



Commonwealth of Pennsylvania

Date: **March 25, 2011**
Subject: **Questions and Answers**
Solicitation Number: **PSERS RFP 2011-1**
Opening Date/Time: **April 15, 2011 1:30 PM**
Addendum Number: **1**

To All Suppliers:

The Commonwealth of Pennsylvania defines a solicitation "Addendum" as an addition to or amendment of the original terms, conditions, specifications, or instructions of a procurement solicitation (e.g., Invitation for Bids or Request for Proposals).

List any and all changes:

1. Attached is the list of attendees to the pre-proposal conference held on March 23, 2011
2. Attached are the answers to the questions submitted in response to the RFP.
3. Attaches is the 2011 pricing addendum.

For electronic solicitation responses via the SRM portal:

- Attach this Addendum to your solicitation response. Failure to do so may result in disqualification.
- To attach the Addendum, download the Addendum and save to your computer. Move to 'My Notes', use the "Browse" button to find the document you just saved and press "Add" to upload the document.
- Review the Attributes section of your solicitation response to ensure you have responded, as required, to any questions relevant to solicitation addenda issued subsequent to the initial advertisement of the solicitation opportunity.

For solicitations where a "hard copy" (vs. electronic) response is requested:

- Attach this Addendum to your solicitation response. Failure to do so may result in disqualification.
- If you have already submitted a response to the original solicitation, you may either submit a new response, or return this Addendum with a statement that your original response remains firm, by the due date to the following address:

Except as clarified and amended by this Addendum, the terms, conditions, specifications, and instructions of the solicitation and any previous solicitation addenda, remain as originally written.

Very truly yours,

Name: Terrianne P. Mirarchi
Title: Purchasing and Contracting Manager
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SIGN IN SHEET

PSERS RFP 2011-1 Medicare Prescription Drug Program Support Services and Pharmacy Benefit Management Services March 23, 2011

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PHARMACY BENEFIT MANAGEMENT SERVICES

PSERS RFP 2011-1

QUESTIONS SUBMITTED BY MARCH 16, 2011

1. Are the clinical programs as detailed in Exhibit 4 in place today? If not, please provide a listing of all Clinical programs in place today. Is the client looking to change or add any services to the current programs?

Answer: *Yes, these clinical programs are in place today. PSERS did add a few brand drugs as step 2 to existing step therapy programs, as well as create new step therapy programs for Amturnide and Aricept.*

2. Approximately, how many individual retail pharmacies are audited (desktop/onsite) per year under the current program?

Answer: *PSERS is looking for the best practices within the industry and would like for each bidding vendor to provide the number of audits (desktop/onsite) they feel are the most advantageous to PSERS and in ensuring your contracted pharmacies are in compliance.*

3. Can you please provide the number of PAs (separated by Clinical and administrative) evaluated in the last year?

Answer: *There were approximately 9,800 Prior Authorizations evaluated for the Medicare group and 21 for the Traditional group.*

4. Please provide the number of 2009 and 2010 paper claims.

Answer: *There were 542 paper claims in 2010 and approximately the same number in 2009.*

5. Could you provide the average annual call volume (member/pharmacy calls if available)?

Answer: *There were approximately 79,000 member calls to the PBM in 2010.*

6. What is the current appeals process? Will this need to be replicated?

Answer: *PSERS' current pharmacy benefit manager complies with the CMS required appeals process. PSERS expects the selected bidder will be able to meet CMS requirements for handling appeals and the required timelines for resolution.*

7. What is the correct number of lives? 40,000 or 44,000? Will a census be provided with the data?

Answer: *There are approximately 44,000 covered lives – a census report along with a claims detail file will be provided upon receipt of the non-disclosure agreement included in the RFP.*

8. Please confirm the total weight/points for Disadvantage Business Participation. Is it 20% of total points for Cost or for the overall scoring? If a PBM is only able to meet Priority Rank 3, does that put them at a disadvantage?

Answer: *Disadvantaged Business scoring accounts for 20% of the overall score. PSERS does not do the scoring for the Disadvantaged business portion it is completed by the Department of General Services.*

9. Please confirm the number on page 11 of 5, A, B, C. It appears the sections may be off?

Answer: *There are corrections to page 11 of 54. The following references set forth in page 11 of the RFP are not correct:*

- A. Technical Submittal, which shall be a response to RFP **Part II, Sections II-1 through II-8;**
- B. Disadvantaged Business Submittal, in response to RFP **Part II, Section II-9;** and
- C. Cost Submittal, in response to RFP **Part II, Section II-10.**

The correct references are:

- A. Technical Submittal, which shall be a response to RFP **Part II, Sections II-1 through II-9;**
- B. Disadvantaged Business Submittal, in response to RFP **Part II, Section II-10;** and
- C. Cost Submittal, in response to RFP **Part II, Section II-11.**

10. With our FOIA request, we received the original 2007 contract and pricing addendum for 12 month period ending 12-31-2009. Are you able to supply new pricing addendums for the 12 month period covering 2010 and the current 2011 period?

Answer: *The 2011 pricing addendum is attached.*

11. The RFP asks several times as to the ability to manage a custom formulary and accommodate changes related to the provider's standard formulary. How often in the past 2 years has PSERS not adopted recommended changes to the formulary and provide examples of those instances where they have altered the standard formulary?

Answer: *PSERS formulary follows CMS' requirements, as far as including the required number of drugs within each class. It also tends to be more of an open formulary than*

restrictive and always generic first in each class. PSERS' formulary does not currently follow a preferred or non-preferred brand structure, however that is under consideration for 2012. For the most part, it is set up with generics, brands and specialty drugs on separate tiers. PSERS believes in the lowest net cost arrangement when administering a formulary.

12. Regarding Section II-11 (Cost Submittal), a question in the Fees/Discounts/Rebates subsection states that "minimum discount guarantees are applicable on a channel specific basis." Please confirm if a shortfall on brands may be offset by a surplus on generics within the channel.

Answer: *Confirmed.*

13. What is the decision timeline for PSERS? Are you anticipating making a vendor decision prior to any formulary filings to CMS?

Answer: *No, a decision will not be made prior to the initial formulary submission which is due in April. The 2012 formulary submission will occur close to the time when proposals are due. It is PSERS expectation that the selected bidder will adopt PSERS' formulary and administer it in accordance with the Plan's intent.*

14. Appendix A contains the contract, and paragraph 5.5 outlines that retail pharmacy rates may not necessarily be the same rates that the current provider pays the network pharmacies. CVS Caremark assumes that this provision has been altered to reflect a *transparent* pricing arrangement (which was required by CMS beginning in 2010) and will be outlined in the contract addendums requested in question 1 above, but please confirm that this is not the current arrangement.

Answer: *Confirmed – the retail pharmacy pricing is based on a "pass-through" arrangement, as specified in the RFP.*

15. Is PSERS interested in moving their eligibles from a Direct Waiver to an Indirect EGWP? If so, would PSERS prefer CVS Caremark include a pricing proposal for an Indirect EGWP solution with this RFP?

Answer: *Not at this time.*

16. General Information item I-5 contains a link to the Pennsylvania Standard Contract Terms and Conditions; however, this link does not connect to a valid internet address. Can PSERS confirm that the Standard Contract Terms and Conditions for Services included in the Proposed Agreement (Appendix A) is the same Standard Contract Terms and Conditions specified in item I-5?

Answer: *Confirmed. The Standard Contract Terms and Conditions for Services included in the Proposed Agreement (Appendix A) is the same Standard Contract Terms and Conditions specified in item I-5*

17. General Information item I-5 states that the contracting vendor will be required to agree to contract language mandated by the Commonwealth of Pennsylvania. Could PSERS please specify which contract language is the mandated language referred to in this section?

Answer: *The mandated language is the Standard Contract Terms and Conditions for Services. Any modifications a vendor wishes to make to the draft Agreement included in the RFP, however, must be identified per Section II-8 (Objections and Additions to the Proposed Agreement including the Business Associates Addendum and the Commonwealth's Standard Contract Terms and Conditions.)*

18. Proposal Requirement II-8 specifies that a bidder is to identify any portions of the Proposed Agreement in Appendix A that the bidder would like to negotiate. It goes on to specify that all terms and conditions must appear in one integrated contract. General Information item I-12 states that no cost information is to be included in the technical proposal. Assuming the bidder's requested edits to the Proposed Agreement, if any, will be included in the technical proposal, should bidders avoid listing cost terms in the edit of the Proposed Agreement, notwithstanding the instruction to provide one integrated contract?

Answer: *Cost items cannot be included in the Technical Proposal. Appendix A is a PROPOSED AGREEMENT FOR PRESCRIPTION DRUG BENEFITS ADMINISTRATION SERVICES. This document should be reviewed and if a provision of the Agreement is not acceptable to the bidder, objections must be noted per II-8. The bidder should not complete any of the Exhibits to Appendix A, such as EXHIBIT A -1(Traditional Plan Fees) or EXHIBIT B-1 (HOP Part D Plan Fees).*

19. Item D.71 on page 27 of the RFP states that it will be the responsibility of the bidder to include all provisions required by the laws of the Commonwealth of Pennsylvania into the final contract. Because bidders are being asked to review and comment on the Proposed Agreement contained in Appendix A, can PSERS please confirm that it believes that the Proposed Agreement, in the form attached to the RFP, contains all provisions required by the laws of the Commonwealth of Pennsylvania?

Answer: *Confirmed.*

20. Will PSERS provide census information with the zip code and number of retirees to the bidders?

Answer: *Yes. A census report along with a claims detail file will be provided upon receipt of the signed non-disclosure agreement included in the RFP.*

21. Will Core Source be submitting the eligibility file to CMS for the ERRP program?

Answer: Yes. The selected PBM will be required to submit claims data to CoreSource for submission to CMS in support of the ERRP program.

22. Will the 834 eligibility file sent once to the approved contractor contain both ERRP members + EGWP members or will there be two separate files?

Answer: Yes. There is a single file sent, which includes group codes that identify PDP members as well as early retirees.

23. How are prescription drugs handled in long term care facilities?

Answer: Claims from Long Term Care facilities are handled in accordance with CMS requirements. The current vendor has contracted with long term care facilities, and the long term care facilities are responsible for administering contracted provider reimbursement and the low income subsidy copayments in accordance with CMS. The selected vendor must be able to meet or exceed the CMS requirements for adequate access to Long Term Care, Home Infusion, Retail and ITU pharmacy types at a national level.

24. Please provide the percentage of the total cost that PSERS is requiring for its small disadvantaged business participation.

Answer: PSERS does not have a set requirement.

QUESTION SUBMITTED AT PRE-PROPOSAL CONFERENCE (MARCH 23, 2011)

1. How much consideration will be given to PMB's with public sector Medicare Part D business?

Answer: *While a bidder's experience will be taken into consideration during the evaluation process, the number of points for that specific category is not public information.*

2. Are you currently doing rebate administration at the point of sale for retail Rx?

Answer: *No, however we are interested in bidders' capabilities to administer rebates at point of sale.*

3. Do you currently perform outcome studies for preferred drugs on formulary?

Answer: *PSERS does not perform outcome studies.*

4. Will you release current 2011 (CMS approved) formulary with any custom changes? Will you release the 2012 proposed changes?

Answer: *The current 2011 formulary can be found on our website at [http://www.hopbenefits.com/pdfs/2011/2011 Comprehensive Formulary.pdf](http://www.hopbenefits.com/pdfs/2011/2011%20Comprehensive%20Formulary.pdf).*

The 2012 proposed changes are still in development.

5. When and how will claims data be released?

Answer: *The claims and census data is available once PSERS receives a signed Limited Data use Agreement provided in the RFP. A potential bidder may e-mail a scanned signed document to mschafer@state.pa.us and we will send the claims data and census information on a CD overnight delivery.*

6. Will PSERS sign a non-disclosure agreement in terms of information being asked to release as part of the RFP process?

Answer: *No. PSERS will not sign a non-disclosure agreement.*

7. What information is the PBM allowed to mark private and confidential (i.e. financials, technical, disadvantaged baseness)?

Answer: *Generally speaking, you should not mark any provision as private and confidential. All proposals are subject to the Pennsylvania Right to Know Law ("RTKL") and any exceptions within the RTKL. For a general overview of how provisions of a proposal are treated under RTKL, you may view provisions of the Procurement Handbook on the Department of General Services website at*

www.portal.state.pa.us/portal/server.pt/community/procurement_handbook/14304/part_i_%E2%80%93_policies_and_guidelines/591308 and select Part I, Chapter 50.

Other than financial information submitted to demonstrate capability to fully perform the contract requirements, we believe the RFP requires submission of very little, if any, information that could be considered to fall within any exception under the RTKL. For example, pricing is not considered to fall within an exception to the RTKL.

8. The claims data did not include any NABP numbers. We would like to do a network re-pricing analysis but cannot without the NABP numbers. Can you add that information to the claims file?

Answer: *In the claim file that we provided to you, we followed the NCPDP standard format for identifying the pharmacy number, which is as follows:*

- *The claim file has a field labeled PHARMACY ID which contains either the pharmacy NPI or NABP*
- *The claim file also has a field labeled Pharmacy Qualifier in which the value 01=NPI and not 01=NABP*
- *The claim file also contains a field with the pharmacy name.*

More than likely the PHARMACY ID is populated with NPI and not NABP, but this can be specifically determined by using both these fields.

2011

ATTACHMENT 1
EXHIBIT "B-1"
HOP Part D Plan Fees

Price Summary



The following administrative fees and rates are exclusive to PSERS PDP and are based upon provided information and an estimated 43,035 eligible members or greater. Rates and fees are effective upon the implementation of services. This summary represents our Pass-Through Pricing model for the Medicare lines of business.

Retail Network				
<ul style="list-style-type: none"> ⊕ Access to 64,000 pharmacies nationwide ⊕ Guaranteed average AWP discount for all generics: 73.0% ⊕ All AWP discounts stated in this cost proposal are based on Medi-Span's Published AWP (post rollback) ⊕ Rates exclude compound and out of network claims 	1-34 Days Supply (Effective Rate):	Brand:	<u>Estimated Equivalent Pre Rollback:</u> AWP -17.0% \$1.50 Dispensing Fee	<u>Post Rollback:</u> AWP -13.65% \$1.50 Dispensing Fee
		Generic:	MAC \$1.50 Dispensing Fee	
	Greater than 34 Days Supply (Effective Rate):	Brand:	<u>Estimated Equivalent Pre Rollback:</u> AWP -21.5% \$2.00 Dispensing Fee	<u>Post Rollback:</u> AWP -18.3% \$2.00 Dispensing Fee
		Generic:	MAC \$3.00 Dispensing Fee	
Retail Claims Processing Fee			<50,000 members: \$1.60 per paid claim 50,000- 55,000 members: \$1.50 per paid claim >55,000 members: \$1.40 per paid claim	
Mail Service				
<ul style="list-style-type: none"> ⊕ Postage included ⊕ Based on 84 days supply or greater ⊕ Preferred Mail Service relationship ⊕ Rates are exclusive to Prescription Solutions' mail service pharmacies only ⊕ All AWP discounts stated in this cost proposal are based on Medi-Span's Published AWP (post rollback) ⊕ Guaranteed average AWP discount for all generics: 73.5% ⊕ Non-MAC drugs process at brand AWP discount 		Brand:	<u>Estimated Equivalent Pre Rollback:</u> AWP -24.0% \$1.60 Dispensing Fee	<u>Post Rollback:</u> AWP -20.85% \$1.60 Dispensing Fee
		Generic:	MAC \$1.60 Dispensing Fee	
Mail Claims Processing Fee			\$0.00 per paid claim	

Price Summary

Standard Services		
<ul style="list-style-type: none"> ◆ Dedicated Implementation and Client Management Team <ul style="list-style-type: none"> ○ Client Manager ○ Project Manager ○ Client Service Representative ○ Pharmacist ○ Business Analyst ◆ Help Desks – Toll-free access for members, physicians, and pharmacies ◆ DUR and System Edits – Standard Concurrent DUR and flexible plan designs ◆ Internet Direct Access <ul style="list-style-type: none"> ○ Real time access to claims and eligibility system ○ Accounts set up for up to 3 users ◆ Real-Time Audit – Filters 100% of claims before payment–outliers sent to audit team ◆ Eligibility Maintenance – Via FTP or encrypted e-mail ◆ Website Access – www.prescriptionsolutions.com ◆ Safety Notifications for Providers and/or Members (e.g., drug recalls) 		Included
Reporting <ul style="list-style-type: none"> ◆ Standard Reporting Package – Integrated retail and mail claim data ◆ Online Reporting Tool – Software and training for up to three users 		Included
Rebate Management <ul style="list-style-type: none"> ◆ Adoption of Prescription Solutions' formulary ◆ Collection and distribution of funds received ◆ Rebate ineligible paid claims such as those from 340B pharmacies or entities eligible for federal supply schedule prices (e.g., Dept. of Veterans Affairs, US Public Health Service, Dept. of Defense) are excluded from rebate guarantees ◆ A minimum of \$15 difference in copayment or 20% difference in coinsurance between preferred and non-preferred branded drugs ◆ PSERS is accountable for at least half of the aggregate drug costs annually 	Retail: Mail: Processing Fee:	100% Pass-Through Minimum Guarantee: \$6.50 per paid claim 100% Pass-Through Minimum Guarantee: \$21.00 per paid claim \$0.30 per paid claim
Clinical Programs		
Clinical Prior Authorization <ul style="list-style-type: none"> ◆ Overrides requiring clinical intervention or evaluation 		\$30.00 per Authorization
Additional Part D Services		
Medicare Part D bundled services: <ul style="list-style-type: none"> ◆ TrOOP tracking ◆ PDE Submission / Reconciliation ◆ CMS-required reporting including applicable pricing, network files and claims reconciliation ◆ Benefit and formulary development/management consultation ◆ MTM Services ◆ Monthly EOB statements, includes postage rates subject to change with USPS increases ◆ Member inquiries (Program related) 		\$2.35 PMPM
Extra MTM Services	Fax notifications	\$0.25 per Notification
	Mail notifications	\$3.50 per Notification

