yes	Yes	Overnight
Hyperimmune Globulin	HepaGam B®	Kamada Ltd.	1 mL vial	49591-0052-51	J1571/J1573	Yes	Yes	Overnight
Hyperimmune Globulin	HepaGam B®	Kamada Ltd.	5 mL vial	70257-0051-51	J1571/J1573	Yes	Yes	Overnight
Hyperimmune Globulin	HyperHEP® B	Grifols	0.5 mL syringe	13533-0636-03	90371	No	Yes	Overnight
Hyperimmune Globulin	HyperHEP® B	Grifols	1 mL vial	13533-0636-01	90371	No	Yes	Overnight
Hyperimmune Globulin	HyperHEP® B	Grifols	5 mL vial	13533-0636-05	90371	No	Yes	Overnight
Hyperimmune Globulin	HyperRAB®	Grifols	1 mL 300 IU/mL vial	13533-0318-01	90375	Yes	Yes	Overnight
Hyperimmune Globulin	HyperRAB®	Grifols	3 mL 300 IU/mL vial	13533-0318-03	90375	Yes	Yes	Overnight
Hyperimmune Globulin	HyperRAB®	Grifols	5 mL 300 IU/mL vial	13533-0318-05	90375	Yes	Yes	Overnight
Hyperimmune Globulin	HyperRHO® S/D Full Dose	Grifols	1500 IU (300 mcg) PFS	13533-0631-02	J2790	No	Yes	Overnight

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Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Hyperimmune Globulin	HyperRHO® S/D Full Dose	Grifols	1500 IU (300 mcg) PFS 10-pk	13533-0631-11	J2790	No	Yes	Overnight
Hyperimmune Globulin	HyperRHO® S/D Mini-Dose	Grifols	250 IU (50 mcg) PFS 10-pk	13533-0661-06	J2788	No	Yes	Overnight
Hyperimmune Globulin	HyperTET®	Grifols	250 unit syringe	13533-0634-02	J1670	No	Yes	Overnight
Hyperimmune Globulin	KEDRAB™	Kedrion	2 mL 300 IU/mL vial	76125-0150-02	90377	Yes	Yes	Overnight
Hyperimmune Globulin	KEDRAB™	Kedrion	10 mL 1500 IU/mL vial	76125-0150-10	90377	Yes	Yes	Overnight
Hyperimmune Globulin	Nabi-HB®	ADMA Biologics	1 mL SDV	69800-4202-01	90371	Yes	Yes	Overnight
Hyperimmune Globulin	Nabi-HB®	ADMA Biologics	5 mL SDV	69800-4203-01	90371	Yes	Yes	Overnight
Hyperimmune Globulin	RhoGAM®	Kedrion	300 ugm/1 mL syringe	00562-7805-01	J2790	Yes	Yes	Overnight
Hyperimmune Globulin	RhoGAM®	Kedrion	300 ugm/ 1 mL syringe 5-pk	00562-7805-05	J2790	Yes	Yes	Overnight
Hyperimmune Globulin	RhoGAM®	Kedrion	300 ugm/ 1 mL syringe 25-pk	00562-7805-25	J2790	Yes	Yes	Overnight
Hyperimmune Globulin	Rhophylac®	CSL Behring	300 mcg syringe	44206-0300-01	J2791	Yes	Yes	Overnight
Hyperimmune Globulin	Rhophylac®	CSL Behring	300 mcg syringe 10-pk	44206-0300-10	J2791	Yes	Yes	Overnight
Hyperimmune Globulin	Thymoglobulin®	Sanofi	25 mg vial	58468-0080-01	J7511	No	Yes	Overnight
Hyperimmune Globulin	VARIZIG®	Kamada Ltd.	125 unit vial	70257-0126-51	90396	Yes	Yes	Overnight
Hyperimmune Globulin	WinRho® SDF	Kamada Ltd.	1500 IU 300 mcg vial	49591-0330-51	J2792	No	Yes	Overnight
Hyperimmune Globulin	WinRho® SDF	Kamada Ltd.	5000 IU 1000 mcg vial	70257-0310-51	J2792	No	Yes	Overnight