Price Summary



Direct Member Reimbursement (DMR)	Entered through Internet Direct Access	\$1.00 per Claim + Postage										
	Entered by Prescription Solutions	\$4.50 per Claim + Postage										
Mail Rates for Non-Preferred MS Pharmacy for Part D Plan*		Brand: AWP - 21.5% + \$0.00 Generic: MAC + \$0.00										
Long Term Care Pharmacy Network Rates for Part D Plan*		AWP - 5% or MAC + \$9.75 or \$11.45 AWP - 12% or MAC + \$4.50 or \$5.00 AWP - 16% or MAC + \$4.50 or \$5.00										
Indian Health Services and Tribal Pharmacy Network Rates for Part D Plan*		AWP - 10% or MAC + \$4.60 AWP - 16% or MAC + \$2.00 AWP - 25% or MAC + \$2.00 AWP - 25% or MAC + \$4.00 or \$3.00										
Home Infusion Rates for Part D Plan*		AWP - 15% or MAC + \$5.00 AWP - 16% or MAC + \$2.00 or \$5.00										
Part D Plan consulting services (including application and bid support; audit support)		\$150.00 per Hour										
E-Prescribing		\$0.18 per Eligibility Check										
Non-Standard or Manual Eligibility Maintenance		\$1.50 per Member										
Reprocessing of LICS Retro claims		\$5.00 per Claim										
Clinical Initiatives ♦ Standard Targeted Disease Intervention Programs ♦ Provider and Member Education Programs		\$ 0.05 PMPM per Program Selected										
Core Clinical Programs ♦ Programs Include: DIAP, Geriatric Monitor, Narcotic, and PolyPharmacy		\$0.02 PMPM for all 4 Programs										
Health, Wellness, and Disease Education provided through www.prescriptionsolutions.com		Included										
Customized Clinical Programs		Quoted Separately Upon Request. Client claims data required for custom analysis and presentation.										
Appeals Services		<table border="1"> <thead> <tr> <th colspan="2">Pricing by Pages of Records</th> </tr> </thead> <tbody> <tr> <td>0-10 Pages</td> <td>\$506</td> </tr> <tr> <td>11-20 Pages</td> <td>\$572</td> </tr> <tr> <td>21-50 Pages</td> <td>\$638</td> </tr> <tr> <td>Each Additional 50 Pages</td> <td>\$176</td> </tr> </tbody> </table>	Pricing by Pages of Records		0-10 Pages	\$506	11-20 Pages	\$572	21-50 Pages	\$638	Each Additional 50 Pages	\$176
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Price Summary

Pricing Terms

- Prescription Solutions reserves the right to renegotiate in good faith rates, fees, and guarantees if membership, utilization, brand/generic mix, or cost vary by at least 20% from the time this quote was provided as a result of client's pharmacy benefit changes and/or other unforeseen market conditions such as new legislation.
- Shortfalls in retail guarantees are offset by overages in other retail guarantees, should they exist. Shortfalls in mail guarantees are offset by overages in other mail guarantees, should they exist. Shortfalls in rebate guarantees are offset by overages in other rebate guarantees, should they exist.
- Rate and price subject to change as requested by applicable state or federal law or where required by a pharmacy for its continued participation in Client's Network Pharmacies. Requests for a change in a pharmacies contracted rate and/or price will be communicated to client. It will be the client's decision to accept the change in rate and/or price or remove the pharmacy from its network.
- Rates could increase based on additional requirements from CMS.
- Rebate guarantees assume no significant changes to PSERS 2011 formulary that impact rebates.
- Any coordination with another entity to facilitate CMS reporting will be paid by the client.
- Admin fees are adjusted annually based on CPI-U % change over the prior year. CPI-U is published by the US Department of Labor.
- Retail rates apply to oral medications, insulins, and Part D covered specialty products only. Mail service rates exclude specialty and certain non-specialty injectable products. Please refer to the specialty exhibit for rates offered.
- Generic rates exclude generic drugs during the exclusivity period as granted by the FDA, which is typically 180 days.
- Extended days supply rates at participating pharmacies only.
- Mail Service discounts and fees for claims excluded from benefit process at AWP - 18% + \$2.50 or MAC + \$2.50
- Administrator will utilize the same MAC List to adjudicate both retail and mail service claims
- No less than 95% of all generic prescriptions dispensed will be MAC'd
- Prescription Solutions' contracts with its network pharmacies require the use of adjusted Medi-Span average wholesale price ("AWP") consistent with how AWP's were reported prior to the rollback period. The AWP discounts quoted in this cost proposal are based on Medi-Span's published or post rollback AWP without any adjustments. Prescription Solutions will annually reconcile proposed and actual AWP discounts to ensure the proposed discounts are met.
- "AWP" shall mean and refer to the average wholesale price of medication drugs or ancillary supplies, as applicable, as dispensed and as set forth in the latest edition of the Medi-Span Prescription Pricing Guide (with supplements) or any other nationally recognized pricing source mutually agreed upon by the parties (the "Pricing Source").
 - (a) Client acknowledges that Administrator shall be entitled to rely on Medi-Span and the publisher of any mutually agreed upon pricing source to determine AWP for purposes of establishing the pricing provided to Client under this Agreement. Client further acknowledges that Administrator does not establish AWP, and Administrator shall have no liability to Client arising from the use of the Medi-Span Pricing Guide or information received from any other mutually agreed upon pricing source.
 - (b) Client further acknowledges and that, to account for the rollback of AWP implemented by Medi-Span on or after September 26, 2009 ("AWP Rollback"), Administrator uses the following AWP adjustment processes for all pricing based on AWP (including, without limitation, guarantees) that is provided to Client under this Agreement:
 - (1) Administrator shall adjust the Medi-Span AWP Pricing Information for each of the Affected NDCs to reflect the markup factors utilized by Medi-Span immediately prior to the AWP Rollback. "Affected NDCs" shall mean all NDCs with adjusted markup factors by the pricing source pursuant to the AWP Rollback.
 - (i) Administrator shall adjust Affected NDCs with markup changes on or after September 26, 2009, to reflect the markup factors utilized by Medi-Span immediately prior to the AWP Rollback, and
 - (ii) New NDCs with markup factors used by the pricing source shall be adjusted by Administrator to reflect a markup factor of 1.25. New NDCs shall mean those NDCs first issued and listed on the Medi-Span AWP Pricing Information after the effective date of the AWP Rollback.
 - (2) Administrator shall continue to adjust the AWP Pricing Information, as described in this section, until AWP is no longer published by Medi-Span.

*Actual rate may vary depending on local market conditions.

Specialty Pharmacy Price Summary



Note: This pricing schedule has been prepared exclusively for PSERS PDP using Prescription Solutions Specialty Pharmacy as exclusive network vendor for specialty drugs listed on the attached sheets. Rates and fees are based on 40,488 members and are effective upon the implementation of services.

Prescription Solutions Specialty Pharmacy		Rates
Specialty Products Including: ♦ Ancillary supplies, needles, syringes, and sharps containers ♦ Express overnight shipping	See attached pricing schedule	
Unmixed Chemotherapeutic Agents ♦ Shipped to physician's office or infusion clinic	See attached pricing schedule	
Chemotherapy Adjunctive Medications	See attached pricing schedule	
Value-added services provided at no additional charge ♦ Care management: "High Touch" monitoring of patient response, side effects and disease progression Disease therapy management to improve quality of care through education and communication for patients with multiple sclerosis, hepatitis C, arthritis, hemophilia and risk of RSV infection.	♦ Patient Care Coordinators will proactively call members prior to each refill to help manage inventory of specialty products to ensure continuity of care ♦ Member access to clinical pharmacists 24/7 ♦ Provide access to patient advocate and assistance programs	
Home Infusion Network/ Access To Exclusive Drugs		Rates
Selection varies by geographic area (includes infusion services, specialty products and nursing)	Rates vary per contract and may include dispensing or per diem fees. See attached pricing schedule	
Case Review		Rates
Authorization, Denial, Utilization and Case Management	\$55.00 per case	
Other		Rates
Standard Reports	Included	
Online Reporting Tool	Included	
Custom system or reporting configurations	\$150 per hour, as approved by Client	
Implementation set up fees	Included	
DMR or paper claims: Only applicable if not adjudicated electronically	\$1.50 per claim + Postage if entered by Client \$4.00 per claim + Postage if entered by Prescription Solutions	

Specialty Pharmacy Price Summary



Case Review Charges

A client may choose to have all or some specialty products go through the case review process (recommended) and reviewed by a licensed clinical pharmacist.

Authorization, Denial & Limited Case Management
\$55 per case

Utilization Management

Specialty Product Authorization accepted by phone or fax	X
Verify eligibility of member	X
Review requests for any specialty product. If no guideline exists, utilize FDA indications as basis for review, and perform additional research for off label use requests if necessary	X
Request additional information, if needed	X
Guideline Criteria Met → Approve	X
Diagnosis does not match guideline diagnosis → Denial (Or convert to Non-FDA limited case management review)	X
Guideline Criteria not met → In depth review for off label use requires research and Medical Director consultation	X
Guideline Criteria not met → Redirect to other PO or specialty product when appropriate	X
State Regulation & NCQA Denial Letters to be completed by Prescription Solutions (members and providers)	X

Off Label Use

At Direction of Client: Review medical necessity of off label use	X
Medical Director review of submitted documentation (i.e. studies)	X
External expert consultant if needed	X

Case Management

Direct Case to appropriate delivery mechanism (i.e. home health vs. specialty product)	X
Manage specialty product formulary when developed (i.e. direct to formulary Low Molecular Weight Heparin)	X
Limited Case Management (i.e. proactive monitoring of EPO/ Neupogen lab parameters for re-auths)	X

Reporting – Case Log

Drug, Date, Physician & Patient	X
Decision	X
Outcome notes (when applicable)	X

Clinical Support

Guideline Development	X
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Prescription Solutions' Mail Service Specialty Pharmacy Product Pricing Schedule to PSERS PDP

*Rates and fees are based on 40,488 members and are effective upon the implementation of services

Not all NDCs of the brand name drugs below are listed because of the extensive number of NDCs with different package sizes.

Prescription Solutions has available in its mail facilities all brand drugs listed regardless of package size. A comprehensive list of NDCs can be provided upon request.

Drug Table - Label Name	Therapeutic Class	Brand Name	Generic Name	NDC Code	GPI	HCPCS Billing Code	Proposed Discount off AWP as Exclusive Vendor (AWP Source: MediSpan)	Dispensing Fee
TOBI NEB 300/5ML	ANTIBIOTIC	TOBI	TOBRAMYCIN NEBU SOLN 300 MG/5ML	00078049471	07000070002520	J7682	18%	\$0.00
APOKYN INJ	ANTIPARKINSON AGENT	APOKYN	APOMORPHINE HYDROCHLORIDE INJ 10 MG/ML	16887021101	73203010102020	S0167	17%	\$0.00
APOKYN INJ	ANTIPARKINSON AGENT	APOKYN	APOMORPHINE HYDROCHLORIDE INJ 10 MG/ML	16887021105	73203010102020	S0167	17%	\$0.00
FUZEON KIT	ANTIVIRALS	FUZEON	ENFUVRTIDE FOR INJ KIT 90 MG	00004038039	12102530006420	J3490	18%	\$0.00
RETROVIR INJ 10MG/ML	ANTIVIRALS	RETROVIR	ZIDOVUDINE IV SOLN 10 MG/ML	00173010793	12108085002020	J3485	17%	\$0.00
RIBAVIRIN POW	ANTIVIRALS	RIBAVIRIN	RIBAVIRIN (BULK) POWDER	49452622101	96765806032900		40%	\$0.00
RIBAVIRIN POW	ANTIVIRALS	RIBAVIRIN	RIBAVIRIN (BULK) POWDER	49452622103	96765806032900		40%	\$0.00
RIBAVIRIN POW	ANTIVIRALS	RIBAVIRIN	RIBAVIRIN (BULK) POWDER	49452622104	96765806032900		40%	\$0.00
RIBAVIRIN POW	ANTIVIRALS	RIBAVIRIN	RIBAVIRIN (BULK) POWDER	51927167100	96765806032900		40%	\$0.00
RIBAVIRIN POW	ANTIVIRALS	RIBAVIRIN	RIBAVIRIN (BULK) POWDER	62991207702	96765806032900		40%	\$0.00

Specialty Pharmacy/Biotech Products self-administered or administered in the physician's office

RIBAVIRIN POW	ANTIVIRALS	RIBAVIRIN	RIBAVIRIN (BULK) POWDER	62991207703	96765806032900	40%	\$0.00
VIDEX SOL 2GM	ANTIVIRALS	VIDEX	DIDANOSINE FOR SOLN 2 GM	00087663241	12105015002120	17%	\$0.00
VIDEX SOL 4GM	ANTIVIRALS	VIDEX	DIDANOSINE FOR SOLN 4 GM	00087663341	12105015002140	17%	\$0.00
VIRACEPT POW 50MG/GM	ANTIVIRALS	VIRACEPT	NELFINAVIR MESYLATE ORAL POWDER 50 MG/GM	63010001190	12104545202920	17%	\$0.00
ZERIT SOL 1MG/ML	ANTIVIRALS	ZERIT	STAVUDINE FOR ORAL SOLN 1 MG/ML	00003196801	12108070002120	17%	\$0.00
ACTHAR HP INJ 80UNIT	ENDOCRINE	ACTHAR H.P.	CORTICOTROPIN INJ GEL 80 UNIT/ML	63004773101	30300010004010	17%	\$0.00
ALDURAZYME INJ 2.9MG/5M	ENDOCRINE	ALDURAZYME	LARONIDASE SOLN FOR IV INFUSION 2.9 MG/5ML	58468007001	30906550002020	18%	\$0.00
BONIVA KIT 3MG/3ML	ENDOCRINE	BONIVA	IBANDRONATE SODIUM IV SOLN KIT 3 MG/3ML (BASE EQUIVELANT)	00004018809	30042048106420	17%	\$0.00
CEREDASE INJ 80UNIT/ML	ENDOCRINE	CEREDASE	ALGLUCERASE IV SOLN 80 UNIT/ML	58468106001	82700020002020	13%	\$0.00
CEREZYME INJ 200UNIT	ENDOCRINE	CEREZYME	IMIGLUCERASE FOR INJ 200 UNIT	58468198301	82700050002110	18%	\$0.00
CEREZYME INJ 400UNIT	ENDOCRINE	CEREZYME	IMIGLUCERASE FOR INJ 400 UNIT	58468466301	82700050002120	18%	\$0.00
DDAVP INJ 4MCG/ML	ENDOCRINE	DDAVP	DESMOPRESSIN ACETATE INJ 4 MCG/ML	00075245101	30201010102030	17%	\$0.00
DDAVP INJ 4MCG/ML	ENDOCRINE	DDAVP	DESMOPRESSIN ACETATE INJ 4 MCG/ML	00075245153	30201010102030	17%	\$0.00
DESMOPRESSIN INJ 4MCG/ML	ENDOCRINE	DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE INJ 4 MCG/ML	00703505401	30201010102030	17%	\$0.00
DESMOPRESSIN INJ 4MCG/ML	ENDOCRINE	DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE INJ 4 MCG/ML	00409226501	30201010102030	17%	\$0.00
DESMOPRESSIN INJ 4MCG/ML	ENDOCRINE	DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE INJ 4 MCG/ML	00703505103	30201010102030	17%	\$0.00
DESMOPRESSIN INJ 4MCG/ML	ENDOCRINE	DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE INJ 4 MCG/ML	55566503001	30201010102030	17%	\$0.00
DESMOPRESSIN INJ 4MCG/ML	ENDOCRINE	DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE INJ 4 MCG/ML	55566504001	30201010102030	17%	\$0.00
FABRAZYME INJ 35MG	ENDOCRINE	FABRAZYME	AGALSIDASE BETA FOR IV SOLN 35 MG	58468004001	30903610102120	18%	\$0.00
FABRAZYME INJ 5MG	ENDOCRINE	FABRAZYME	AGALSIDASE BETA FOR IV SOLN 5 MG	58468004101	30903610102110	18%	\$0.00
FORTEO SOL 600/2.4	ENDOCRINE	FORTEO	TERIPARATIDE (RECOMBINANT) INJ 750 MCG/3ML (600 MCG/2.4ML)	00002840001	30044070002020	18%	\$0.00

FORTEO SOL 750/3ML	ENDOCRINE	FORTEO	TERIPARATIDE (RECOMBINANT) INJ 750 MCG/3ML (600 MCG/2.4ML)	00002897101	30044070002020	J3110	18%	\$0.00
GENOTROPIN INJ 0.2MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 0.2 MG	00013264902	30100020002166	J2941	19%	\$0.00
GENOTROPIN INJ 0.4MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 0.4 MG	00013265002	30100020002168	J2941	19%	\$0.00
GENOTROPIN INJ 0.6MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 0.6 MG	00013265102	30100020002170	J2941	19%	\$0.00
GENOTROPIN INJ 0.8MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 0.8 MG	00013265202	30100020002172	J2941	19%	\$0.00
GENOTROPIN INJ 1.2MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 1.2 MG	00013265402	30100020002176	J2941	19%	\$0.00
GENOTROPIN INJ 1.4MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 1.4 MG	00013265502	30100020002178	J2941	19%	\$0.00
GENOTROPIN INJ 1.6MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 1.6 MG	00013265602	30100020002180	J2941	19%	\$0.00
GENOTROPIN INJ 1.8MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 1.8 MG	00013265702	30100020002182	J2941	19%	\$0.00
GENOTROPIN INJ 13.8MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 13.8 MG	00013264681	30100020002134	J2941	19%	\$0.00
GENOTROPIN INJ 1MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 1 MG	00013265302	30100020002174	J2941	19%	\$0.00
GENOTROPIN INJ 2MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 2 MG	00013265802	30100020002184	J2941	19%	\$0.00
GENOTROPIN INJ 5.8MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 5.8 MG	00013262694	30100020002123	J2941	19%	\$0.00
GENOTROPIN INJ 5.8MG	ENDOCRINE	GENOTROPIN	SOMATROPIN FOR INJ 5.8 MG	00013262681	30100020002123	J2941	19%	\$0.00
HUMATROPE INJ 12MG	ENDOCRINE	HUMATROPE	SOMATROPIN FOR INJ 12 MG (36 UNIT)	00002814801	30100020002132	J2941	19%	\$0.00
HUMATROPE INJ 24MG	ENDOCRINE	HUMATROPE	SOMATROPIN FOR INJ 24 MG	00002814901	30100020002150	J2941	19%	\$0.00
HUMATROPE INJ 5MG	ENDOCRINE	HUMATROPE	SOMATROPIN FOR INJ 5 MG	00002733516	30100020002120	J2941	19%	\$0.00
HUMATROPE INJ 5MG	ENDOCRINE	HUMATROPE	SOMATROPIN FOR INJ 5 MG	00002733511	30100020002120	J2941	19%	\$0.00
HUMATROPE INJ 6MG	ENDOCRINE	HUMATROPE	SOMATROPIN FOR INJ 6 MG (18 UNIT)	00002814701	30100020002125	J2941	19%	\$0.00
INCRELEX INJ 40MG/4ML	ENDOCRINE	INCRELEX	MECASERMIN INJ 10 MG/ML	15054104005	30160045002020		19%	\$0.00
MIACALCIN INJ 200/ML	ENDOCRINE	MIACALCIN	CALCITONIN (SALMON) INJ 200 UNIT/ML	00078014923	30043020002020	J0630	17%	\$0.00
MYOZYME SOL 50MG	ENDOCRINE	MYOZYME	ALGLUCOSIDASE ALFA FOR IV SOLN 50 MG	58468015001	30907715002120	S0147	18%	\$0.00

NAGLAZYME INJ 1MG/ML	ENDOCRINE		NAGLAZYME	GALSULFASE SOLN FOR IV INFUSION 1 MG/ML	68135002001	30907535002020	J1458	17%	\$0.00
NORDITROPIN INJ 10/1.5ML	ENDOCRINE		NORDITROPIN	SOMATROPIN INJ 10 MG/1.5ML	00169770511	30100020002056	J2941	20%	\$0.00
NORDITROPIN INJ 15/1.5ML	ENDOCRINE		NORDITROPIN	SOMATROPIN INJ 15 MG/1.5ML	00169777011	30100020002062	J2941	20%	\$0.00
NORDITROPIN INJ 15/1.5ML	ENDOCRINE		NORDITROPIN	SOMATROPIN INJ 15 MG/1.5ML	00169770811	30100020002062	J2941	20%	\$0.00
NORDITROPIN INJ 4MG	ENDOCRINE		NORDITROPIN	SOMATROPIN FOR INJ 4 MG (12 UNIT)	00169777411	30100020002118	J2941	20%	\$0.00
NORDITROPIN INJ 5/1.5ML	ENDOCRINE		NORDITROPIN	SOMATROPIN INJ 5 MG/1.5ML	00169776811	30100020002050	J2941	20%	\$0.00
NORDITROPIN INJ 5/1.5ML	ENDOCRINE		NORDITROPIN	SOMATROPIN INJ 5 MG/1.5ML	00169770411	30100020002050	J2941	20%	\$0.00
NORDITROPIN INJ 8MG	ENDOCRINE		NORDITROPIN	SOMATROPIN FOR INJ 8 MG	00169777812	30100020002127	J2941	20%	\$0.00
NUTROPIN AQ INJ 10MG/2ML	ENDOCRINE		NUTROPIN	SOMATROPIN INJ 5 MG/ML	50242002220	30100020002020	J2941	19%	\$0.00
NUTROPIN AQ INJ 10MG/2ML	ENDOCRINE		NUTROPIN	SOMATROPIN INJ 5 MG/ML	50242004314	30100020002020	J2941	19%	\$0.00
NUTROPIN AQ INJ 20MG/2ML	ENDOCRINE		NUTROPIN	SOMATROPIN INJ 20 MG/2ML	50242007301	30100020002064		19%	\$0.00
NUTROPIN AQ PEN KIT	ENDOCRINE		NUTROPIN	GROWTH HORMONE PEN KITS FOR RXSOL MAIL SERVICE	62451999883	00000000000014		19%	\$0.00
NUTROPIN INJ 10MG	ENDOCRINE		NUTROPIN	SOMATROPIN FOR INJ 10 MG	50242001821	30100020002140	J2941	19%	\$0.00
NUTROPIN INJ 10MG	ENDOCRINE		NUTROPIN	SOMATROPIN FOR INJ 10 MG	50242002020	30100020002140	J2941	19%	\$0.00
NUTROPIN INJ 5MG	ENDOCRINE		NUTROPIN	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG	50242007203	30100020002121	J2941	19%	\$0.00
NUTROPIN INJ 5MG	ENDOCRINE		NUTROPIN	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG	50242001902	30100020002121	J2941	19%	\$0.00
OMNITROPE INJ 5/1.5ML	ENDOCRINE		OMNITROPE	SOMATROPIN INJ 5 MG/1.5ML	00781300107	30100020002050	J2941	19%	\$0.00
RECLAST INJ 5/100ML	ENDOCRINE		RECLAST	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	00078043561	30042090002020		18%	\$0.00
SAIZEN INJ 5MG	ENDOCRINE		SAIZEN	SOMATROPIN (NON-REFRIGERATED) FOR INJ 5 MG	44087100502	30100020102120	J2941	19%	\$0.00
SAIZEN INJ 8.8MG	ENDOCRINE		SAIZEN	SOMATROPIN (NON-REFRIGERATED) FOR INJ 8.8 MG	44087108801	30100020102130	J2941	19%	\$0.00

SAIZEN INJ 8.8MG	ENDOCRINE	SAIZEN	SOMATROPIN (NON-REFRIGERATED) FOR INJ 8.8 MG	44087108001	30100020102130	J2941	19%	\$0.00
SANDOSTATIN INJ 1000MCG	ENDOCRINE	SANDOSTATIN	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	00078018425	30170070102030	J2354	18%	\$0.00
SANDOSTATIN INJ 100MCG	ENDOCRINE	SANDOSTATIN	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	00078018101	30170070102010	J2354	18%	\$0.00
SANDOSTATIN INJ 200MCG	ENDOCRINE	SANDOSTATIN	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	00078018325	30170070102015	J2354	18%	\$0.00
SANDOSTATIN INJ 500MCG	ENDOCRINE	SANDOSTATIN	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	00078018201	30170070102020	J2354	18%	\$0.00
SANDOSTATIN INJ 50MCG/ML	ENDOCRINE	SANDOSTATIN	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	00078018001	30170070102005	J2354	18%	\$0.00
SANDOSTATIN KIT LAR 10MG	ENDOCRINE	SANDOSTATIN	OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG	00078034061	30170070106410	J2353	18%	\$0.00
SANDOSTATIN KIT LAR 20MG	ENDOCRINE	SANDOSTATIN	OCTREOTIDE ACETATE FOR IM INJ KIT 20 MG	00078034161	30170070106420	J2353	18%	\$0.00
SANDOSTATIN KIT LAR 30MG	ENDOCRINE	SANDOSTATIN	OCTREOTIDE ACETATE FOR IM INJ KIT 30 MG	00078034261	30170070106430	J2353	18%	\$0.00
SEROSTIM INJ 4MG	ENDOCRINE	SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 4 MG	44087000401	30100020102118	J2941	18%	\$0.00
SEROSTIM INJ 4MG	ENDOCRINE	SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 4 MG	44087000407	30100020102118	J2941	18%	\$0.00
SEROSTIM INJ 5MG	ENDOCRINE	SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 5 MG	44087000501	30100020102121	J2941	18%	\$0.00
SEROSTIM INJ 5MG	ENDOCRINE	SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 5 MG	44087000507	30100020102121	J2941	18%	\$0.00
SEROSTIM INJ 6MG	ENDOCRINE	SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 6 MG	44087000607	30100020102125	J2941	18%	\$0.00
SEROSTIM INJ 6MG	ENDOCRINE	SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 6 MG	44087000601	30100020102125	J2941	18%	\$0.00
SEROSTIM INJ 8.8MG	ENDOCRINE	SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 8.8 MG	44087008804	30100020102132		18%	\$0.00
SOMATULINE INJ 120/5ML	ENDOCRINE	SOMATULINE	LANREOTIDE ACETATE EXTENDED RELEASE INJ 120 MG/0.5ML	15054012002	30170050102040		17%	\$0.00

SOMATULINE INJ 60/0.2ML	ENDOCRINE	SOMATULINE	LANREOTIDE ACETATE EXTENDED RELEASE INJ 60 MG/0.2ML	15054006001	30170050102025		17%	\$0.00
SOMATULINE INJ 90/0.3ML	ENDOCRINE	SOMATULINE	LANREOTIDE ACETATE EXTENDED RELEASE INJ 90 MG/0.3ML	15054009001	30170050102030		17%	\$0.00
SOMAVERT INJ 10MG	ENDOCRINE	SOMAVERT	PEGVISOMANT FOR INJ 10 MG (AS PROTEIN)	00009517601	30180060002120	J3590	17%	\$0.00
SOMAVERT INJ 15MG	ENDOCRINE	SOMAVERT	PEGVISOMANT FOR INJ 15 MG (AS PROTEIN)	00009517801	30180060002130	J3590	17%	\$0.00
SOMAVERT INJ 20MG	ENDOCRINE	SOMAVERT	PEGVISOMANT FOR INJ 20 MG (AS PROTEIN)	00009518001	30180060002140	J3590	17%	\$0.00
STIMATE SOL 1.5MG/ML	ENDOCRINE	STIMATE	DESMOPRESSIN ACETATE NASAL SOLN 1.5 MG/ML	00053245300	30201010102015		25%	\$0.00
TEV-TROPIN INJ 5MG	ENDOCRINE	TEV-TROPIN	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG	57844071319	30100020002121	J2941	19%	\$0.00
ZOMETA INJ 4MG/5ML	ENDOCRINE	ZOMETA	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION 4 MG/5ML	00078038725	30042090001320	J3487	17%	\$0.00
ZORBTIVE INJ 8.8MG	ENDOCRINE	ZORBTIVE	SOMATROPIN (NON- REFRIGERATED) FOR SUBCUTANEOUS INJ 8.8 MG	44087338807	30100020102132	J2941	19%	\$0.00
ARALAST INJ 400MG	ENZYME THERAPY	ARALAST	PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 400 MG	00944280101	45100010102108	J0256	16%	\$0.00
ARALAST INJ 800MG	ENZYME THERAPY	ARALAST	PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 800 MG	00944280102	45100010102118	J0256	16%	\$0.00
PROLASTIN INJ 1000MG	ENZYME THERAPY	PROLASTIN	PROTEINASE INHIBITOR (HUMAN) FOR INJ 1000 MG	13533060135	45100010101920	J0256	16%	\$0.00
PROLASTIN INJ 500MG	ENZYME THERAPY	PROLASTIN	PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 500 MG	13533060130	45100010102110	J0256	16%	\$0.00
ZEMAIRA INJ 1000MG	ENZYME THERAPY	ZEMAIRA	PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 1000 MG	00053720102	45100010102120	J0256	16%	\$0.00
LUPRON DEPOT INJ 11.25MG	HEMATOLOGICAL AGENT	LUPRON DEPOT	LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 11.25 MG	00300366301	21405010156420	J1950	18%	\$0.00
LUPRON DEPOT INJ 3.75MG	HEMATOLOGICAL AGENT	LUPRON DEPOT	LEUPROLIDE ACETATE FOR INJ KIT 3.75 MG	00300364101	21405010106405	J1950	18%	\$0.00
LUPRON DEPOT INJ 30MG	HEMATOLOGICAL AGENT	LUPRON DEPOT	LEUPROLIDE ACETATE (4 MONTH) FOR INJ KIT 30 MG	00300366301	21405010206430	J9217	18%	\$0.00

ARANESP INJ 100MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 200 MCG/ML	55513002504	82401015112050	J0881	19%	\$0.00
ARANESP INJ 100MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 200 MCG/ML	55513009301	82401015112050	J0881	19%	\$0.00
ARANESP INJ 100MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 200 MCG/ML	55513002501	82401015112050		19%	\$0.00
ARANESP INJ 100MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 100 MCG/ML	55513000504	82401015112040	J0881	19%	\$0.00
ARANESP INJ 100MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 100 MCG/ML	55513000501	82401015112040		19%	\$0.00
ARANESP INJ 150MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 500 MCG/ML	55513002704	82401015112075	J0881	19%	\$0.00
ARANESP INJ 150MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 500 MCG/ML	55513002701	82401015112075		19%	\$0.00
ARANESP INJ 150MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 500 MCG/ML	55513009401	82401015112075	J0881	19%	\$0.00
ARANESP INJ 150MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 200 MCG/ML	55513005304	82401015112050	J0881	19%	\$0.00
ARANESP INJ 150MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 200 MCG/ML	55513005301	82401015112050		19%	\$0.00
ARANESP INJ 200MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 500 MCG/ML	55513002801	82401015112075	J0881	19%	\$0.00
ARANESP INJ 200MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 500 MCG/ML	55513009501	82401015112075	J0881	19%	\$0.00
ARANESP INJ 200MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 200 MCG/ML	55513000601	82401015112050	J0881	19%	\$0.00
ARANESP INJ 25MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 60 MCG/ML	555130005704	82401015112030	J0881	19%	\$0.00
ARANESP INJ 25MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA- POLYSORBATE 80 SOLN INJ 60 MCG/ML	555130005701	82401015112030		19%	\$0.00

ARANESP INJ 25MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 60 MCG/ML	55513009001	82401015112030	J0881	19%	\$0.00
ARANESP INJ 25MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 25 MCG/ML	55513000204	82401015112010	J0881	19%	\$0.00
ARANESP INJ 25MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 25 MCG/ML	55513000201	82401015112010	J0881	19%	\$0.00
ARANESP INJ 300MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 500 MCG/ML	55513011101	82401015112075	J0881	19%	\$0.00
ARANESP INJ 300MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 500 MCG/ML	55513009601	82401015112075	J0881	19%	\$0.00
ARANESP INJ 300MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 300 MCG/ML	55513011001	82401015112060	J0881	19%	\$0.00
ARANESP INJ 40MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 100 MCG/ML	55513002104	82401015112040	J0881	19%	\$0.00
ARANESP INJ 40MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 100 MCG/ML	55513009101	82401015112040	J0881	19%	\$0.00
ARANESP INJ 40MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 100 MCG/ML	55513002101	82401015112040	J0881	19%	\$0.00
ARANESP INJ 40MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 40 MCG/ML	55513000304	82401015112020	J0881	19%	\$0.00
ARANESP INJ 40MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 40 MCG/ML	55513000301	82401015112020	J0881	19%	\$0.00
ARANESP INJ 500MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 500 MCG/ML	55513003201	82401015112075	J0881	19%	\$0.00
ARANESP INJ 500MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 500 MCG/ML	55513009701	82401015112075	J0881	19%	\$0.00
ARANESP INJ 60MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 200 MCG/ML	55513002304	82401015112050	J0881	19%	\$0.00
ARANESP INJ 60MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 200 MCG/ML	55513009201	82401015112050	J0881	19%	\$0.00

ARANESP INJ 60MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 200 MCG/ML	55513002301	82401015112050		19%	\$0.00
ARANESP INJ 60MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 60 MCG/ML	55513000404	82401015112030	J0881	19%	\$0.00
ARANESP INJ 60MCG	HEMATOPOIETIC AGENT	ARANESP	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 60 MCG/ML	55513000401	82401015112030		19%	\$0.00
EPOGEN INJ 10000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 10000 UNIT/ML	55513014410	82401020002040	J0886	19%	\$0.00
EPOGEN INJ 10000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 10000 UNIT/ML	55513028310	82401020002040	J0886	19%	\$0.00
EPOGEN INJ 10000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 10000 UNIT/ML	55513014401	82401020002040	Q0136	19%	\$0.00
EPOGEN INJ 10000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 10000 UNIT/ML	55513028301	82401020002040	Q0136	19%	\$0.00
EPOGEN INJ 2000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 2000 UNIT/ML	55513012610	82401020002010	J0886	19%	\$0.00
EPOGEN INJ 2000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 2000 UNIT/ML	55513012601	82401020002010	Q0136	19%	\$0.00
EPOGEN INJ 2000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 20000 UNIT/ML	55513047810	82401020002050	J0886	19%	\$0.00
EPOGEN INJ 2000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 20000 UNIT/ML	55513047801	82401020002050	Q0136	19%	\$0.00
EPOGEN INJ 3000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 3000 UNIT/ML	55513026710	82401020002015	J0886	19%	\$0.00
EPOGEN INJ 3000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 3000 UNIT/ML	55513026701	82401020002015	Q0136	19%	\$0.00
EPOGEN INJ 4000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 4000 UNIT/ML	55513014810	82401020002020	J0886	19%	\$0.00
EPOGEN INJ 4000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 4000 UNIT/ML	55513014801	82401020002020	Q0136	19%	\$0.00
EPOGEN INJ 4000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 40000 UNIT/ML	55513082310	82401020002060	J0886	19%	\$0.00
EPOGEN INJ 4000/ML	HEMATOPOIETIC AGENT	EPOGEN	EPOETIN ALFA INJ 40000 UNIT/ML	55513082301	82401020002060	Q0136	19%	\$0.00
LEUKINE INJ 250MCG	HEMATOPOIETIC AGENT	LEUKINE	SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG	50419000233	82402050002120	J2820	18%	\$0.00
LEUKINE INJ 250MCG	HEMATOPOIETIC AGENT	LEUKINE	SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG	50419000201	82402050002120	J2820	18%	\$0.00
LEUKINE INJ 500 MCG	HEMATOPOIETIC AGENT	LEUKINE	SARGRAMOSTIM INJ 500 MCG/ML	504190005030	82402050002025	J2820	18%	\$0.00

NEULASTA INJ 6MG/0.6M	HEMATOPOIETIC AGENT	NEULASTA	PEGFILGRASTIM INJ 6 MG/0.6ML	55513019001	82401570002020	J2505	18%	\$0.00
NEUMEGA INJ 5MG	HEMATOPOIETIC AGENT	NEUMEGA	OPRELVEKIN FOR INJ 5 MG	58394000401	82403060002120	J2355	18%	\$0.00
NEUPOGEN INJ 300/0.5	HEMATOPOIETIC AGENT	NEUPOGEN	FILGRASTIM INJ 600 MCG/ML	55513092410	82401520002020	J1440	18%	\$0.00
NEUPOGEN INJ 300/0.5	HEMATOPOIETIC AGENT	NEUPOGEN	FILGRASTIM INJ 600 MCG/ML	55513092401	82401520002020	J1440	18%	\$0.00
NEUPOGEN INJ 300MCG	HEMATOPOIETIC AGENT	NEUPOGEN	FILGRASTIM INJ 300 MCG/ML	55513053010	82401520002010	J1440	18%	\$0.00
NEUPOGEN INJ 300MCG	HEMATOPOIETIC AGENT	NEUPOGEN	FILGRASTIM INJ 300 MCG/ML	55513053001	82401520002010	J1440	18%	\$0.00
NEUPOGEN INJ 480/0.8	HEMATOPOIETIC AGENT	NEUPOGEN	FILGRASTIM INJ 600 MCG/ML	55513020910	82401520002020	J1441	18%	\$0.00
NEUPOGEN INJ 480/0.8	HEMATOPOIETIC AGENT	NEUPOGEN	FILGRASTIM INJ 600 MCG/ML	55513020901	82401520002020	J1441	18%	\$0.00
NEUPOGEN INJ 480MCG	HEMATOPOIETIC AGENT	NEUPOGEN	FILGRASTIM INJ 300 MCG/ML	55513054610	82401520002010	J1441	18%	\$0.00
NEUPOGEN INJ 480MCG	HEMATOPOIETIC AGENT	NEUPOGEN	FILGRASTIM INJ 300 MCG/ML	55513054601	82401520002010	J1441	18%	\$0.00
PROCRIT INJ 10000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 10000 UNIT/ML	59676031002	82401020002040	J0885	19%	\$0.00
PROCRIT INJ 10000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 10000 UNIT/ML	59676031204	82401020002040	J0885	19%	\$0.00
PROCRIT INJ 10000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 10000 UNIT/ML	59676031201	82401020002040	J0885	19%	\$0.00
PROCRIT INJ 10000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 10000 UNIT/ML	59676031000	82401020002040	J0885	19%	\$0.00
PROCRIT INJ 10000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 10000 UNIT/ML	59676031001	82401020002040	J0885	19%	\$0.00
PROCRIT INJ 2000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 2000 UNIT/ML	59676030202	82401020002010	J0885	19%	\$0.00
PROCRIT INJ 2000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 2000 UNIT/ML	59676030201	82401020002010	J0885	19%	\$0.00
PROCRIT INJ 20000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 20000 UNIT/ML	59676032004	82401020002050	J0885	19%	\$0.00
PROCRIT INJ 3000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 3000 UNIT/ML	59676030302	82401020002015	J0885	19%	\$0.00
PROCRIT INJ 3000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 3000 UNIT/ML	59676030301	82401020002015	J0885	19%	\$0.00
PROCRIT INJ 4000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 4000 UNIT/ML	59676030402	82401020002020	J0885	19%	\$0.00
PROCRIT INJ 4000/ML	HEMATOPOIETIC AGENT	PROCRIT	EPOETIN ALFA INJ 4000 UNIT/ML	59676030401	82401020002020	J0885	19%	\$0.00