Hyperimmune Globulin	ALYGLO 10%[4]	GC Biopharma	5 gm/50 mL SDV	61476-0104-05	J1599	No	Yes	Overnight
Hyperimmune Globulin	ALYGLO 10%[4]	GC Biopharma	10 gm/100 mL SDV	61476-0104-10	J1599	No	Yes	Overnight
Hyperimmune Globulin	ALYGLO 10%[4]	GC Biopharma	20 gm/200 mL SDV	61476-0104-20	J1599	No	Yes	Overnight
Immune Globulin	ASCENIV 10%[4]	ADMA Biologics	5 mg/50 mL vial	69800-0250-01	J1554	No	Yes	Overnight
Immune Globulin	BIVIGAM 10%[4]	ADMA Biologics	5 mg/50 mL vial	69800-6502-01	J1556	No	Yes	Overnight
Immune Globulin	BIVIGAM 10%[4]	ADMA Biologics	10 gm/100 mL vial	69800-6503-01	J1556	No	Yes	Overnight
Immune Globulin	CUTAQUIG® 16.5%[4]	Octapharma	1 gm vial	68982-0810-01	J1551	No	Yes	Overnight
Immune Globulin	CUTAQUIG® 16.5%[4]	Octapharma	2 gm vial	68982-0810-03	J1551	No	Yes	Overnight
Immune Globulin	CUTAQUIG® 16.5%[4]	Octapharma	4 gm vial	68982-0810-05	J1551	No	Yes	Overnight
Immune Globulin	CUTAQUIG® 16.5%[4]	Octapharma	8 gm vial	68982-0810-06	J1551	No	Yes	Overnight
Immune Globulin	CUTAQUIG® 16.5%[4]	Pfizer	1 gm vial	00069-1061-02	J1551	No	Yes	Overnight
Immune Globulin	CUTAQUIG® 16.5%[4]	Pfizer	2 gm vial	00069-1476-02	J1551	No	Yes	Overnight
Immune Globulin	CUTAQUIG® 16.5%[4]	Pfizer	4 gm vial	00069-1509-02	J1551	No	Yes	Overnight
Immune Globulin	CUTAQUIG® 16.5%[4]	Pfizer	8 gm vial	00069-1965-02	J1551	No	Yes	Overnight
Immune Globulin	GamaSTAN®	Grifols	2 mL vial	13533-0335-04	J1560	No	Yes	Overnight
Immune Globulin	GamaSTAN®	Grifols	10 mL vial	13533-0335-12	J1560	No	Yes	Overnight
Immune Globulin	GAMMAGARD LIQUID® 10%	Takeda Pharmaceuticals	1 gm vial	00944-2700-02	J1569	Yes	Yes	Overnight
Immune Globulin	GAMMAGARD LIQUID® 10%	Takeda Pharmaceuticals	2.5 gm vial	00944-2700-03	J1569	Yes	Yes	Overnight
Immune Globulin	GAMMAGARD LIQUID® 10%	Takeda Pharmaceuticals	5 gm vial	00944-2700-04	J1569	Yes	Yes	Overnight
Immune Globulin	GAMMAGARD LIQUID® 10%	Takeda Pharmaceuticals	10 gm vial	00944-2700-05	J1569	Yes	Yes	Overnight
Immune Globulin	GAMMAGARD LIQUID® 10%	Takeda Pharmaceuticals	20 gm vial	00944-2700-06	J1569	Yes	Yes	Overnight
Immune Globulin	GAMMAGARD LIQUID® 10%	Takeda Pharmaceuticals	30 gm vial	00944-2700-07	J1569	Yes	Yes	Overnight
Immune Globulin	GAMMAGARD® S/D 5% <1 µg/mL IgA	Takeda Pharmaceuticals	5 gm vial	00944-2656-03	J1566	Yes	No	Overnight
Immune Globulin	GAMMAGARD® S/D 5% <1 µg/mL IgA	Takeda Pharmaceuticals	10 gm vial	00944-2658-04	J1566	Yes	No	Overnight
Immune Globulin	GAMMAKED™ 10%[4]	Kedrion	5 gm vial	76125-0900-50	J1561	No	Yes	Overnight
Immune Globulin	GAMMAKED™ 10%[4]	Kedrion	10 gm vial	76125-0900-10	J1561	No	Yes	Overnight
Immune Globulin	GAMMAKED™ 10%[4]	Kedrion	20 gm vial	76125-0900-20	J1561	No	Yes	Overnight
Immune Globulin	Gammaplex® 10%[4]	BPL	5 gm vial	64208-8235-05	J1557	No	Yes	Overnight
Immune Globulin	Gammaplex® 10%[4]	BPL	10 gm vial	64208-8235-06	J1557	No	Yes	Overnight
Immune Globulin	Gammaplex® 10%[4]	BPL	20 gm vial	64208-8235-07	J1557	No	Yes	Overnight
Immune Globulin	Gammaplex® 5%[4]	BPL	5 gm vial	64208-8234-06	J1557	No	Yes	Overnight
Immune Globulin	Gammaplex® 5%[4]	BPL	10 gm vial	64208-8234-07	J1557	No	Yes	Overnight
Immune Globulin	Gammaplex® 5%[4]	BPL	20 gm vial	64208-8234-08	J1557	No	Yes	Overnight
Immune Globulin	GAMUNEX®-C 10%	Grifols	1 gm vial	13533-0800-12	J1561	Yes	Yes	Overnight
Immune Globulin	GAMUNEX®-C 10%	Grifols	2.5 gm vial	13533-0800-15	J1561	Yes	Yes	Overnight
Immune Globulin	GAMUNEX®-C 10%	Grifols	5 gm vial	13533-0800-20	J1561	Yes	Yes	Overnight
Immune Globulin	GAMUNEX®-C 10%	Grifols	10 gm vial	13533-0800-71	J1561	Yes	Yes	Overnight
Immune Globulin	GAMUNEX®-C 10%	Grifols	20 gm vial	13533-0800-24	J1561	Yes	Yes	Overnight
Immune Globulin	GAMUNEX®-C 10%	Grifols	40 gm vial	13533-0800-40	J1561	Yes	Yes	Overnight
Immune Globulin	Hizentra® 20%	CSL Behring	1 gm vial	44206-0451-01	J1559	Yes	Yes	Overnight
Immune Globulin	Hizentra® 20%	CSL Behring	2 gm vial	44206-0452-02	J1559	Yes	Yes	Overnight

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Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Immune Globulin	Hizentra® 20%	CSL Behring	4 gm vial	44206-0454-04	J1559	Yes	Yes	Overnight
Immune Globulin	Hizentra® 20%	CSL Behring	10 gm vial	44206-0455-10	J1559	Yes	Yes	Overnight
Immune Globulin	Hizentra® 20%	CSL Behring	1 gm PFS	44206-0456-21	J1559	Yes	Yes	Overnight
Immune Globulin	Hizentra® 20%	CSL Behring	2 gm PFS	44206-0457-22	J1559	Yes	Yes	Overnight
Immune Globulin	Hizentra® 20%	CSL Behring	4 gm PFS	44206-0458-24	J1559	Yes	Yes	Overnight
Immune Globulin	HYQVIA® 10%[4]	Takeda Pharmaceuticals	2.5 gm vial	00944-2510-02	J1575	No	Yes	Overnight
Immune Globulin	HYQVIA® 10%[4]	Takeda Pharmaceuticals	5 gm vial	00944-2511-02	J1575	No	Yes	Overnight
Immune Globulin	HYQVIA® 10%[4]	Takeda Pharmaceuticals	10 gm vial	00944-2512-02	J1575	No	Yes	Overnight
Immune Globulin	HYQVIA® 10%[4]	Takeda Pharmaceuticals	20 gm vial	00944-2513-02	J1575	No	Yes	Overnight
Immune Globulin	HYQVIA® 10%[4]	Takeda Pharmaceuticals	30 gm vial	00944-2514-02	J1575	No	Yes	Overnight
Immune Globulin	Octagam® 10%	Octapharma	2 gm vial	68982-0850-01	J1568	Yes	Yes	Overnight
Immune Globulin	Octagam® 10%	Octapharma	5 gm vial	68982-0850-02	J1568	Yes	Yes	Overnight
Immune Globulin	Octagam® 10%	Octapharma	10 gm vial	68982-0850-03	J1568	Yes	Yes	Overnight