PROCRIT INJ 40000/ML	HEMATOPOIETIC AGENT	PROCRIT		EPOETIN ALFA INJ 40000 UNIT/ML	59676034001	82401020002060	J0885	19%	\$0.00
ADVATE INJ 3000UNIT	HEMOPHILIA	ADVATE		ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 3000 UNIT	00944294610	85100010252180		34%	\$0.00
ALPHANATE INJ	HEMOPHILIA	ALPHANATE		ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000-1500 UNIT	68516460002	85100010002143	J7190	36%	\$0.00
ALPHANATE INJ 250-500	HEMOPHILIA	ALPHANATE		ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250-500 UNIT	68516460001	85100010002112	J7190	36%	\$0.00
ALPHANATE INJ VWF/HUM	HEMOPHILIA	ALPHANATE		ANTIHEMOPHILIC FACTORVWF (HUMAN) FOR INJ 250 UNIT	68516460101	85100015102160	J7190	36%	\$0.00
ALPHANATE INJ VWF/HUM	HEMOPHILIA	ALPHANATE		ANTIHEMOPHILIC FACTORVWF (HUMAN) FOR INJ 500 UNIT	68516460201	85100015102170	J7190	36%	\$0.00
ALPHANATE INJ VWF/HUM	HEMOPHILIA	ALPHANATE		ANTIHEMOPHILIC FACTORVWF (HUMAN) FOR INJ 1000 UNIT	68516460302	85100015102180	J7190	36%	\$0.00
ALPHANATE INJ VWF/HUM	HEMOPHILIA	ALPHANATE		ANTIHEMOPHILIC FACTORVWF (HUMAN) FOR INJ 1500 UNIT	68516460402	85100015102190	J7190	36%	\$0.00
ALPHANINE SD INJ 250-1500	HEMOPHILIA	ALPHANINE		COAGULATION FACTOR IX FOR INJ 250-1500 UNIT	68516360002	85100028002125	J7193	17%	\$0.00
BEBULIN VH INJ 200-1200	HEMOPHILIA	BEBULIN VH		FACTOR IX COMPLEX FOR INJ 200-1200 UNIT	64193024402	851000300002150	J7194	34%	\$0.00
BENEFIX INJ 1000UNIT	HEMOPHILIA	BENEFIX		COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	58394000101	85100028202140	J7195	13%	\$0.00
BENEFIX INJ 1000UNIT	HEMOPHILIA	BENEFIX		COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	58394000105	85100028202140	J7195	13%	\$0.00
BENEFIX INJ 1000UNIT	HEMOPHILIA	BENEFIX		COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	58394000106	85100028202140	J7195	13%	\$0.00
BENEFIX INJ 2000UNIT	HEMOPHILIA	BENEFIX		COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	58394000802	85100028202150	J7195	13%	\$0.00
BENEFIX INJ 2000UNIT	HEMOPHILIA	BENEFIX		COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	58394000803	85100028202150	J7195	13%	\$0.00
BENEFIX INJ 250UNIT	HEMOPHILIA	BENEFIX		COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	58394000301	85100028202120	J7195	13%	\$0.00

BENEFIX INJ 250UNIT	HEMOPHILIA	BENEFIX	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	58394000305	85100028202120	J7195	13%	\$0.00
BENEFIX INJ 250UNIT	HEMOPHILIA	BENEFIX	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	58394000306	85100028202120	J7195	13%	\$0.00
BENEFIX INJ 500UNIT	HEMOPHILIA	BENEFIX	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	58394000201	85100028202130	J7195	13%	\$0.00
BENEFIX INJ 500UNIT	HEMOPHILIA	BENEFIX	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	58394000205	85100028202130	J7195	13%	\$0.00
BENEFIX INJ 500UNIT	HEMOPHILIA	BENEFIX	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	58394000206	85100028202130	J7195	13%	\$0.00
FEIBA VH INJ IMMUNO	HEMOPHILIA	FEIBA VH	ANTIINHIBITOR COAGULANT COMPLEX FOR INJ	64193022203	85100020002100	J7198	34%	\$0.00
FEIBA VH INJ IMMUNO	HEMOPHILIA	FEIBA VH	ANTIINHIBITOR COAGULANT COMPLEX FOR INJ	64193022204	85100020002100	J7198	34%	\$0.00
FEIBA VH INJ IMMUNO	HEMOPHILIA	FEIBA VH	ANTIINHIBITOR COAGULANT COMPLEX FOR INJ	64193022205	85100020002100	J7198	34%	\$0.00
GENARC INJ 1000UNIT	HEMOPHILIA	GENARC	ANTITHROMPHILIC FACTOR (RECOMBINANT) FOR INJ 1000 UNIT	52769046410	85100010202140	J7192	18%	\$0.00
GENARC INJ 500 UNIT	HEMOPHILIA	GENARC	ANTITHROMPHILIC FACTOR (RECOMBINANT) FOR INJ 500 UNIT	52769046405	85100010202130	J7192	18%	\$0.00
HELIXATE FS SOL 1000UNIT	HEMOPHILIA	HELIXATE FS	ANTITHROMPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 1000 UNIT	00053813004	85100010206440	J7192	34%	\$0.00
HELIXATE FS SOL 250UNIT	HEMOPHILIA	HELIXATE FS	ANTITHROMPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 250 UNIT	00053813001	85100010206420	J7192	34%	\$0.00
HELIXATE FS SOL 500UNIT	HEMOPHILIA	HELIXATE FS	ANTITHROMPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 500 UNIT	00053813002	85100010206430	J7192	34%	\$0.00
HELIXATE INJ 2000UNIT	HEMOPHILIA	HELIXATE FS	ANTITHROMPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 2000 UNIT	00053813005	85100010206450	J7192	34%	\$0.00
HEMOPHIL M INJ 220-400	HEMOPHILIA	HEMOPHIL M	ANTITHROMPHILIC FACTOR (HUMAN) FOR INJ 220-400 UNIT	00944293501	85100010002109	J7190	35%	\$0.00

HUMATE-P INJ 1000UNIT	HEMOPHILIA	HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1000 UNIT	00053762010	85100015102130	J7187	34%	\$0.00
HUMATE-P INJ 2000UNIT	HEMOPHILIA	HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2000 UNIT	00053762020	85100015102140	J7187	34%	\$0.00
HUMATE-P INJ 500UNIT	HEMOPHILIA	HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-500 UNIT	00053762005	85100015102120	J7187	34%	\$0.00
HUMATE-P SOL 1200UNIT	HEMOPHILIA	HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT	00053761510	85100015102132	J7187	34%	\$0.00
HUMATE-P SOL 2400UNIT	HEMOPHILIA	HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNIT	00053761520	85100015102144	J7187	34%	\$0.00
HUMATE-P SOL 600UNIT	HEMOPHILIA	HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT	00053761505	85100015102122	J7187	34%	\$0.00
KOATE-DVI INJ 1000UNIT	HEMOPHILIA	KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	13533066550	85100010002140	J7190	36%	\$0.00
KOATE-DVI INJ 250UNIT	HEMOPHILIA	KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	13533066520	85100010002110	J7190	36%	\$0.00
KOATE-DVI INJ 500UNIT	HEMOPHILIA	KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	13533066530	85100010002130	J7190	36%	\$0.00
KOGENATE FS INJ 1000/BS	HEMOPHILIA	KOGENATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 1000 UNIT	00026037950	85100010206440	J7192	38%	\$0.00
KOGENATE FS INJ 1000UNIT	HEMOPHILIA	KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 1000 UNIT	00026037250	85100010206440	J7192	38%	\$0.00
KOGENATE FS INJ 2000/BS	HEMOPHILIA	KOGENATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 2000 UNIT	00026379660	85100010206450		38%	\$0.00
KOGENATE FS INJ 2000UNIT	HEMOPHILIA	KOGENATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 2000 UNIT	00026378660	85100010206450		38%	\$0.00
KOGENATE FS INJ 250/BS	HEMOPHILIA	KOGENATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 250 UNIT	00026037920	85100010206420	J7192	38%	\$0.00
KOGENATE FS INJ 500/BS	HEMOPHILIA	KOGENATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 500 UNIT	00026037930	85100010206430	J7192	38%	\$0.00

KOGENATE FS INJ 500UNIT	HEMOPHILIA	KOGENATE FS	ANTHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 500 UNIT	00026037230	85100010206430	J7192	38%	\$0.00
MONARC-M INJ 1701+	HEMOPHILIA	MONARC-M	ANTHEMOPHILIC FACTOR (HUMAN) FOR INJ 1701-2000 UNIT	00944130410	85100010002147	J7190	36%	\$0.00
MONARC-M INJ 220-400	HEMOPHILIA	MONARC-M	ANTHEMOPHILIC FACTOR (HUMAN) FOR INJ 220-400 UNIT	00944130110	85100010002109	J7190	36%	\$0.00
MONARC-M INJ 401-800	HEMOPHILIA	MONARC-M	ANTHEMOPHILIC FACTOR (HUMAN) FOR INJ 401-800 UNIT	00944130210	85100010002125	J7190	36%	\$0.00
MONARC-M INJ 801-1700	HEMOPHILIA	MONARC-M	ANTHEMOPHILIC FACTOR (HUMAN) FOR INJ 801-1700 UNIT	00944130310	85100010002139	J7190	36%	\$0.00
MONOCLATE-P INJ 1000UNIT	HEMOPHILIA	MONOCLATE-P	ANTHEMOPHILIC FACTOR (HUMAN) FOR INJ KIT 1000 UNIT	00053765604	85100010006460	J7190	35%	\$0.00
MONOCLATE-P INJ 1500UNIT	HEMOPHILIA	MONOCLATE-P	ANTHEMOPHILIC FACTOR (HUMAN) FOR INJ KIT 1500 UNIT	00053765605	85100010006475	J7190	35%	\$0.00
MONOCLATE-P INJ 250UNIT	HEMOPHILIA	MONOCLATE-P	ANTHEMOPHILIC FACTOR (HUMAN) FOR INJ KIT 250 UNIT	00053765601	85100010006410	J7190	35%	\$0.00
MONOCLATE-P INJ 500UNIT	HEMOPHILIA	MONOCLATE-P	ANTHEMOPHILIC FACTOR (HUMAN) FOR INJ KIT 500 UNIT	00053765602	85100010006430	J7190	35%	\$0.00
MONONINE INJ 1000UNIT	HEMOPHILIA	MONONINE	COAGULATION FACTOR IX FOR INJ 1000 UNIT	00053766804	85100028002180	J7193	34%	\$0.00
MONONINE INJ 250UNIT	HEMOPHILIA	MONONINE	COAGULATION FACTOR IX FOR INJ 250 UNIT	00053766801	85100028002160	J7193	34%	\$0.00
MONONINE INJ 500UNIT	HEMOPHILIA	MONONINE	COAGULATION FACTOR IX FOR INJ 500 UNIT	00053766802	85100028002170	J7193	34%	\$0.00
NOVOSEVEN INJ 1200MCG	HEMOPHILIA	NOVOSEVEN	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1200 MCG	00169706001	85100026202120	J7189	34%	\$0.00
NOVOSEVEN INJ 2400MCG	HEMOPHILIA	NOVOSEVEN	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2400 MCG	00169706101	85100026202130	J7189	34%	\$0.00
NOVOSEVEN INJ 2400MCG	HEMOPHILIA	NOVOSEVEN	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2400 MCG	32849020138	85100026202130	J7189	34%	\$0.00
NOVOSEVEN INJ 4800MCG	HEMOPHILIA	NOVOSEVEN	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 4800 MCG	00169706201	85100026202140	J7189	34%	\$0.00

PROFILNINE INJ	HEMOPHILIA	PROFILNINE	FACTOR IX COMPLEX FOR INJ 1000-1500 UNIT	68516320003	85100030002180	J7194	36%	\$0.00
PROFILNINE INJ 500UNIT	HEMOPHILIA	PROFILNINE	FACTOR IX COMPLEX FOR INJ 500 UNIT	49669320002	85100030002105	J7194	36%	\$0.00
PROFILNINE INJ 500UNIT	HEMOPHILIA	PROFILNINE	FACTOR IX COMPLEX FOR INJ 500 UNIT	68516320002	85100030002105	J7194	36%	\$0.00
PROPLEX T INJ FACT IX	HEMOPHILIA	PROPLEX T	FACTOR IX COMPLEX FOR INJ 700-3900 UNIT	009444058101	85100030002170	J7194	34%	\$0.00
RECOMBINATE INJ 220-400	HEMOPHILIA	RECOMBINATE	ANTHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 220-400 UNIT	00944283110	85100010202115	J7192	34%	\$0.00
RECOMBINATE INJ 401-800	HEMOPHILIA	RECOMBINATE	ANTHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 401-800 UNIT	00944283210	85100010202125	J7192	34%	\$0.00
RECOMBINATE INJ 801-1240	HEMOPHILIA	RECOMBINATE	ANTHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 801-1240 UNIT	00944283310	85100010202135	J7192	34%	\$0.00
REFACTO INJ 1000UNIT	HEMOPHILIA	REFACTO	ANTHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 1000 UNIT	58394000502	85100010206440	J7192	34%	\$0.00
REFACTO INJ 1000UNIT	HEMOPHILIA	REFACTO	ANTHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 1000 UNIT	58394000504	85100010206440	J7192	34%	\$0.00
REFACTO INJ 2000UNIT	HEMOPHILIA	REFACTO	ANTHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 2000 UNIT	58394001102	85100010206450	J7192	34%	\$0.00
REFACTO INJ 2000UNIT	HEMOPHILIA	REFACTO	ANTHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 2000 UNIT	58394001104	85100010206450	J7192	34%	\$0.00
REFACTO INJ 250UNIT	HEMOPHILIA	REFACTO	ANTHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 250 UNIT	58394000702	85100010206420	J7192	34%	\$0.00
REFACTO INJ 500UNIT	HEMOPHILIA	REFACTO	ANTHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT 500 UNIT	58394000602	85100010206430	J7192	34%	\$0.00
VANTAS KIT 50MG	HEMOPHILIA	GENARC	HISTRELIN ACETATE IMPLANT KIT 50 MG	55592050001	21405007106450	J7192	18%	\$0.00
BRAVELLE INJ 75UNIT	HORMONE	BRAVELLE	UROFOLLITROPIN PURIFIED FOR INJ 75 UNIT	55566850506	30062090102112	J3355	19%	\$0.00
BRAVELLE INJ 75UNIT	HORMONE	BRAVELLE	UROFOLLITROPIN PURIFIED FOR INJ 75 UNIT	55566850502	30062090102112	J3355	19%	\$0.00
CETROTIDE KIT 0.25MG	HORMONE	CETROTIDE	CETRORELIX ACETATE FOR INJ KIT 0.25 MG	44087122501	30090025106420	J3490	19%	\$0.00
CETROTIDE KIT 3MG	HORMONE	CETROTIDE	CETRORELIX ACETATE FOR INJ KIT 3 MG	44087120301	30090025106440	J3490	19%	\$0.00

CHOR GONADOT INJ 10000UNIT	HORMONE	CHOR GONADOT	CHORIONIC GONADOTROPIN FOR INJ 10000 UNIT	63323002510	30062020002140	J0725	17%	\$0.00
FOLLISTIM AQ INJ 150UNIT	HORMONE	FOLLISTIM AQ	FOLLITROPIN BETA INJ 150 UNIT/0.5ML	00052030902	30062030102006	S0128	19%	\$0.00
FOLLISTIM AQ INJ 300UNIT	HORMONE	FOLLISTIM AQ	FOLLITROPIN BETA INJ 300 UNIT/0.36ML	00052031301	30062030102020	S0128	19%	\$0.00
FOLLISTIM AQ INJ 600UNIT	HORMONE	FOLLISTIM AQ	FOLLITROPIN BETA INJ 600 UNIT/0.72ML	00052031601	30062030102030	S0128	19%	\$0.00
FOLLISTIM AQ INJ 75UNIT	HORMONE	FOLLISTIM AQ	FOLLITROPIN BETA INJ 75 UNIT/0.5ML	00052030802	30062030102003	S0128	19%	\$0.00
FOLLISTIM AQ INJ 900UNIT	HORMONE	FOLLISTIM AQ	FOLLITROPIN BETA INJ 900 UNIT/1.08ML	00052032601	30062030102040	S0128	19%	\$0.00
GANIRELIX AC INJ	HORMONE	GANIRELIX AC	GANIRELIX ACETATE INJ 250 MCG/0.5ML	00052030161	30090040102020	S0132	19%	\$0.00
GANIRELIX AC INJ	HORMONE	GANIRELIX AC	GANIRELIX ACETATE INJ 250 MCG/0.5ML	00052030151	30090040102020	S0132	19%	\$0.00
GONAL-F INJ 1050UNIT	HORMONE	GONAL-F	FOLLITROPIN ALFA FOR INJ 1050 UNIT	44087907001	30062030052150	S0126	19%	\$0.00
GONAL-F INJ 450UNIT	HORMONE	GONAL-F	FOLLITROPIN ALFA FOR INJ 450 UNIT	44087903001	30062030052140	S0126	19%	\$0.00
GONAL-F RFF INJ 300	HORMONE	GONAL-F RFF	FOLLITROPIN ALFA INJ 300 UNIT/0.5ML	44087111301	30062030052020	S0126	17%	\$0.00
GONAL-F RFF INJ 450	HORMONE	GONAL-F RFF	FOLLITROPIN ALFA INJ 300 UNIT/0.5ML	44087111201	30062030052020	S0126	17%	\$0.00
GONAL-F RFF INJ 75UNIT	HORMONE	GONAL-F RFF	FOLLITROPIN ALFA FOR INJ 75 UNIT	44087900506	30062030052115	S0126	17%	\$0.00
GONAL-F RFF INJ 75UNIT	HORMONE	GONAL-F RFF	FOLLITROPIN ALFA FOR INJ 75 UNIT	44087900501	30062030052115	S0126	17%	\$0.00
GONAL-F RFF INJ 900	HORMONE	GONAL-F RFF	FOLLITROPIN ALFA INJ 300 UNIT/0.5ML	44087111401	30062030052020	S0126	17%	\$0.00
LUVERIS INJ 75UNIT	HORMONE	LUVERIS	LUTROPIN ALFA FOR SUBCUTANEOUS INJ 75 UNIT	44087137501	30062045052150	J3490	19%	\$0.00
MENOPUR INJ 75UNIT	HORMONE	MENOPUR	MENOTROPINS FOR SUBCUTANEOUS INJ 75 UNIT	55566750102	30062050002175	S0122	19%	\$0.00
NOVAREL INJ 10000UNIT	HORMONE	NOVAREL	CHORIONIC GONADOTROPIN FOR INJ 10000 UNIT	55566150101	30062020002140		19%	\$0.00
OVIDREL INJ	HORMONE	OVIDREL	CHORIOGONADOTROPIN ALFA INJ 250 MCG/0.5ML	44087115001	30062022052220		19%	\$0.00
PERGONAL INJ 150IU	HORMONE	PERGONAL	MENOTROPINS FOR IM INJ 150 IU	44087515001	30062050002110		17%	\$0.00