Immune Globulin	Octagam® 10%	Octapharma	20 gm vial	68982-0850-04	J1568	Yes	Yes	Overnight
Immune Globulin	Octagam® 10%	Octapharma	30 gm vial	68982-0850-05	J1568	Yes	Yes	Overnight
Immune Globulin	Octagam® 10%	Pfizer	2 gm vial	00069-6002-02	J1568	No	No	Overnight
Immune Globulin	Octagam® 10%	Pfizer	5 gm vial	00069-6550-02	J1568	No	No	Overnight
Immune Globulin	Octagam® 10%	Pfizer	10 gm vial	00069-6111-02	J1568	No	No	Overnight
Immune Globulin	Octagam® 10%	Pfizer	20 gm vial	00069-6237-02	J1568	No	No	Overnight
Immune Globulin	Octagam® 10%	Pfizer	30 gm vial	00069-6339-02	J1568	No	No	Overnight
Immune Globulin	Octagam® 5%	Octapharma	1 gm vial	68982-0840-01	J1568	Yes	Yes	Overnight
Immune Globulin	Octagam® 5%	Octapharma	2.5 gm vial	68982-0840-02	J1568	Yes	Yes	Overnight
Immune Globulin	Octagam® 5%	Octapharma	5 gm vial	68982-0840-03	J1568	Yes	Yes	Overnight
Immune Globulin	Octagam® 5%	Octapharma	10 gm vial	68982-0840-04	J1568	Yes	Yes	Overnight
Immune Globulin	Octagam® 5%	Pfizer	1 gm vial	00069-8400-02	J1568	No	No	Overnight
Immune Globulin	Octagam® 5%	Pfizer	2.5 gm vial	00069-8425-02	J1568	No	No	Overnight
Immune Globulin	Octagam® 5%	Pfizer	5 gm vial	00069-8451-02	J1568	No	No	Overnight
Immune Globulin	Octagam® 5%	Pfizer	10 gm vial	00069-8476-02	J1568	No	No	Overnight
Immune Globulin	PANZYGA® 10%[4]	Octapharma	2.5 gm vial	68982-0822-02	J1576	No	Yes	Overnight
Immune Globulin	PANZYGA® 10%[4]	Octapharma	5 gm vial	68982-0822-03	J1576	No	Yes	Overnight
Immune Globulin	PANZYGA® 10%[4]	Octapharma	10 gm vial	68982-0822-04	J1576	No	Yes	Overnight
Immune Globulin	PANZYGA® 10%[4]	Octapharma	20 gm vial	68982-0822-05	J1576	No	Yes	Overnight
Immune Globulin	PANZYGA® 10%[4]	Octapharma	30 gm vial	68982-0822-06	J1576	No	Yes	Overnight
Immune Globulin	PANZYGA® 10%[4]	Pfizer	2.5 gm vial	00069-1109-02	J1576	No	Yes	Overnight
Immune Globulin	PANZYGA® 10%[4]	Pfizer	5 gm vial	00069-1224-02	J1576	No	Yes	Overnight
Immune Globulin	PANZYGA® 10%[4]	Pfizer	10 gm vial	00069-1312-02	J1576	No	Yes	Overnight
Immune Globulin	PANZYGA® 10%[4]	Pfizer	20 gm vial	00069-1415-02	J1576	No	Yes	Overnight
Immune Globulin	PANZYGA® 10%[4]	Pfizer	30 gm vial	00069-1558-02	J1576	No	Yes	Overnight
Immune Globulin	Privigen® 10%	CSL Behring	5 gm vial	44206-0436-05	J1459	Yes	Yes	Overnight
Immune Globulin	Privigen® 10%	CSL Behring	10 gm vial	44206-0437-10	J1459	Yes	Yes	Overnight
Immune Globulin	Privigen® 10%	CSL Behring	20 gm vial	44206-0438-20	J1459	Yes	Yes	Overnight
Immune Globulin	Privigen® 10%	CSL Behring	40 gm vial	44206-0439-40	J1459	Yes	Yes	Overnight
Immune Globulin	XEMBIFY® 20%[4]	Grifols	1 gm vial	13533-0810-05	J1558	No	Yes	Overnight
Immune Globulin	XEMBIFY® 20%[4]	Grifols	2 gm vial	13533-0810-10	J1558	No	Yes	Overnight
Immune Globulin	XEMBIFY® 20%[4]	Grifols	4 gm vial	13533-0810-20	J1558	No	Yes	Overnight
Immune Globulin	XEMBIFY® 20%[4]	Grifols	10 gm vial	13533-0810-50	J1558	No	Yes	Overnight
Influenza Vaccine 2024-25	Afluria® Trivalent	CSL Seqirus	0.5 mL PFS 10-bx	33332-0024-03	90685	No	No	Overnight
Influenza Vaccine 2024-25	Afluria® Trivalent	CSL Seqirus	5 mL MDV	33332-0124-10	90685	No	No	Overnight
Influenza Vaccine 2024-25	Fluad® Trivalent	CSL Seqirus	0.5 mL PFS 10-bx	70461-0024-03	90694	No	No	Overnight
Influenza Vaccine 2024-25	FLUARIX® Trivalent	GSK	0.5 mL PFS 10-bx	58160-0884-52	90686	No	No	Overnight
Influenza Vaccine 2024-25	Flublok® Trivalent	Sanofi	0.5 mL PFS 10-bx	49281-0724-10	90682	No	No	Overnight
Influenza Vaccine 2024-25	Flucelvax® Trivalent	CSL Seqirus	0.5 mL PFS 10-bx	70461-0654-03	90674	No	No	Overnight
Influenza Vaccine 2024-25	Flucelvax® Trivalent	CSL Seqirus	5 mL MDV	70461-0554-10	90756	No	No	Overnight
Influenza Vaccine 2024-25	FLULAVAL® Trivalent	GSK	0.5 mL PFS 10-bx	19515-0810-52	90686	No	No	Overnight
Influenza Vaccine 2024-25	FluMist® Trivalent	AstraZeneca	0.2 mL nasal spray 10-bx	66019-0311-10	90672	No	No	Overnight
Influenza Vaccine 2024-25	Fluzone® High-Dose Trivalent	Sanofi	0.5 mL PFS 10-bx	49281-0124-65	90662	No	No	Overnight
Influenza Vaccine 2024-25	Fluzone® Trivalent	Sanofi	0.5 mL PFS 10-bx	49281-0424-50	90686	No	No	Overnight

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Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Influenza Vaccine 2024-25	Fluzone® Trivalent	Sanofi	5 mL MDV	49281-0641-15	90688	No	No	Overnight
Oncology	CARBOplatin Injection	BPI Labs, LLC	50 mg/5 mL MDV	54288-0164-01	J9045	No	Yes	Overnight
Oncology	CARBOplatin Injection	BPI Labs, LLC	150 mg/15 mL MDV	54288-0165-01	J9045	No	Yes	Overnight
Oncology	CARBOplatin Injection	BPI Labs, LLC	450 mg/45 mL MDV	54288-0166-01	J9045	No	Yes	Overnight
Oncology	CARBOplatin Injection	BPI Labs, LLC	600 mg/60 mL MDV	54288-0167-01	J9045	No	Yes	Overnight
Oncology	CISplatin	Accord	50 mg/50 mL MDV	16729-0288-11	J9060	No	Yes	Overnight
Oncology	CISplatin[3]	Fresenius Kabi	50 mg/50 mL MDV 1-bx	63323-0103-51	J9060	No	Yes	Overnight
Oncology	CISplatin[3]	Fresenius Kabi	100 mg/100 mL MDV 1-bx	63323-0103-65	J9060	No	Yes	Overnight
Oncology	CISplatin[3]	Fresenius Kabi	200 mg/200 mL MDV 1-bx	63323-0103-64	J9060	No	Yes	Overnight
Oncology	Fluouoruracil[3]	Fresenius Kabi	1 gm/20 mL Single-dose flip-top vial 10-pk	63323-0117-20	J9190	No	Yes	Overnight
Oncology	Fluouoruracil[3]	Fresenius Kabi	500 gm/10 mL Single-dose flip-top vial 10-pk	63323-0117-10	J9190	No	Yes	Overnight