PREGNYL INJ 10000UNT	HORMONE	PREGNYL	CHORIONIC GONADOTROPIN FOR INJ 10000 UNIT	00052031510	30062020002140	J0725	17%	\$0.00
REPRONEX INJ 75UNIT	HORMONE	REPRONEX	MENOTROPINS FOR INJ 75 UNIT	55566718502	30062050002155	S0122	19%	\$0.00
BAYGAM INJ	IMMUNE GLOBULIN	BAYGAM	IMMUNE GLOBULIN (HUMAN) INJ	00026063504	19100020002200		28%	\$0.00
BAYGAM INJ	IMMUNE GLOBULIN	BAYGAM	IMMUNE GLOBULIN (HUMAN) INJ	00026063512	19100020002200		28%	\$0.00
CARIMUNE NF INJ 3GM	IMMUNE GLOBULIN	CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 3 GM	44206041603	19100020102117	J1563	32%	\$0.00
CARIMUNE NF INJ 6GM	IMMUNE GLOBULIN	CARIMUNE NF	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 6 GM	44206041706	19100020102125	J1563	32%	\$0.00
CYTOGAM INJ	IMMUNE GLOBULIN	CYTOGAM	CYTOGALOVIRUS IMMUNE GLOBULIN (HUMAN) IV INJ	44206310110	19100005002200	J0850	28%	\$0.00
FLEBOGAMMA INJ 5%	IMMUNE GLOBULIN	FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	61953000301	19100020102005	J1563	28%	\$0.00
FLEBOGAMMA INJ 5%	IMMUNE GLOBULIN	FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	61953000302	19100020102005	J1563	28%	\$0.00
FLEBOGAMMA INJ 5%	IMMUNE GLOBULIN	FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	61953000303	19100020102005	J1563	28%	\$0.00
FLEBOGAMMA INJ 5%	IMMUNE GLOBULIN	FLEBOGAMMA	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	61953000304	19100020102005	J1563	28%	\$0.00
GAMASTAN S/D INJ	IMMUNE GLOBULIN	GAMASTAN S/D	IMMUNE GLOBULIN (HUMAN) INJ	13533063512	19100020002200		28%	\$0.00
GAMASTAN S/D INJ	IMMUNE GLOBULIN	GAMASTAN S/D	IMMUNE GLOBULIN (HUMAN) INJ	13533063504	19100020002200	J1460	28%	\$0.00
GAMASTAN S/D INJ	IMMUNE GLOBULIN	GAMASTAN S/D	IMMUNE GLOBULIN (HUMAN) INJ	13533063503	19100020002200		28%	\$0.00
GAMIMUNE N INJ 10%	IMMUNE GLOBULIN	GAMIMUNE	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	00026064812	19100020102010	J1563	30%	\$0.00
GAMIMUNE N INJ 10%	IMMUNE GLOBULIN	GAMIMUNE	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	00026064815	19100020102010	J1563	30%	\$0.00
GAMIMUNE N INJ 10%	IMMUNE GLOBULIN	GAMIMUNE	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	00026064820	19100020102010	J1563	30%	\$0.00
GAMIMUNE N INJ 10%	IMMUNE GLOBULIN	GAMIMUNE	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	00026064824	19100020102010	J1563	30%	\$0.00
GAMIMUNE N INJ 10%	IMMUNE GLOBULIN	GAMIMUNE	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	00026064871	19100020102010	J1563	30%	\$0.00
GAMIMUNE N INJ 5%	IMMUNE GLOBULIN	GAMIMUNE	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	00026064612	19100020102205	J1563	30%	\$0.00

GAMIMUNE N INJ 5%	IMMUNE GLOBULIN	GAMIMUNE	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	00026064620	19100020102205	J1563	30%	\$0.00
GAMIMUNE N INJ 5%	IMMUNE GLOBULIN	GAMIMUNE	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	00026064624	19100020102205	J1563	30%	\$0.00
GAMIMUNE N INJ 5%	IMMUNE GLOBULIN	GAMIMUNE	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	00026064625	19100020102205	J1563	30%	\$0.00
GAMIMUNE N INJ 5%	IMMUNE GLOBULIN	GAMIMUNE	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	00026064671	19100020102205	J1563	30%	\$0.00
GAMMAGARD INJ 10GM/100	IMMUNE GLOBULIN	GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	00944270005	19100020102010	J1560	30%	\$0.00
GAMMAGARD INJ 1G/10ML	IMMUNE GLOBULIN	GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	00944270002	19100020102010	J1560	30%	\$0.00
GAMMAGARD INJ 2.5GM/25	IMMUNE GLOBULIN	GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	00944270003	19100020102010	J1560	30%	\$0.00
GAMMAGARD INJ 20GM/200	IMMUNE GLOBULIN	GAMMAGARD	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	00944270006	19100020102010	J1560	30%	\$0.00
GAMMAGARD SD INJ 0.5GM HU	IMMUNE GLOBULIN	GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 0.5 GM	00944262001	19100020102113	J1563	30%	\$0.00
GAMMAGARD SD INJ 10GM HU	IMMUNE GLOBULIN	GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 10 GM	00944262004	19100020102130	J1566	30%	\$0.00
GAMMAGARD SD INJ 10GM HU	IMMUNE GLOBULIN	GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 10 GM	00944265504	19100020102130		30%	\$0.00
GAMMAGARD SD INJ 5GM HU	IMMUNE GLOBULIN	GAMMAGARD SD	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 5 GM	00944265503	19100020102120		30%	\$0.00
GAMMAR I.V. INJ 10GM HU	IMMUNE GLOBULIN	GAMMAR	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 10 GM	00053749010	19100020102130		28%	\$0.00
GAMMAR I.V. INJ 1GM HU	IMMUNE GLOBULIN	GAMMAR	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 1 GM	00053749001	19100020102112	J1563	28%	\$0.00
GAMMAR I.V. INJ 2.5GM HU	IMMUNE GLOBULIN	GAMMAR	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 2.5 GM	00053749002	19100020102115		28%	\$0.00
GAMMAR I.V. INJ 5GM HU	IMMUNE GLOBULIN	GAMMAR	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 5 GM	00053749005	19100020102120		28%	\$0.00
GAMMAR-P IV INJ 1 GM	IMMUNE GLOBULIN	GAMMAR-P	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 1 GM	00053748601	19100020102112	J1563	28%	\$0.00

GAMMAR-P IV INJ 2.5 GM	IMMUNE GLOBULIN	GAMMAR-P	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 2.5 GM	00053748602	19100020102115		28%	\$0.00
GAMUNEX INJ 10%	IMMUNE GLOBULIN	GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	13533064524	19100020102010	J1567	35%	\$0.00
GAMUNEX INJ 10%	IMMUNE GLOBULIN	GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	13533064571	19100020102010	J1567	35%	\$0.00
GAMUNEX INJ 10%	IMMUNE GLOBULIN	GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	13533064512	19100020102010	J1567	35%	\$0.00
GAMUNEX INJ 10%	IMMUNE GLOBULIN	GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	13533064515	19100020102010	J1567	35%	\$0.00
GAMUNEX INJ 10%	IMMUNE GLOBULIN	GAMUNEX	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	13533064520	19100020102010	J1567	35%	\$0.00
IVEEGAM EN INJ 5GM HU	IMMUNE GLOBULIN	IVEEGAM EN	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 5 GM	64193025050	19100020102120	J1563	32%	\$0.00
OCTAGAM INJ 10GM	IMMUNE GLOBULIN	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	67467084304	19100020102005	J1563	32%	\$0.00
OCTAGAM INJ 10GM	IMMUNE GLOBULIN	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	68209084304	19100020102005		32%	\$0.00
OCTAGAM INJ 1GM	IMMUNE GLOBULIN	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	67467084301	19100020102005	J1563	32%	\$0.00
OCTAGAM INJ 1GM	IMMUNE GLOBULIN	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	68209084301	19100020102005		32%	\$0.00
OCTAGAM INJ 2.5GM	IMMUNE GLOBULIN	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	67467084302	19100020102005	J1563	32%	\$0.00
OCTAGAM INJ 2.5GM	IMMUNE GLOBULIN	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	68209084302	19100020102005		32%	\$0.00
OCTAGAM INJ 25GM	IMMUNE GLOBULIN	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	67467084305	19100020102005		32%	\$0.00
OCTAGAM INJ 5GM	IMMUNE GLOBULIN	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	67467084303	19100020102005	J1563	32%	\$0.00
OCTAGAM INJ 5GM	IMMUNE GLOBULIN	OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV SOLN 5%	68209084303	19100020102005		32%	\$0.00
PANGLOBULIN SOL 6GM	IMMUNE GLOBULIN	PANGLOBULIN	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 6 GM	52769041706	19100020102125	J1563	32%	\$0.00
POLYGAM S/D SOL 0.5GM	IMMUNE GLOBULIN	POLYGAM S/D	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 0.5 GM	00944047169	19100020102113	J1566	32%	\$0.00
POLYGAM S/D SOL 10GM	IMMUNE GLOBULIN	POLYGAM S/D	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 10 GM	00944047180	19100020102130	J1566	32%	\$0.00

POLYGAM S/D SOL 2.5GM	IMMUNE GLOBULIN	POLYGAM S/D	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 2.5 GM	00944047172	19100020102115	J1566	32%	\$0.00
POLYGAM S/D SOL 5GM	IMMUNE GLOBULIN	POLYGAM S/D	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 5 GM	00944047175	19100020102120	J1566	32%	\$0.00
RESPIGAM SOL 50MG/ML	IMMUNE GLOBULIN	RESPIGAM	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN IV INJ 50 MG/ML	60574210101	19100047002020	J1565	18%	\$0.00
RHOPHYLAC INJ 1500/2ML	IMMUNE GLOBULIN	RHOPHYLAC	RHO D IMMUNE GLOBULIN (HUMAN) INJ 1500 UNIT/2ML (300 MCG/2ML)	44206030001	19100050002015	J2790	17%	\$0.00
RHOPHYLAC INJ 1500/2ML	IMMUNE GLOBULIN	RHOPHYLAC	RHO D IMMUNE GLOBULIN (HUMAN) INJ 1500 UNIT/2ML (300 MCG/2ML)	44206030010	19100050002015	J2790	17%	\$0.00
SOLIRIS INJ 10MG/ML	IMMUNE GLOBULIN	SOLIRIS	ECULIZUMAB IV SOLN 10 MG/ML (FOR INFUSION)	25682000101	85800050002020	J3590	17%	\$0.00
SYNAGIS INJ 100MG/ML	IMMUNE GLOBULIN	SYNAGIS	PALIVIZUMAB IM SOLN 100 MG/ML	60574411301	19502060002020	90378	18%	\$0.00
SYNAGIS INJ 50MG	IMMUNE GLOBULIN	SYNAGIS	PALIVIZUMAB IM SOLN 100 MG/ML	60574411401	19502060002020	90378	18%	\$0.00
VENOGLOBUL-S INJ 10%	IMMUNE GLOBULIN	VENOGLOBULIN-S	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	68516162201	19100020102010	J1563	28%	\$0.00
VENOGLOBUL-S INJ 10%	IMMUNE GLOBULIN	VENOGLOBULIN-S	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	68516162301	19100020102010	J1563	28%	\$0.00
VENOGLOBUL-S INJ 10%	IMMUNE GLOBULIN	VENOGLOBULIN-S	IMMUNE GLOBULIN (HUMAN) IV SOLN 10%	68516162401	19100020102010	J1563	28%	\$0.00
VIVAGLOBIN SOL 160MG/ML	IMMUNE GLOBULIN	VIVAGLOBIN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 160 MG/ML (16%)	00053759603	19100020202020	J1562	32%	\$0.00
VIVAGLOBIN SOL 160MG/ML	IMMUNE GLOBULIN	VIVAGLOBIN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 160 MG/ML (16%)	00053759610	19100020202020	J1562	32%	\$0.00
VIVAGLOBIN SOL 160MG/ML	IMMUNE GLOBULIN	VIVAGLOBIN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 160 MG/ML (16%)	00053759615	19100020202020	J1562	32%	\$0.00
VIVAGLOBIN SOL 160MG/ML	IMMUNE GLOBULIN	VIVAGLOBIN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 160 MG/ML (16%)	00053759620	19100020202020	J1562	32%	\$0.00
VIVAGLOBIN SOL 160MG/ML	IMMUNE GLOBULIN	VIVAGLOBIN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 160 MG/ML (16%)	00053759625	19100020202020	J1562	32%	\$0.00
WINRHO SDF INJ 15000UNT	IMMUNE GLOBULIN	WINRHO SDF	RHO D IMMUNE GLOBULIN (HUMAN) INJ 15000 UNIT/13ML	00944296709	19100050002065	J2792	31%	\$0.00

WINRHO SDF INJ 1500UNIT	IMMUNE GLOBULIN	WINRHO SDF	RHO D IMMUNE GLOBULIN (HUMAN) INJ 1500 UNIT/1.3ML	00944296703	19100050002060	J2792	31%	\$0.00
WINRHO SDF INJ 2500UNIT	IMMUNE GLOBULIN	WINRHO SDF	RHO D IMMUNE GLOBULIN (HUMAN) INJ 2500 UNIT/2.2ML	00944296707	19100050002050	J2792	31%	\$0.00
WINRHO SDF INJ 5000UNIT	IMMUNE GLOBULIN	WINRHO SDF	RHO D IMMUNE GLOBULIN (HUMAN) INJ 5000 UNIT/4.4ML	00944296705	19100050002055	J2792	31%	\$0.00
WINRHO SDF INJ 5000UNIT	IMMUNE GLOBULIN	WINRHO SDF	RHO D IMMUNE GLOBULIN (HUMAN) FOR INJ 5000 UNIT (1000 MCG)	60492002401	19100050002170	J2790	31%	\$0.00
WINRHO SDF INJ 600UNIT	IMMUNE GLOBULIN	WINRHO SDF	RHO D IMMUNE GLOBULIN (HUMAN) INJ 600 UNIT/0.5ML	00944296701	19100050002070	J2792	31%	\$0.00
WINRHO SDF INJ 600UNIT	IMMUNE GLOBULIN	WINRHO SDF	RHO D IMMUNE GLOBULIN (HUMAN) FOR INJ 600 UNIT (120 MCG)	60492002101	19100050002120	J2792	31%	\$0.00
XOLAIR SOL 150MG	IMMUNE GLOBULIN	XOLAIR	OMALIZUMAB FOR INJ 150 MG	50242004062	44603060002120	J2357	18%	\$0.00
ADAGEN INJ 250/ML	IMMUNOLOGIC AGENT	ADAGEN	PEGADEMASE BOVINE INJ 250 UNIT/ML	57665000101	20000050002025	J2504	17%	\$0.00
ENBREL INJ 25/0.5ML	IMMUNOLOGIC AGENT	ENBREL	ETANERCEPT SUBCUTANEOUS INJ 50 MG/ML	58406045504	66290030002020		19%	\$0.00
ENBREL INJ 25/0.5ML	IMMUNOLOGIC AGENT	ENBREL	ETANERCEPT SUBCUTANEOUS INJ 50 MG/ML	58406045501	66290030002020		19%	\$0.00
ENBREL INJ 25MG	IMMUNOLOGIC AGENT	ENBREL	ETANERCEPT FOR SUBCUTANEOUS INJ KIT 25 MG	58406042534	66290030006420	J1438	19%	\$0.00
ENBREL INJ 25MG	IMMUNOLOGIC AGENT	ENBREL	ETANERCEPT FOR SUBCUTANEOUS INJ KIT 25 MG	58406042541	66290030006420	J1438	19%	\$0.00
ENBREL INJ 50MG/ML	IMMUNOLOGIC AGENT	ENBREL	ETANERCEPT SUBCUTANEOUS INJ 50 MG/ML	58406043504	66290030002020	J1438	19%	\$0.00
ENBREL INJ 50MG/ML	IMMUNOLOGIC AGENT	ENBREL	ETANERCEPT SUBCUTANEOUS INJ 50 MG/ML	58406043501	66290030002020	J1438	19%	\$0.00
ENBREL SRCLK INJ 50MG/ML	IMMUNOLOGIC AGENT	ENBREL	ETANERCEPT SUBCUTANEOUS INJ 50 MG/ML	58406044504	66290030002020	J1438	19%	\$0.00