Oncology	Fluouoruracil[3]	Fresenius Kabi	2.5 gm/50 mL flip-top pharmacy bulk pk vial	63323-0117-51	J9190	No	Yes	Overnight
Oncology	Methotrexate Injection[3]	Accord	25 mg/mL 50 mg/mL	16729-0277-30	J9250/J9260	No	No	Overnight
Oncology	MOZOBIL®	Sanofi	20 mg/1.2 mL	00024-5862-01	J2562	No	Yes	Overnight
Oncology	TICE® BCG[4]	Merck	50 mg SDV	00052-0602-02	90586/J9030	No	No	Overnight
Oncology	Vincristine Sulfate[3]	Pfizer	1 mg/1 mL SDV	61703-0309-06	J9370	No	Yes	Overnight (Direct
Oncology	Vincristine Sulfate[3]	Pfizer	2 mg/2 mL SDV	61703-0309-16	J9370	No	Yes	Overnight
Oncology	ZARXIO®	Sandoz	300 mcg/0.5 mL PFS	61314-0318-01	Q5101	Yes	Yes	Overnight
Oncology	ZARXIO®	Sandoz	300 mcg/0.5 mL PFS10-bx	61314-0318-10	Q5101	Yes	Yes	Overnight
Oncology	ZARXIO®	Sandoz	480 mcg/0.8 mL PFS	61314-0326-01	Q5101	Yes	Yes	Overnight
Oncology	ZARXIO®	Sandoz	480 mcg/0.8 mL PFS10-bx	61314-0326-10	Q5101	Yes	Yes	Overnight
Oncology	ZIRABEV™	Pfizer	100 mg/4 mL SDV	00069-0315-01	Q5118	No	Yes	Overnight
Oncology	ZIRABEV™	Pfizer	400 mg/16 mL SDV	00069-0342-01	Q5118	No	Yes	Overnight
Ophthalmology	DEXTENZA®	Ocular Therapeutix	0.4 mg 1-pk	70382-0204-01	J1096	No	Yes	Overnight
Ophthalmology	DEXTENZA®	Ocular Therapeutix	0.4 mg 10-pk	70382-0204-10	J1096	No	Yes	Overnight
Ophthalmology	OMIDRIA®	Rayner Surgical	0.3%-1% 4 mL vial 4-ctn	82604-0600-04	J1097	Yes	Yes	Overnight
Pediatric Vaccine	ActHIB®	Sanofi	10 mcg SDV w/diluent	49281-0545-03	90648	No	No	Overnight
Pediatric Vaccine	Adacel® (Tdap)	Sanofi	0.5 mL PFS 5-pk	49281-0400-20	90715	Yes	No	Overnight
Pediatric Vaccine	Adacel® (Tdap)	Sanofi	0.5 mL SDV 10-pk	49281-0400-10	90715	Yes	No	Overnight
Pediatric Vaccine	Aplisol®[3]	PAR Pharmaceutical	1 mL 10 tests	42023-0104-01	86580	No	Yes	Overnight
Pediatric Vaccine	BEXSERO®	GSK	0.5 mL PFS 10-pk	58160-0976-20	90620	TBD	TBD	Overnight
Pediatric Vaccine	BOOSTRIX®	GSK	0.5 mL PFS 10-pk	58160-0842-52	90715	TBD	TBD	Overnight
Pediatric Vaccine	DAPTACEL®	Sanofi	0.5 mL SDV 10-pk	49281-0286-10	90700	Yes	No	Overnight
Pediatric Vaccine	ENGERIX-B®	GSK	10 mcg/0.5 mL PFS 10-pk	58160-0820-52	90744	TBD	TBD	Overnight
Pediatric Vaccine	GARDASIL® 9	Merck	0.5 mL PFS 10-pk	00006-4121-02	90651	No	No	Overnight
Pediatric Vaccine	HAVRIX®	GSK	720 EL.U/.5 mL PFS 10-pk	58160-0825-52	90632	TBD	No	Overnight
Pediatric Vaccine	HIBERIX®	GSK	0.5 mL SDV 10-pk	58160-0818-11	90648	TBD	TBD	Overnight
Pediatric Vaccine	Imovax® Rabies	Sanofi	1 mL SDV w/diluent	49281-0252-51	90675	Yes	No	Overnight
Pediatric Vaccine	INFANRIX®	GSK	0.5 mL PFS 10-pk	58160-0810-52	90700	TBD	No	Overnight
Pediatric Vaccine	IPOL®	Sanofi	5 mL MDV	49281-0860-10	90713	No	No	Overnight
Pediatric Vaccine	IXIARO®	Valneva	0.5 mL PFS	42515-0002-01	90738	Yes	No	Overnight
Pediatric Vaccine	KINRIX®	GSK	0.5 mL PFS 10-pk	58160-0812-52	90696	TBD	TBD	Overnight
Pediatric Vaccine	MenQuadfi®	Sanofi	0.5 mL SDV 5-pk	49281-0590-05	90619	Yes	No	Overnight
Pediatric Vaccine	MENVEO® One-Vial	GSK	0.5 mL SDV 10-pk	58160-0827-30	90734	No	No	Overnight
Pediatric Vaccine	M-M-R® II	Merck	0.5 mL SDV 10-pk	00006-4681-00	90707	Yes	No	Overnight
Pediatric Vaccine	PEDIARIX®	GSK	0.5 mL PFS 10-pk	58160-0811-52	90723	TBD	TBD	Overnight
Pediatric Vaccine	PedvaxHIB®	Merck	0.5 mL SDV 10-pk	00006-4897-00	90647	No	No	Overnight
Pediatric Vaccine	Pentacel®	Sanofi	0.5 mL SDV 5-pk	49281-0511-05	90698	No	No	Overnight
Pediatric Vaccine	PRIORIX®	GSK	0.5 mL SDV 10-pk	58160-0824-15	90707	No	No	Overnight
Pediatric Vaccine	ProQuad®	Merck	0.5 mL SDV 10-pk	00006-4171-00	90710	No	No	Overnight
Pediatric Vaccine	Quadracel®	Sanofi	0.5 mL SDV 10-pk	49281-0562-10	90696	Yes	No	Overnight
Pediatric Vaccine	Quadracel®	Sanofi	0.5 mL SDV 10-pk	49281-0564-10	90696	Yes	No	Drop-Ship
Pediatric Vaccine	Quadracel®	Sanofi	0.5 mL PFS 10-pk	49281-0564-15	90696	Yes	No	Drop-Ship
Pediatric Vaccine	RECOMBIVAX HB®	Merck	0.5 mL SDV 10-pk	00006-4981-00	90744	No	No	Overnight
Pediatric Vaccine	RECOMBIVAX HB®	Merck	0.5 mL PFS 10-pk	00006-4093-02	90744	No	No	Drop-Ship
Pediatric Vaccine	ROTARIX Oral Dosing Applicator	GSK	1.5 SD Oral Dosing 10-pk	58160-0740-21	90681	No	No	Overnight
Pediatric Vaccine	RotaTeq®	Merck	2 mL 10-pk	00006-4047-41	90680	Yes	No	Overnight

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FFF Enterprises, Inc.

Winter 2025
Product Catalog

Category	Product	Manufacturer	Size	NDC	Code*	RNI	340B	Shipment
Pediatric Vaccine	RotaTeq®	Merck	2 mL 25-pk	00006-4047-20	90680	Yes	No	Overnight
Pediatric Vaccine	TENIVAC®	Sanofi	10 PFS/bx	49281-0215-15	90714	Yes	No	Overnight
Pediatric Vaccine	TICOVAC™	Pfizer	0.5 mL PFS 10-pk	00069-0411-10	90627	Yes	No	Overnight
Pediatric Vaccine	TICOVAC™6	Pfizer	0.5 mL PFS 1-pk	00069-0411-02	90627	Yes	No	Overnight
Pediatric Vaccine	TRUMENBA®	Pfizer	0.5 mL PFS 5-pk	00005-0100-05	90621	No	No	Overnight
Pediatric Vaccine	TRUMENBA®	Pfizer	0.5 mL PFS 10-pk	00005-0100-10	90621	No	No	Overnight
Pediatric Vaccine	TUBERSOL®	Sanofi	1 mL vial 10 tests	49281-0752-21	86580	Yes	No	Overnight
Pediatric Vaccine	TUBERSOL®	Sanofi	5 mL vial 50 tests	49281-0752-22	86580	Yes	No	Overnight
Pediatric Vaccine	Typhim Vi®	Sanofi	0.5 mL MDV	49281-0790-20	90691	Yes	No	Overnight
Pediatric Vaccine	Typhim Vi®	Sanofi	0.5 mL PFS	49281-0790-51	90691	Yes	No	Overnight
Pediatric Vaccine	VARIVAX®	Merck	0.5 mL SDV 10-pk	00006-4827-00	90716	No	No	Overnight