ENBREL SRCLK INJ 50MG/ML	IMMUNOLOGIC AGENT	ENBREL	ETANERCEPT SUBCUTANEOUS INJ 50 MG/ML	58406044501	66290030002020		19%	\$0.00
HUMIRA KIT 20MG/0.4	IMMUNOLOGIC AGENT	HUMIRA	ADALIMUMAB INJ KIT 20 MG/0.4ML	00074937402	66270015006410		*19%	\$0.00
HUMIRA KIT 40MG/0.8	IMMUNOLOGIC AGENT	HUMIRA	ADALIMUMAB INJ KIT 40 MG/0.8ML (50 MG/ML)	00074379902	66270015006420	J0135	19%	\$0.00
HUMIRA PEN KIT 40MG/0.8	IMMUNOLOGIC AGENT	HUMIRA	ADALIMUMAB INJ KIT 40 MG/0.8ML (50 MG/ML)	00074433902	66270015006420	J0135	19%	\$0.00
HUMIRA PEN KIT STARTER	IMMUNOLOGIC AGENT	HUMIRA	ADALIMUMAB INJ KIT 40 MG/0.8ML (50 MG/ML)	00074433906	66270015006420		19%	\$0.00
REMICADE INJ 100MG	IMMUNOLOGIC AGENT	REMICADE	INFLIXIMAB FOR IV INJ 100 MG	57894003001	52505040002120	J1745	19%	\$0.00
AMEVIVE INJ 15MG	IMMUNOSUPPRESSANT	AMEVIVE	ALEFACEPT FOR IM INJ 15 MG	00469002103	90250515002130	J0215	18%	\$0.00
AMEVIVE INJ 15MG	IMMUNOSUPPRESSANT	AMEVIVE	ALEFACEPT FOR IM INJ 15 MG	59627002103	90250515002130	J0215	18%	\$0.00
AMEVIVE INJ 15MG	IMMUNOSUPPRESSANT	AMEVIVE	ALEFACEPT FOR IM INJ 15 MG	00469002104	90250515002130	J0215	18%	\$0.00
ARCALYST INJ 220MG	IMMUNOSUPPRESSANT	ARCALYST	RILONACEPT FOR INJ 220 MG	61755000101	66450060002120	J3590	17%	\$0.00
CELLCEPT IV INJ 500MG	IMMUNOSUPPRESSANT	CELLCEPT IV	MYCOPHENOLATE MOFETIL HCL FOR IV SOLN 500 MG (BASE EQUIV)	00004029809	99403030202120		17%	\$0.00
CYCLOSPORINE INJ 50MG/ML	IMMUNOSUPPRESSANT	CYCLOSPORINE	CYCLOSPORINE IV SOLN 50 MG/ML	00574086610	99402020002005	J7502	17%	\$0.00
CYCLOSPORINE INJ 50MG/ML	IMMUNOSUPPRESSANT	CYCLOSPORINE	CYCLOSPORINE IV SOLN 50 MG/ML	55390012210	99402020002005		17%	\$0.00
KINERET INJ	IMMUNOSUPPRESSANT	KINERET	ANAKINRA SUBCUTANEOUS INJ 100 MG/0.67ML	55513017728	66260010002020		19%	\$0.00
KINERET INJ	IMMUNOSUPPRESSANT	KINERET	ANAKINRA SUBCUTANEOUS INJ 100 MG/0.67ML	55513017701	66260010002020		19%	\$0.00
NOVANTRONE INJ 2MG/ML	IMMUNOSUPPRESSANT	NOVANTRONE	MITOXANTRONE HCL INJ CONC 2 MG/ML	44087152001	21200055001310	J9293	17%	\$0.00
NOVANTRONE INJ 2MG/ML	IMMUNOSUPPRESSANT	NOVANTRONE	MITOXANTRONE HCL INJ CONC 2 MG/ML	58406064003	21200055001310	J9293	17%	\$0.00
NOVANTRONE INJ 2MG/ML	IMMUNOSUPPRESSANT	NOVANTRONE	MITOXANTRONE HCL INJ CONC 2 MG/ML	58406064005	21200055001310	J9293	17%	\$0.00
NOVANTRONE INJ 2MG/ML	IMMUNOSUPPRESSANT	NOVANTRONE	MITOXANTRONE HCL INJ CONC 2 MG/ML	58406064007	21200055001310	J9293	17%	\$0.00
ORENCIA INJ 250MG	IMMUNOSUPPRESSANT	ORENCIA	ABATACEPT FOR IV SOLN 250 MG	00003218710	66400010002120	J0129	18%	\$0.00
PROGRAF INJ 5MG/ML	IMMUNOSUPPRESSANT	PROGRAF	TACROLIMUS INJ 5 MG/ML	00469301601	99404080002010	J7525	18%	\$0.00

PROGRAF INJ 5MG/ML	IMMUNOSUPPRESSANT	PROGRAF	TACROLIMUS INJ 5 MG/ML	00469301601	99404080002010	J7525	18%	\$0.00
RAPTIVA KIT 125MG	IMMUNOSUPPRESSANT	RAPTIVA	EFALIZUMAB FOR SUBCUTANEOUS INJ KIT 125 MG (150 MG)	50242005804	90250527006420	S0162	18%	\$0.00
RAPTIVA KIT 125MG	IMMUNOSUPPRESSANT	RAPTIVA	EFALIZUMAB FOR SUBCUTANEOUS INJ KIT 125 MG (150 MG)	50242005801	90250527006420	S0162	18%	\$0.00
SANDIMMUNE INJ 50MG/ML	IMMUNOSUPPRESSANT	SANDIMMUNE	CYCLOSPORINE IV SOLN 50 MG/ML	00078010901	99402020002005	J7516	18%	\$0.00
TYSABRI INJ	IMMUNOSUPPRESSANT	TYSABRI	NATALIZUMAB FOR IV INJ CONC 300 MG/15ML	59075073015	62405050001320	Q4079	18%	\$0.00
ZENAPAX INJ 25MG/5ML	IMMUNOSUPPRESSANT	ZENAPAX	DACLIZUMAB FOR IV INJ CONC 25 MG/5ML	00004050109	99405030001320	J7513	17%	\$0.00
ACTIMMUNE INJ 2MU/0.5	INTERFERON	ACTIMMUNE	INTERFERON GAMMA-1B INJ 2000000 UNIT/0.5ML	64116001112	21700060702020	J9216	17%	\$0.00
ALFERON N INJ 5MU/ML	INTERFERON	ALFERON N	INTERFERON ALFA-N3 INJ 5000000 UNIT/ML	54746000101	21700060302020	J9215	18%	\$0.00
AVONEX INJ 30MCG	INTERFERON	AVONEX	INTERFERON BETA-1A FOR IM INJ KIT 30MCG [33MCG(6.6 MU)/VIAL]	59627000103	62403060456420	Q3025	18%	\$0.00
AVONEX INJ 30MCG	INTERFERON	AVONEX	INTERFERON BETA-1A FOR IM INJ KIT 30MCG [33MCG(6.6 MU)/VIAL]	59627000104	21700060456420	Q3025	18%	\$0.00
AVONEX KIT	INTERFERON	AVONEX	INTERFERON BETA-1A IM INJ KIT 30 MCG/0.5ML	59627000205	62403060456430	Q3025	18%	\$0.00
BETASERON INJ 0.3MG	INTERFERON	BETASERON	INTERFERON BETA-1B FOR INJ 0.3 MG	50419052325	62403060502120	J1830	18%	\$0.00
BETASERON INJ 0.3MG	INTERFERON	BETASERON	INTERFERON BETA-1B FOR INJ 0.3 MG	50419052335	62403060502120	J1830	18%	\$0.00
COPAXONE KIT 20MG/ML	INTERFERON	COPAXONE	GLATIRAMER ACETATE INJ KIT 20 MG/ML	68546031730	62400030106420	J1595	18%	\$0.00
INFERGEN	INTERFERON	INFERGEN	INTERFERON ALFACON-1 INJ 30 MCG/ML	00187200706	12353040102220	J9212	19%	\$0.00
INFERGEN INJ 15MCG	INTERFERON	INFERGEN	INTERFERON ALFACON-1 INJ 30 MCG/ML	00187200605	12353040102220	J9212	19%	\$0.00
INFERGEN INJ 15MCG	INTERFERON	INFERGEN	INTERFERON ALFACON-1 INJ 30 MCG/ML	64116003106	12353040102220	J9212	19%	\$0.00
INFERGEN INJ 15MCG	INTERFERON	INFERGEN	INTERFERON ALFACON-1 INJ 30 MCG/ML	00187200601	12353040102220	J9212	19%	\$0.00
INFERGEN INJ 15MCG	INTERFERON	INFERGEN	INTERFERON ALFACON-1 INJ 30 MCG/ML	64116003101	12353040102220	J9212	19%	\$0.00
INFERGEN INJ 15MCG	INTERFERON	INFERGEN	INTERFERON ALFACON-1 INJ 30 MCG/ML	64116003124	12353040102220	J9212	19%	\$0.00
INFERGEN INJ 9MCG	INTERFERON	INFERGEN	INTERFERON ALFACON-1 INJ 30 MCG/ML	64116003906	12353040102220	J9212	19%	\$0.00

INFERGEN INJ 9MCG	INTERFERON	INFERGEN	INTERFERON ALFACON-1 INJ 30 MCG/ML	00187200702	12353040102220	J9212	19%	\$0.00
INFERGEN INJ 9MCG	INTERFERON	INFERGEN	INTERFERON ALFACON-1 INJ 30 MCG/ML	64116003901	12353040102220	J9212	19%	\$0.00
INFERGEN INJ 9MCG	INTERFERON	INFERGEN	INTERFERON ALFACON-1 INJ 30 MCG/ML	64116003924	12353040102220	J9212	19%	\$0.00
INTRON-A INJ 10MU	INTERFERON	INTRON-A	INTERFERON ALFA-2B FOR INJ 1000000 UNIT	00085057102	21700060202130	J9214	19%	\$0.00
INTRON-A INJ 10MU PEN	INTERFERON	INTRON-A	INTERFERON ALFA-2B INJ KIT 1000000 UNIT/0.2ML	00085125401	21700060206470	J9214	19%	\$0.00
INTRON-A INJ 18MU	INTERFERON	INTRON-A	INTERFERON ALFA-2B FOR INJ 18000000 UNIT	0008511001	21700060202135	J9214	19%	\$0.00
INTRON-A INJ 18MU	INTERFERON	INTRON-A	INTERFERON ALFA-2B INJ 6000000 UNIT/ML	00085116801	21700060202022	J9214	19%	\$0.00
INTRON-A INJ 25MU	INTERFERON	INTRON-A	INTERFERON ALFA-2B INJ 10000000 UNIT/ML	00085113301	21700060202030	J9214	19%	\$0.00
INTRON-A INJ 3MU PEN	INTERFERON	INTRON-A	INTERFERON ALFA-2B INJ KIT 3000000 UNIT/0.2ML	00085124201	21700060206450	J9214	19%	\$0.00
INTRON-A INJ 50MU	INTERFERON	INTRON-A	INTERFERON ALFA-2B FOR INJ 50000000 UNIT	00085053901	21700060202160	J9214	19%	\$0.00
INTRON-A INJ 5MU PEN	INTERFERON	INTRON-A	INTERFERON ALFA-2B INJ KIT 5000000 UNIT/0.2ML	00085123501	21700060206460	J9214	19%	\$0.00
PEGASYS INJ 180MCG/M	INTERFERON	PEGASYS	PEGINTERFERON ALFA-2A INJ 180 MCG/ML	00004035009	12353060052020		19%	\$0.00
PEGASYS KIT	INTERFERON	PEGASYS	PEGINTERFERON ALFA-2A INJ KIT 180 MCG/0.5ML	00004035239	12353060056440		19%	\$0.00
PEG-INTRON KIT 120 RP	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 120 MCG/0.5ML	00085129702	12353060106424		19%	\$0.00
PEG-INTRON KIT 120 RP	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 120 MCG/0.5ML	00085129701	12353060106424	S0146	19%	\$0.00
PEG-INTRON KIT 120MCG	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 120 MCG/0.5ML	00085130401	12353060106424	S0146	19%	\$0.00
PEG-INTRON KIT 150 RP	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 150 MCG/0.5ML	00085137002	12353060106430		19%	\$0.00
PEG-INTRON KIT 150 RP	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 150 MCG/0.5ML	00085137001	12353060106430	S0146	19%	\$0.00
PEG-INTRON KIT 150MCG	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 150 MCG/0.5ML	00085127901	12353060106430	S0146	19%	\$0.00
PEG-INTRON KIT 50MCG	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 50 MCG/0.5ML	00085136801	12353060106410	S0146	19%	\$0.00
PEG-INTRON KIT 50MCG RP	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 50 MCG/0.5ML	00085132302	12353060106410		19%	\$0.00
PEG-INTRON KIT 50MCG RP	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 50 MCG/0.5ML	00085132301	12353060106410	S0146	19%	\$0.00

PEG-INTRON KIT 80MCG	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 80 MCG/0.5ML	00085129101	12353060106416	S0146	19%	\$0.00
PEG-INTRON KIT 80MCG RP	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 80 MCG/0.5ML	00085131602	12353060106416		19%	\$0.00
PEG-INTRON KIT 80MCG RP	INTERFERON	PEG INTRON	PEGINTERFERON ALFA-2B FOR INJ KIT 80 MCG/0.5ML	00085131601	12353060106416	S0146	19%	\$0.00
REBIF INJ 22/0.5	INTERFERON	REBIF	INTERFERON BETA-1A INJ 22 MCG/0.5ML (12MU/ML) [44 MCG/ML]	44087002203	62403060452020	Q3026	18%	\$0.00
REBIF INJ 44/0.5	INTERFERON	REBIF	INTERFERON BETA-1A INJ 44 MCG/0.5ML (24MU/ML) [88 MCG/ML]	44087004403	62403060452040	Q3026	18%	\$0.00
REBIF TITR TN SOL PACK	INTERFERON	REBIF	INTERFERON BETA-1A INJ 6 X 8.8 MCG/0.2ML & 6 X 22 MCG/0.5ML	44087882201	62403060452060		18%	\$0.00
ROFERON-A KIT 3MU/0.5	INTERFERON	ROFERON-A	INTERFERON ALFA-2A INJ KIT 3 MU/0.5 ML	0004201509	21700060106420	J9213	19%	\$0.00
ROFERON-A KIT 6MU/0.5	INTERFERON	ROFERON-A	INTERFERON ALFA-2A INJ KIT 6 MU/0.5 ML	0004201609	21700060106430	J9213	19%	\$0.00
ROFERON-A KIT 9MU/0.5	INTERFERON	ROFERON-A	INTERFERON ALFA-2A INJ KIT 9 MU/0.5 ML	0004201709	21700060106440	J9213	19%	\$0.00
CIMZIA KIT	MISCELLANEOUS	CIMZIA	CERTOLIZUMAB PEGOL FOR INJ KIT 2 X 200 MG	50474070062	52505020106420	J3590	17%	\$0.00
CORTROSYN INJ 0.25MG	MISCELLANEOUS	CORTROSYN	COSYNTROPIN FOR INJ 0.25 MG	00548590000	94200037002105		17%	\$0.00
THYROGEN INJ 1.1MG	MISCELLANEOUS	THYROGEN	THYROTROPIN ALFA FOR INJ 1.1 MG	58468184904	94200090102120	J3240	17%	\$0.00
VIVITROL INJ 380MG	MISCELLANEOUS	VIVITROL	NALTREXONE FOR IM EXTENDED RELEASE SUSP 380 MG	63459030042	93400030001920	J2315	17%	\$0.00
PRIALT INJ 500MCG	MISCELLANEOUS ANALGESIC	PRIALT	ZICONOTIDE ACETATE INTRATHECAL INJ 100 MCG/ML	59075072210	64154090102020	J2278	17%	\$0.00
BOTOX COSMET INJ 100UNIT	NEUROMUSCULAR BLOCKING AGENTS	BOTOX	BOTULINUM TOXIN TYPE A (COSMETIC) FOR INJ 100 UNIT	00023923201	90890020002120	J0585	18%	\$0.00
BOTOX INJ 100UNIT	NEUROMUSCULAR BLOCKING AGENTS	BOTOX	BOTULINUM TOXIN TYPE A FOR INJ 100 UNIT	00023114501	74400020052120	J0585	18%	\$0.00
MYOBLOC INJ 10000/2	NEUROMUSCULAR BLOCKING AGENTS	MYOBLOC	BOTULINUM TOXIN TYPE B INJ 5000 UNIT/ML	10454071210	74400020102020	J0587	18%	\$0.00
MYOBLOC INJ 25000/0.5	NEUROMUSCULAR BLOCKING AGENTS	MYOBLOC	BOTULINUM TOXIN TYPE B INJ 5000 UNIT/ML	10454071010	74400020102020	J0587	18%	\$0.00
MYOBLOC INJ 5000/ML	NEUROMUSCULAR BLOCKING AGENTS	MYOBLOC	BOTULINUM TOXIN TYPE B INJ 5000 UNIT/ML	10454071110	74400020102020	J0587	18%	\$0.00

ABRAXANE INJ 100MG	ONCOLOGY	ABRAXANE	PACLITAXEL PROTEIN-BOUND PARTICLES FOR IV SUSP 100 MG	68817013450	21500012201920	J9264	17%	\$0.00
ADRIAMYC INJ 50MG	ONCOLOGY	ADRIAMYCIN	DOXORUBICIN HCL FOR INJ 50 MG	55390023301	21200040102115	J9000	17%	\$0.00
ADRIAMYCIN INJ 10MG	ONCOLOGY	ADRIAMYCIN	DOXORUBICIN HCL FOR INJ 10 MG	55390023110	21200040102105	J9000	17%	\$0.00
ADRIAMYCIN INJ 20MG	ONCOLOGY	ADRIAMYCIN	DOXORUBICIN HCL FOR INJ 20 MG	55390023210	21200040102110	J9000	17%	\$0.00
ADRIAMYCIN INJ 2MG/ML	ONCOLOGY	ADRIAMYCIN	DOXORUBICIN HCL INJ 2 MG/ML	55390023701	21200040102010	J9000	17%	\$0.00
ADRIAMYCIN INJ 2MG/ML	ONCOLOGY	ADRIAMYCIN	DOXORUBICIN HCL INJ 2 MG/ML	55390023610	21200040102010	J9000	17%	\$0.00
ADRIAMYCIN INJ 2MG/ML	ONCOLOGY	ADRIAMYCIN	DOXORUBICIN HCL INJ 2 MG/ML	55390023510	21200040102010	J9000	17%	\$0.00
ADRIAMYCIN INJ 2MG/ML	ONCOLOGY	ADRIAMYCIN	DOXORUBICIN HCL INJ 2 MG/ML	55390023801	21200040102010	J9000	17%	\$0.00
ADRUCIL INJ 50MG/ML	ONCOLOGY	ADRUCIL	FLUOROURACIL INJ 50 MG/ML	00703301513	21300030002010	J9190	17%	\$0.00
ADRUCIL INJ 50MG/ML	ONCOLOGY	ADRUCIL	FLUOROURACIL INJ 50 MG/ML	00703301812	21300030002010	J9190	17%	\$0.00
ADRUCIL INJ 50MG/ML	ONCOLOGY	ADRUCIL	FLUOROURACIL INJ 50 MG/ML	00703301912	21300030002010	J9190	17%	\$0.00
ALIMTA INJ 100MG	ONCOLOGY	ALIMTA	PEMETREXED DISODIUM FOR IV SOLN 100 MG (BASE EQUIV)	00002764001	21300053102110		17%	\$0.00
ALIMTA INJ 500MG	ONCOLOGY	ALIMTA	PEMETREXED DISODIUM FOR IV SOLN 500 MG (BASE EQUIV)	00002762301	21300053102120	J9305	17%	\$0.00
ALKERAN INJ 50MG	ONCOLOGY	ALKERAN	MELPHALAN HCL FOR INJ 50 MG (BASE EQUIV)	59572030101	21101040102110	J9245	17%	\$0.00
ALOXI SOL 0.25MG/5	ONCOLOGY	ALOXI	PALONOSETRON HCL IV SOLN 0.25 MG/5ML (BASE EQUIVALENT)	58063079725	50250070102020	J2469	17%	\$0.00
AREDIA INJ 30MG	ONCOLOGY	AREDIA	PAMIDRONATE DISODIUM FOR INJ 30 MG	00078046391	30042060102120	J2430	17%	\$0.00
AREDIA INJ 90MG	ONCOLOGY	AREDIA	PAMIDRONATE DISODIUM FOR INJ 90 MG	00078046461	30042060102140	J2430	17%	\$0.00
ARRANON INJ 5MG/ML	ONCOLOGY	ARRANON	NELARABINE IV SOLN 5 MG/ML	00007440106	21300052002020	J9261	17%	\$0.00
AVASTIN INJ	ONCOLOGY	AVASTIN	BEVACIZUMAB IV SOLN 25 MG/ML (FOR INFUSION)	50242006101	21335020002020	J9035	17%	\$0.00
AVASTIN INJ	ONCOLOGY	AVASTIN	BEVACIZUMAB IV SOLN 25 MG/ML (FOR INFUSION)	50242006001	21335020002020	J9035	17%	\$0.00