Pediatric Vaccine	VAQTA®	Merck‡	25 U/0.5 mL PFS 10-pk	00006-4095-02	90633	Yes	No	Overnight
Pediatric Vaccine	Vaxchora® (Cholera Vaccine, Live, Oral)	Bavarian Nordic	100 mL 1-pk	70460-0004-01	90625	No	TBD	Overnight
Pediatric Vaccine	VAXELIS™	Sanofi	0.5 mL SDV 10-pk	63361-0243-10	90697	TBD	No	Overnight
Pediatric Vaccine	VAXELIS™	Sanofi	0.5 mL PFS 10-pk	63361-0243-15	90697	TBD	No	Overnight
Respiratory Syncytial Virus	ABRYSVO™	Pfizer	0.5 mL Kit 1-ctn	00069-0344-01	90678	No	No	Overnight
Respiratory Syncytial Virus	ABRYSVO™	Pfizer	0.5 mL Kit 5-ctn	00069-0344-05	90678	No	No	Overnight
Respiratory Syncytial Virus	ABRYSVO™	Pfizer	0.5 mL ACT-O-Vials 10-pk	00069-2465-10	90678	No	No	Overnight
Respiratory Syncytial Virus	AREXVY	GSK	0.5 mL SDV 10-bx	58160-0848-01	90679	No	No	Overnight
Respiratory Syncytial Virus	MRESVIA®	Moderna, US, Inc.	0.5 mL PFS 10-bx	80777-0345-96	90683	No	TBD	Overnight
Respiratory Syncytial Virus	Beyfortus®	Sanofi	0.5 mL PFS 5-bx	49281-0575-15	90380	No	No	Overnight
Respiratory Syncytial Virus	Beyfortus®	Sanofi	1 mL PFS 5-bx	49281-0574-15	90381	No	No	Overnight
Women's Health	ANNOVERA®	Mayne Pharma	103 mg/17.4 mg vaginal system	50261-0313-01	J7294	No	No	Overnight
Women's Health	ANNOVERA®	Mayne Pharma	103 mg/17.4 mg vaginal system	68308-0752-01	J7294	No	No	Overnight
Women's Health	BIJUVA®	Mayne Pharma	1 mg/100 mg cap 30-ct	50261-0211-30	TBD	No	No	Overnight
Women's Health	BIJUVA®	Mayne Pharma	1 mg/100 mg cap 30-ct	68308-0750-30	TBD	No	No	Overnight
Women's Health	BIJUVA®	Mayne Pharma	0.5 mg/100 mg 30-ct	68308-0751-30	J8499	No	No	Overnight
Women's Health	IMVEXXY®	Mayne Pharma	4 mcg vaginal inserts 8-ct	68308-0747-08	J3490	No	No	Overnight
Women's Health	IMVEXXY®	Mayne Pharma	4 mcg vaginal inserts 18-ct	50261-0104-18	J3490	No	No	Overnight
Women's Health	IMVEXXY®	Mayne Pharma	4 mcg vaginal inserts 18-ct	50261-0104-18	J3490	No	No	Overnight
Women's Health	IMVEXXY®	Mayne Pharma	10 mcg vaginal inserts 8-ct	50261-0110-08	J3490	No	No	Overnight
Women's Health	IMVEXXY®	Mayne Pharma	10 mcg vaginal inserts 18-ct	50261-0110-18	J3490	No	No	Overnight
Women's Health	NEXSTELLIS®	Mayne Pharma	3 mg/14.2 mg tab	51862-0258-01	S4993	No	No	Overnight
Women's Health	VitaMedMD® One RX Prental	Mayne Pharma	30-ct softgel capsules	10782-0101-30	TBD	No	No	Overnight
Women's Health	VitaPearl™ Prenatal Multivitamin with DHA	Mayne Pharma	30-ct softgel capsules	10782-0198-30	TBD	No	No	Overnight
Women's Health	VitaTrue Prenatal Multivitamin	Mayne Pharma	60-ct (30 tab/30 softgels)	10782-0298-60	TBD	No	No	Overnight

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