BEXXAR CON 14MG/ML	ONCOLOGY	BEXXAR	TOSTUMOMAB FOR IV INJ CONC 14 MG/ML	00007326031	21358070001320		17%	\$0.00
BICNU INJ 100MG	ONCOLOGY	BICNU	CARMUSTINE FOR INJ 100 MG	00015301238	21102010002105	J9050	17%	\$0.00
BLEOMYCIN INJ 15UNIT	ONCOLOGY	BLEOMYCIN	BLEOMYCIN SULFATE FOR INJ 15 UNIT	00703315401	21200010102105	J9040	17%	\$0.00
BLEOMYCIN INJ 15UNIT	ONCOLOGY	BLEOMYCIN SULFATE	BLEOMYCIN SULFATE FOR INJ 15 UNIT	55390000501	21200010102105	J9040	17%	\$0.00
BLEOMYCIN INJ 15UNIT	ONCOLOGY	BLEOMYCIN SULFATE	BLEOMYCIN SULFATE FOR INJ 15 UNIT	61703033218	21200010102105	J9040	17%	\$0.00
BLEOMYCIN INJ 30UNIT	ONCOLOGY	BLEOMYCIN	BLEOMYCIN SULFATE FOR INJ 30 UNIT	61703032322	21200010102115	J9040	17%	\$0.00
BLEOMYCIN INJ 30UNIT	ONCOLOGY	BLEOMYCIN SULFATE	BLEOMYCIN SULFATE FOR INJ 30 UNIT	00703315501	21200010102115	J9040	17%	\$0.00
BLEOMYCIN INJ 30UNIT	ONCOLOGY	BLEOMYCIN SULFATE	BLEOMYCIN SULFATE FOR INJ 30 UNIT	55390000601	21200010102115	J9040	17%	\$0.00
CAMPATH INJ 30MG/ML	ONCOLOGY	CAMPATH	ALEMTUZUMAB IV INJ 30 MG/ML (FOR INFUSION)	50419035703	21353010002040	J9010	17%	\$0.00
CAMPTOSAR INJ 20MG/ML	ONCOLOGY	CAMPTOSAR	IRINOTECAN HCL INJ 20 MG/ML	00009752902	21550040102020	J9206	17%	\$0.00
CAMPTOSAR INJ 20MG/ML	ONCOLOGY	CAMPTOSAR	IRINOTECAN HCL INJ 20 MG/ML	00009752901	21550040102020	J9206	17%	\$0.00
CARBOPLATIN INJ 150/15ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	61703033922	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 150/15ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	00409112911	21100015002025		17%	\$0.00
CARBOPLATIN INJ 150/15ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	00703424601	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 150/15ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	10139006015	21100015002025		17%	\$0.00
CARBOPLATIN INJ 150/15ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	15210006312	21100015002025		17%	\$0.00
CARBOPLATIN INJ 150/15ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	55390015401	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 150MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 150 MG	55390015101	21100015002120	J9045	17%	\$0.00
CARBOPLATIN INJ 150MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 150 MG	00703327601	21100015002120	J9045	17%	\$0.00
CARBOPLATIN INJ 150MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 150 MG	50111096676	21100015002120	J9045	17%	\$0.00
CARBOPLATIN INJ 150MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 150 MG	63323016721	21100015002120	J9045	17%	\$0.00
CARBOPLATIN INJ 150MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 150 MG	10019091601	21100015002120		17%	\$0.00

CARBOPLATIN INJ 450/45ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	61703033950	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 450/45ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	00409112912	21100015002025		17%	\$0.00
CARBOPLATIN INJ 450/45ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	00703424801	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 450/45ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	10139006045	21100015002025		17%	\$0.00
CARBOPLATIN INJ 450/45ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	15210006612	21100015002025		17%	\$0.00
CARBOPLATIN INJ 450/45ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	55390015501	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 450/45ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	63323017245	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 450MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 450 MG	00703327801	21100015002140		17%	\$0.00
CARBOPLATIN INJ 450MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 450 MG	50111096776	21100015002140	J9045	17%	\$0.00
CARBOPLATIN INJ 450MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 450 MG	55390015201	21100015002140	J9045	17%	\$0.00
CARBOPLATIN INJ 450MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 450 MG	63323016800	21100015002140	J9045	17%	\$0.00
CARBOPLATIN INJ 50MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 50 MG	00703327401	21100015002110		17%	\$0.00
CARBOPLATIN INJ 50MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 50 MG	50111096576	21100015002110	J9045	17%	\$0.00
CARBOPLATIN INJ 50MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 50 MG	55390015001	21100015002110	J9045	17%	\$0.00
CARBOPLATIN INJ 50MG	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV FOR INJ 50 MG	63323016610	21100015002110	J9045	17%	\$0.00
CARBOPLATIN INJ 50MG/5ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	61703033918	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 50MG/5ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	00409112910	21100015002025		17%	\$0.00
CARBOPLATIN INJ 50MG/5ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	00703424401	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 50MG/5ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	10139006005	21100015002025		17%	\$0.00
CARBOPLATIN INJ 50MG/5ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	15210006112	21100015002025		17%	\$0.00
CARBOPLATIN INJ 50MG/5ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	55390015301	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 600/60ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	61703033956	21100015002025	J9045	17%	\$0.00

CARBOPLATIN INJ 600/60ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	00703324911	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 600/60ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	15210006712	21100015002025		17%	\$0.00
CARBOPLATIN INJ 600/60ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	55390015601	21100015002025	J9045	17%	\$0.00
CARBOPLATIN INJ 600/60ML	ONCOLOGY	CARBOPLATIN	CARBOPLATIN IV SOLN 10 MG/ML	63323017260	21100015002025	J9045	17%	\$0.00
CERUBIDINE INJ 20MG	ONCOLOGY	CERUBIDINE	DAUNORUBICIN HCL FOR INJ 20 MG	55390028110	21200030102105	J9150	17%	\$0.00
CISPLATIN INJ 100MG	ONCOLOGY	CISPLATIN	CISPLATIN INJ 1 MG/ML	63323010365	21100020002010	J9060	17%	\$0.00
CISPLATIN INJ 100MG	ONCOLOGY	CISPLATIN	CISPLATIN INJ 1 MG/ML	55390011299	21100020002010	J9060	17%	\$0.00
CISPLATIN INJ 100MG	ONCOLOGY	CISPLATIN	CISPLATIN INJ 1 MG/ML	00703574811	21100020002010	J9060	17%	\$0.00
CISPLATIN INJ 100MG	ONCOLOGY	CISPLATIN	CISPLATIN INJ 1 MG/ML	63323010395	21100020002010	J9060	17%	\$0.00
CISPLATIN INJ 200MG	ONCOLOGY	CISPLATIN	CISPLATIN INJ 1 MG/ML	63323010364	21100020002010	J9060	17%	\$0.00
CISPLATIN INJ 200MG	ONCOLOGY	CISPLATIN	CISPLATIN INJ 1 MG/ML	55390009901	21100020002010	J9060	17%	\$0.00
CISPLATIN INJ 50/50ML	ONCOLOGY	CISPLATIN	CISPLATIN INJ 1 MG/ML	55390011250	21100020002010	J9060	17%	\$0.00
CISPLATIN INJ 50/50ML	ONCOLOGY	CISPLATIN	CISPLATIN INJ 1 MG/ML	63323010351	21100020002010	J9060	17%	\$0.00
CISPLATIN INJ 50/50ML	ONCOLOGY	CISPLATIN	CISPLATIN INJ 1 MG/ML	00703574711	21100020002010	J9060	17%	\$0.00
CISPLATIN INJ 50/50ML	ONCOLOGY	CISPLATIN	CISPLATIN INJ 1 MG/ML	63323010391	21100020002010	J9060	17%	\$0.00
CLOLAR INJ 1MG/ML	ONCOLOGY	CLOLAR	CLOFARABINE IV SOLN 1 MG/ML	58468010001	21300008002020	J9027	17%	\$0.00
CLOLAR INJ 1MG/ML	ONCOLOGY	CLOLAR	CLOFARABINE IV SOLN 1 MG/ML	58468010002	21300008002020	J9027	17%	\$0.00
COSMEGEN INJ 0.5MG	ONCOLOGY	COSMEGEN	DACTINOMYCIN FOR INJ 0.5 MG	67386081155	21200020002105	J9120	17%	\$0.00
CYCLOPHOSPH INJ 1GM	ONCOLOGY	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE FOR INJ 1 GM	10019095601	21101020002125	J9070	17%	\$0.00
CYCLOPHOSPH INJ 2GM	ONCOLOGY	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE FOR INJ 2 GM	10019095701	21101020002130	J9070	17%	\$0.00
CYCLOPHOSPH INJ 500MG	ONCOLOGY	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE FOR INJ 500 MG	10019095501	21101020002120	J9070	17%	\$0.00
CYTARABINE INJ 100MG	ONCOLOGY	CYTARABINE	CYTARABINE FOR INJ 100 MG	55390013110	21300010002105	J9100	17%	\$0.00
CYTARABINE INJ 100MG/ML	ONCOLOGY	CYTARABINE	CYTARABINE INJ 100 MG/ML	61703031922	21300010002040	J9100	17%	\$0.00
CYTARABINE INJ 100MG/ML	ONCOLOGY	CYTARABINE	CYTARABINE INJ 100 MG/ML	63323012020	21300010002040	J9100	17%	\$0.00
CYTARABINE INJ 1GM	ONCOLOGY	CYTARABINE	CYTARABINE FOR INJ 1 GM	55390013301	21300010002115	J9100	17%	\$0.00
CYTARABINE INJ 20MG/ML	ONCOLOGY	CYTARABINE	CYTARABINE INJ 20 MG/ML	61703030346	21300010002010	J9100	17%	\$0.00
CYTARABINE INJ 20MG/ML	ONCOLOGY	CYTARABINE	CYTARABINE INJ 20 MG/ML	61703030436	21300010002010	J9100	17%	\$0.00

CYTARABINE INJ 20MG/ML	ONCOLOGY	CYTARABINE	CYTARABINE INJ 20 MG/ML	61703030538	21300010002010	J9100	17%	\$0.00
CYTARABINE INJ 2GM	ONCOLOGY	CYTARABINE	CYTARABINE FOR INJ 2 GM	55390013401	21300010002120	J9100	17%	\$0.00
CYTARABINE INJ 500MG	ONCOLOGY	CYTARABINE	CYTARABINE FOR INJ 500 MG	55390013210	21300010002110	J9100	17%	\$0.00
CYTOXAN INJ 1GM	ONCOLOGY	CYTOXAN	CYCLOPHOSPHAMIDE FOR INJ 1 GM	00015050541	21101020002125	J9070	17%	\$0.00
CYTOXAN INJ 2GM	ONCOLOGY	CYTOXAN	CYCLOPHOSPHAMIDE FOR INJ 2 GM	00015050641	21101020002130	J9070	17%	\$0.00
CYTOXAN INJ 500MG	ONCOLOGY	CYTOXAN	CYCLOPHOSPHAMIDE FOR INJ 500 MG	00015050241	21101020002120	J9070	17%	\$0.00
DACARBAZINE INJ 100MG	ONCOLOGY	DACARBAZINE	DACARBAZINE FOR INJ 100 MG	63323012710	21700020002105	J9130	17%	\$0.00
DACARBAZINE INJ 200MG	ONCOLOGY	DACARBAZINE	DACARBAZINE FOR INJ 200 MG	63323012820	21700020002110	J9130	17%	\$0.00
DACARBAZINE INJ 200MG	ONCOLOGY	DACARBAZINE	DACARBAZINE FOR INJ 200 MG	00703507501	21700020002110	J9130	17%	\$0.00
DACARBAZINE INJ 200MG	ONCOLOGY	DACARBAZINE	DACARBAZINE FOR INJ 200 MG	00703507503	21700020002110	J9130	17%	\$0.00
DACARBAZINE INJ 200MG	ONCOLOGY	DACARBAZINE	DACARBAZINE FOR INJ 200 MG	55390009010	21700020002110	J9130	17%	\$0.00
DACARBAZINE INJ 200MG	ONCOLOGY	DACARBAZINE	DACARBAZINE FOR INJ 200 MG	61703032722	21700020002110	J9130	17%	\$0.00
DACOGEN INJ 50MG	ONCOLOGY	DACOGEN	DECITABINE FOR INJ 50 MG	58063060050	21300015002120	J0894	17%	\$0.00
DAUNOXOME INJ 2MG/ML	ONCOLOGY	DAUNOXOME	DAUNORUBICIN CITRATE LIPOSOME INJ 2 MG/ML	61958030101	21200030052210	J9151	17%	\$0.00
DOXIL INJ 2MG/ML	ONCOLOGY	DOXIL	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	17314960002	21200040402210	J9001	17%	\$0.00
DOXIL INJ 2MG/ML	ONCOLOGY	DOXIL	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	17314960001	21200040402210	J9001	17%	\$0.00
DOXORUBICIN INJ 10MG	ONCOLOGY	DOXORUBICIN HCL	DOXORUBICIN HCL INJ 2 MG/ML	00703504303	21200040102010	J9000	17%	\$0.00
DOXORUBICIN INJ 10MG	ONCOLOGY	DOXORUBICIN HCL	DOXORUBICIN HCL FOR INJ 10 MG	10019092001	21200040102105	J9000	17%	\$0.00
DOXORUBICIN INJ 200MG	ONCOLOGY	DOXORUBICIN HCL	DOXORUBICIN HCL INJ 2 MG/ML	00703504001	21200040102010	J9000	17%	\$0.00
DOXORUBICIN INJ 2MG/ML	ONCOLOGY	DOXORUBICIN HCL	DOXORUBICIN HCL INJ 2 MG/ML	63323010161	21200040102010	J9000	17%	\$0.00
DOXORUBICIN INJ 2MG/ML	ONCOLOGY	DOXORUBICIN HCL	DOXORUBICIN HCL INJ 2 MG/ML	63323088305	21200040102010	J9000	17%	\$0.00
DOXORUBICIN INJ 2MG/ML	ONCOLOGY	DOXORUBICIN HCL	DOXORUBICIN HCL INJ 2 MG/ML	63323088310	21200040102010	J9000	17%	\$0.00

DOXORUBICIN INJ 2MG/ML	ONCOLOGY	DOXORUBICIN HCL	DOXORUBICIN HCL INJ 2 MG/ML	63323088330	21200040102010	J9000	17%	\$0.00
DOXORUBICIN INJ 50MG	ONCOLOGY	DOXORUBICIN HCL	DOXORUBICIN HCL INJ 2 MG/ML	00703504601	21200040102010	J9000	17%	\$0.00
DOXORUBICIN INJ 50MG	ONCOLOGY	DOXORUBICIN HCL	DOXORUBICIN HCL FOR INJ 50 MG	10019092102	21200040102115	J9000	17%	\$0.00
ELIGARD INJ 22.5MG	ONCOLOGY	ELIGARD	LEUPROLIDE ACETATE (3 MONTH) FOR SUBCUTANEOUS INJ KIT 22.5MG	00024022205	21405010156432	J9217	18%	\$0.00
ELIGARD INJ 30MG	ONCOLOGY	ELIGARD	LEUPROLIDE ACETATE (4 MONTH) FOR SUBCUTANEOUS INJ KIT 30 MG	00024061030	21405010206435	J9217	18%	\$0.00
ELIGARD INJ 45MG	ONCOLOGY	ELIGARD	LEUPROLIDE ACETATE (6 MONTH) FOR SUBCUTANEOUS INJ KIT 45 MG	00024060545	21405010256445	J9217	18%	\$0.00
ELIGARD INJ 7.5MG	ONCOLOGY	ELIGARD	LEUPROLIDE ACETATE FOR SUBCUTANEOUS INJ KIT 7.5 MG	00024079375	21405010106415	J9217	18%	\$0.00
ELLENCE INJ 2MG/ML	ONCOLOGY	ELLENCE	EPIRUBICIN HCL INJ 2 MG/ML	00009509101	21200042102020	J9178	17%	\$0.00
ELLENCE INJ 2MG/ML	ONCOLOGY	ELLENCE	EPIRUBICIN HCL INJ 2 MG/ML	00009509301	21200042102020	J9178	17%	\$0.00
ELOXATIN INJ 100MG	ONCOLOGY	ELOXATIN	OXALIPLATIN IV SOLN 5 MG/ML	00024059120	21100028002020	J9263	17%	\$0.00
ELOXATIN INJ 200MG	ONCOLOGY	ELOXATIN	OXALIPLATIN IV SOLN 5 MG/ML	00024059240	21100028002020	J9190	17%	\$0.00
ELOXATIN INJ 50MG	ONCOLOGY	ELOXATIN	OXALIPLATIN IV SOLN 5 MG/ML	00024059010	21100028002020	J9263	17%	\$0.00
ERBITUX INJ 100MG	ONCOLOGY	ERBITUX	CETUXIMAB IV SOLN 100 MG/50ML (2 MG/ML)	66733094823	21353025002020	J9055	17%	\$0.00
ERBITUX INJ 200MG	ONCOLOGY	ERBITUX	CETUXIMAB IV SOLN 100 MG/50ML (2 MG/ML)	66733095823	21353025002020	J9055	17%	\$0.00
ETHYOL INJ 500MG	ONCOLOGY	ETHYOL	AMIFOSTINE CRYSTALLINE FOR INJ 500 MG	58178001703	21758010102120	J0207	17%	\$0.00
ETHYOL INJ 500MG	ONCOLOGY	ETHYOL	AMIFOSTINE CRYSTALLINE FOR INJ 500 MG	58178001701	21758010102120	J0207	17%	\$0.00
ETOPOPHOS INJ 100MG	ONCOLOGY	ETOPOPHOS	ETOPOSID PHOSPHATE IV FOR INJ 100.MG	00015340420	21500010602120	J9182	17%	\$0.00
ETOPOSID INJ 20MG/ML	ONCOLOGY	ETOPOSID	ETOPOSID INJ 20 MG/ML	55390029201	21500010002020	J9181	17%	\$0.00
ETOPOSID INJ 20MG/ML	ONCOLOGY	ETOPOSID	ETOPOSID INJ 20 MG/ML	63323010405	21500010002020	J9181	17%	\$0.00

ETOPOSIDE INJ 20MG/ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	63323010425	21500010002020	J9181	17%	\$0.00
ETOPOSIDE INJ 20MG/ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	63323010450	21500010002020	J9181	17%	\$0.00
ETOPOSIDE INJ 20MG/ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	00074148501	21500010002020	J9182	17%	\$0.00
ETOPOSIDE INJ 20MG/ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	00074148502	21500010002020	J9182	17%	\$0.00
ETOPOSIDE INJ 20MG/ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	00074148503	21500010002020	J9182	17%	\$0.00
ETOPOSIDE INJ 20MG/ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	00703564301	21500010002020	J9181	17%	\$0.00
ETOPOSIDE INJ 20MG/ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	55390029101	21500010002020	J9181	17%	\$0.00
ETOPOSIDE INJ 20MG/ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	55390029301	21500010002020	J9181	17%	\$0.00
FASLODEX INJ 125MG	ONCOLOGY	FASLODEX	FULVESTRANT INJ 50 MG/ML	00310072025	21403530002020	J9395	17%	\$0.00
FASLODEX INJ 250MG	ONCOLOGY	FASLODEX	FULVESTRANT INJ 50 MG/ML	00310072050	21403530002020		17%	\$0.00
FLUDARA INJ 50MG	ONCOLOGY	FLUDARA	FLUDARABINE PHOSPHATE FOR INJ 50 MG	50419051106	21300025102120	J9185	17%	\$0.00
FLUOROURACIL INJ 1GM/20ML	ONCOLOGY	FLUOROURACIL	FLUOROURACIL INJ 50 MG/ML	10139006312	21300030002010	J9190	17%	\$0.00
FLUOROURACIL INJ 2.5G/50M	ONCOLOGY	FLUOROURACIL	FLUOROURACIL INJ 50 MG/ML	10139006301	21300030002010	J9211	17%	\$0.00
FLUOROURACIL INJ 2.5G/50M	ONCOLOGY	FLUOROURACIL	FLUOROURACIL INJ 50 MG/ML	10139006350	21300030002010	J9190	17%	\$0.00
FLUOROURACIL INJ 50MG/G/10	ONCOLOGY	FLUOROURACIL	FLUOROURACIL INJ 50 MG/ML	10139006311	21300030002010	J9190	17%	\$0.00
FLUOROURACIL INJ 50MG/ML	ONCOLOGY	FLUOROURACIL	FLUOROURACIL INJ 50 MG/ML	63323011710	21300030002010	J9190	17%	\$0.00
FLUOROURACIL INJ 50MG/ML	ONCOLOGY	FLUOROURACIL	FLUOROURACIL INJ 50 MG/ML	63323011761	21300030002010	J9190	17%	\$0.00
FLUOROURACIL INJ 50MG/ML	ONCOLOGY	FLUOROURACIL	FLUOROURACIL INJ 50 MG/ML	63323011751	21300030002010	J9190	17%	\$0.00
FLUOROURACIL INJ 50MG/ML	ONCOLOGY	FLUOROURACIL	FLUOROURACIL INJ 50 MG/ML	63323011720	21300030002010	J9190	17%	\$0.00
FLUOROURACIL INJ 50MG/ML	ONCOLOGY	FLUOROURACIL	FLUOROURACIL INJ 50 MG/ML	00187395364	21300030002010	J9190	17%	\$0.00
FUDR INJ 0.5GM	ONCOLOGY	FUDR	FLOXURIDINE FOR INJ 0.5 GM	61703033109	21300020002105	J9200	17%	\$0.00
GEMZAR INJ 1 GM	ONCOLOGY	GEMZAR	GEMCITABINE HCL FOR INJ 1 GM	00002750201	21300034102140	J9201	17%	\$0.00
GEMZAR INJ 200MG	ONCOLOGY	GEMZAR	GEMCITABINE HCL FOR INJ 200 MG	00002750101	21300034102110	J9201	17%	\$0.00

HERCEPTIN INJ 440MG	ONCOLOGY	HERCEPTIN	HERCEPTIN	TRASTUZUMAB FOR IV SOLN 440 MG	50242013468	21353070002120	J9355	17%	\$0.00
HERCEPTIN INJ 440MG	ONCOLOGY	HERCEPTIN	HERCEPTIN	TRASTUZUMAB FOR IV SOLN 440 MG	50242005656	21353070002120	J9355	17%	\$0.00
HYCAMTIN INJ 4MG	ONCOLOGY	HYCAMTIN	HYCAMTIN	TOPOTECAN HCL FOR INJ 4 MG	00007420101	21550080102120	J9350	17%	\$0.00
HYCAMTIN INJ 4MG	ONCOLOGY	HYCAMTIN	HYCAMTIN	TOPOTECAN HCL FOR INJ 4 MG	00007420105	21550080102120	J9350	17%	\$0.00
IDAMYCIN PFS INJ 1MG/ML	ONCOLOGY	IDAMYCIN PFS	IDAMYCIN PFS	IDARUBICIN HCL IV INJ 1 MG/ML	00013258691	21200045102020	J9211	17%	\$0.00
IDAMYCIN PFS INJ 1MG/ML	ONCOLOGY	IDAMYCIN PFS	IDAMYCIN PFS	IDARUBICIN HCL IV INJ 1 MG/ML	00013257691	21200045102020	J9211	17%	\$0.00
IDAMYCIN PFS INJ 1MG/ML	ONCOLOGY	IDAMYCIN PFS	IDAMYCIN PFS	IDARUBICIN HCL IV INJ 1 MG/ML	00013259691	21200045102020	J9211	17%	\$0.00
IDARUBICIN INJ 10MG/10M	ONCOLOGY	IDARUBICIN	IDARUBICIN	IDARUBICIN HCL IV INJ 1 MG/ML	00703415511	21200045102020	J9211	17%	\$0.00
IDARUBICIN INJ 10MG/10M	ONCOLOGY	IDARUBICIN HCL	IDARUBICIN HCL	IDARUBICIN HCL IV INJ 1 MG/ML	597622586601	21200045102020	J9211	17%	\$0.00
IDARUBICIN INJ 1MG/ML	ONCOLOGY	IDARUBICIN HCL	IDARUBICIN HCL	IDARUBICIN HCL IV INJ 1 MG/ML	55390021501	21200045102020	J9211	17%	\$0.00
IDARUBICIN INJ 1MG/ML	ONCOLOGY	IDARUBICIN HCL	IDARUBICIN HCL	IDARUBICIN HCL IV INJ 1 MG/ML	55390021601	21200045102020	J9211	17%	\$0.00
IDARUBICIN INJ 1MG/ML	ONCOLOGY	IDARUBICIN HCL	IDARUBICIN HCL	IDARUBICIN HCL IV INJ 1 MG/ML	55390021701	21200045102020	J9211	17%	\$0.00
IDARUBICIN INJ 20MG/20M	ONCOLOGY	IDARUBICIN	IDARUBICIN	IDARUBICIN HCL IV INJ 1 MG/ML	00703415611	21200045102020	J9211	17%	\$0.00
IDARUBICIN INJ 20MG/20M	ONCOLOGY	IDARUBICIN HCL	IDARUBICIN HCL	IDARUBICIN HCL IV INJ 1 MG/ML	59762259601	21200045102020	J9211	17%	\$0.00
IDARUBICIN INJ 5MG/5ML	ONCOLOGY	IDARUBICIN	IDARUBICIN	IDARUBICIN HCL IV INJ 1 MG/ML	00703415411	21200045102020	J9211	17%	\$0.00
IDARUBICIN INJ 5MG/5ML	ONCOLOGY	IDARUBICIN HCL	IDARUBICIN HCL	IDARUBICIN HCL IV INJ 1 MG/ML	59762257601	21200045102020	J9211	17%	\$0.00
IFEX INJ 1GM	ONCOLOGY	IFEX	IFEX	IFOSFAMIDE FOR INJ 1 GM	00015055605	21101025002110	J9208	17%	\$0.00
IFEX INJ 3GM	ONCOLOGY	IFEX	IFEX	IFOSFAMIDE FOR INJ 3 GM	00015055741	21101025002130	J9208	17%	\$0.00
IFOSFAMIDE INJ 1 GM	ONCOLOGY	IFOSFAMIDE	IFOSFAMIDE	IFOSFAMIDE FOR INJ 1 GM	10019092501	21101025002110	J9208	17%	\$0.00
IFOSFAMIDE INJ 1 GM	ONCOLOGY	IFOSFAMIDE	IFOSFAMIDE	IFOSFAMIDE FOR INJ 1 GM	10019092582	21101025002110	J9208	17%	\$0.00
IFOSFAMIDE INJ 1GM	ONCOLOGY	IFOSFAMIDE	IFOSFAMIDE	IFOSFAMIDE FOR INJ 1 GM	63323014210	21101025002110	J9208	17%	\$0.00
IFOSFAMIDE INJ 1GM/20ML	ONCOLOGY	IFOSFAMIDE	IFOSFAMIDE	IFOSFAMIDE IV INJ 50 MG/ML	00703342711	21101025002020	J9208	17%	\$0.00
IFOSFAMIDE INJ 3GM	ONCOLOGY	IFOSFAMIDE	IFOSFAMIDE	IFOSFAMIDE FOR INJ 3 GM	10019092602	21101025002130	J9208	17%	\$0.00
IFOSFAMIDE INJ 3GM	ONCOLOGY	IFOSFAMIDE	IFOSFAMIDE	IFOSFAMIDE FOR INJ 3 GM	10019092616	21101025002130	J9208	17%	\$0.00
IFOSFAMIDE INJ 3GM/60ML	ONCOLOGY	IFOSFAMIDE	IFOSFAMIDE	IFOSFAMIDE IV INJ 50 MG/ML	00703342911	21101025002020	J9208	17%	\$0.00

IXEMPRA KIT INJ 15MG	ONCOLOGY	IXEMPRA	IXABEPILONE FOR IV INFUSION 15 MG	00015191012	21500011002120		17%	\$0.00
KYTRIL INJ 0.1MG/ML	ONCOLOGY	KYTRIL	GRANISETRON HCL INJ 0.1 MG/ML	00004024208	502500035102001	J1626	17%	\$0.00
KYTRIL INJ 1MG/ML	ONCOLOGY	KYTRIL	GRANISETRON HCL INJ 1 MG/ML	00004023909	502500035102010	J1626	17%	\$0.00
KYTRIL INJ 1MG/ML	ONCOLOGY	KYTRIL	GRANISETRON HCL INJ 1 MG/ML	00004024009	502500035102010	J1626	17%	\$0.00
LEUCOVOR CA INJ 100MG	ONCOLOGY	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM FOR INJ 100 MG	55390005210	21755040102130	J0640	17%	\$0.00
LEUCOVOR CA INJ 100MG	ONCOLOGY	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM FOR INJ 100 MG	00703514001	21755040102130	J0640	17%	\$0.00
LEUCOVOR CA INJ 10MG/ML	ONCOLOGY	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM 10 MG/ML	55390000901	21755040102030	J0640	17%	\$0.00
LEUCOVOR CA INJ 10MG/ML	ONCOLOGY	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM 10 MG/ML	00074454104	21755040102030	J0640	17%	\$0.00
LEUCOVOR CA INJ 350MG	ONCOLOGY	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM FOR INJ 350 MG	00703514501	21755040102160	J0640	17%	\$0.00
LEUCOVOR CA INJ 350MG	ONCOLOGY	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM FOR INJ 350 MG	55390005401	21755040102160	J0640	17%	\$0.00
LEUCOVORIN INJ 50MG	ONCOLOGY	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM FOR INJ 50 MG	55390005110	21755040102120	J0640	17%	\$0.00
LEUCOVORIN INJ 200MG	ONCOLOGY	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM FOR INJ 200 MG	55390005301	21755040102150	J0640	17%	\$0.00
LEUCOVORIN INJ CALCIUM	ONCOLOGY	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM FOR INJ 500 MG	63323071100	21755040102170	J0640	17%	\$0.00
LEUPROLIDE INJ 1MG/0.2	ONCOLOGY	LEUPROLIDE	LEUPROLIDE ACETATE INJ 5 MG/ML	00703402419	21405010102005	J9218	17%	\$0.00
LEUPROLIDE INJ 1MG/0.2	ONCOLOGY	LEUPROLIDE	LEUPROLIDE ACETATE INJ KIT 5 MG/ML	00185740085	21405010106407	J9218	17%	\$0.00
LEUPROLIDE INJ 1MG/0.2	ONCOLOGY	LEUPROLIDE	LEUPROLIDE ACETATE INJ KIT 5 MG/ML	00703401418	21405010106407	J9218	17%	\$0.00
LEUPROLIDE INJ 5MG/ML	ONCOLOGY	LEUPROLIDE	LEUPROLIDE ACETATE INJ KIT 5 MG/ML	49884036826	21405010106407	J9218	17%	\$0.00
LEUSTATIN INJ 1MG/ML	ONCOLOGY	LEUSTATIN	CLADRIBINE INJ 1 MG/ML	59676020101	21300007002010	J9065	17%	\$0.00
LUPR DEP-PED INJ 11.25MG	ONCOLOGY	LUPRON DEPOT	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 11.25 MG	00300228201	21405010106455	J1950	18%	\$0.00
LUPR DEP-PED INJ 15MG	ONCOLOGY	LUPRON DEPOT	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 15 MG	00300244001	21405010106460	J9217	18%	\$0.00
LUPR DEP-PED INJ 7.5MG	ONCOLOGY	LUPRON DEPOT	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 7.5 MG	00300210801	21405010106450	J9217	18%	\$0.00
LUPRON 6-PK INJ 5MG/ML	ONCOLOGY	LUPRON	LEUPROLIDE ACETATE INJ 5 MG/ML	00300361224	21405010102005	J9218	19%	\$0.00

LUPRON DEPOT INJ 22.5MG	ONCOLOGY	LUPRON DEPOT	LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 22.5 MG	00300334601	21405010156430	J9217	18%	\$0.00
LUPRON DEPOT INJ 7.5MG	ONCOLOGY	LUPRON DEPOT	LEUPROLIDE ACETATE FOR INJ KIT 7.5 MG	00300364201	21405010106410	J9217	18%	\$0.00
LUPRON INJ 2 WEEK	ONCOLOGY	LUPRON	LEUPROLIDE ACETATE INJ KIT 5 MG/ML	00300361228	21405010106407	J9218	19%	\$0.00
MESNA INJ 1GM	ONCOLOGY	MESNA	MESNA INJ 100 MG/ML	63323073311	21758050002010	J9209	17%	\$0.00
MESNA INJ 1GM	ONCOLOGY	MESNA	MESNA INJ 100 MG/ML	00703480503	21758050002010	J9209	17%	\$0.00
MESNA INJ 1GM	ONCOLOGY	MESNA	MESNA INJ 100 MG/ML	10019095301	21758050002010	J9209	17%	\$0.00
MESNA INJ 1GM	ONCOLOGY	MESNA	MESNA INJ 100 MG/ML	10019095302	21758050002010	J9209	17%	\$0.00
MESNA INJ 1GM	ONCOLOGY	MESNA	MESNA INJ 100 MG/ML	55390004501	21758050002010	J9209	17%	\$0.00
MESNA INJ 1GM	ONCOLOGY	MESNA	MESNA INJ 100 MG/ML	63323073310	21758050002010	J9209	17%	\$0.00
MESNEX INJ 1GM	ONCOLOGY	MESNEX	MESNA INJ 100 MG/ML	00015356302	21758050002010	J9209	17%	\$0.00
MESNEX INJ 1GM	ONCOLOGY	MESNEX	MESNA INJ 100 MG/ML	00015356303	21758050002010	J9209	17%	\$0.00
MITOMYCIN INJ 20MG	ONCOLOGY	MITOMYCIN	MITOMYCIN FOR INJ 20 MG	55390025201	21200050002110	J9280	17%	\$0.00
MITOMYCIN INJ 40MG	ONCOLOGY	MITOMYCIN	MITOMYCIN FOR INJ 40 MG	55390025301	21200050002120	J9280	17%	\$0.00
MITOMYCIN INJ 5MG	ONCOLOGY	MITOMYCIN	MITOMYCIN FOR INJ 5 MG	55390025101	21200050002105	J9280	17%	\$0.00
MUSTARGEN INJ 10MG	ONCOLOGY	MUSTARGEN	MECHLORETHAMINE HCL FOR INJ 10 MG	67386091151	21101030102105	J9230	17%	\$0.00
MYLOTARG SOL 5MG	ONCOLOGY	MYLOTARG	GEMTUZUMAB OZOGAMICIN FOR IV SOLN 5 MG	00008451001	21355030202120	J9300	17%	\$0.00
NEOSAR INJ 100MG	ONCOLOGY	NEOSAR	CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ 100 MG	00013560693	21101020002150	J9070	17%	\$0.00
NEOSAR INJ 200MG	ONCOLOGY	NEOSAR	CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ 200 MG	00013561693	21101020002155	J9070	17%	\$0.00
NIPENT INJ 10MG	ONCOLOGY	NIPENT	PENTOSTATIN FOR INJ 10 MG	00409080101	21700045002120		17%	\$0.00
OCTREOTIDE INJ 1000MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	55390016401	30170070102030		17%	\$0.00
OCTREOTIDE INJ 1000MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	00703334301	30170070102030		17%	\$0.00
OCTREOTIDE INJ 1000MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	62756035240	30170070102030		17%	\$0.00
OCTREOTIDE INJ 1000MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	63323037905	30170070102030		17%	\$0.00
OCTREOTIDE INJ 100MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	62756034944	30170070102010	J2354	17%	\$0.00
OCTREOTIDE INJ 100MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	00703331104	30170070102010		17%	\$0.00

OCTREOTIDE INJ 100MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	55390016110	30170070102010		17%	\$0.00
OCTREOTIDE INJ 100MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	63323037601	30170070102010		17%	\$0.00
OCTREOTIDE INJ 200MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	55390016301	30170070102015		17%	\$0.00
OCTREOTIDE INJ 200MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	00703333301	30170070102015		17%	\$0.00
OCTREOTIDE INJ 200MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	62756035040	30170070102015	J2354	17%	\$0.00
OCTREOTIDE INJ 200MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	63323037805	30170070102015		17%	\$0.00
OCTREOTIDE INJ 500MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	55390016210	30170070102020		17%	\$0.00
OCTREOTIDE INJ 500MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	00703332104	30170070102020		17%	\$0.00
OCTREOTIDE INJ 500MCG	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	62756035144	30170070102020	J2354	17%	\$0.00
OCTREOTIDE INJ 50MCG/ML	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	63323037701	30170070102020		17%	\$0.00
OCTREOTIDE INJ 50MCG/ML	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	55390016010	30170070102005		17%	\$0.00
OCTREOTIDE INJ 50MCG/ML	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	00703330104	30170070102005		17%	\$0.00
OCTREOTIDE INJ 50MCG/ML	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	62756034844	30170070102005	J2354	17%	\$0.00
OCTREOTIDE INJ 50MCG/ML	ONCOLOGY	OCTREOTIDE	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	63323036501	30170070102005		17%	\$0.00
ONCASPAR INJ 750/ML	ONCOLOGY	ONCASPAR	PEGASPARGASE INJ 750 UNIT/ML	57665000202	21250060002020	J9266	17%	\$0.00
ONDANSETRON INJ 2MG/ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00143989001	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 2MG/ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00143989105	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00409475901	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00703722601	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00703722603	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00781305780	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	10019090603	50250065052020	J2405	17%	\$0.00

ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	10019090663	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	55390012101	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	60505074406	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	61703024522	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	62756018201	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	63323037420	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 40/20ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	64679072701	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	62756018101	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	55390012110	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	63323037302	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00409112062	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00409475501	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00409475502	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00703722101	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00703722102	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00703722104	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	00781305714	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	10019090501	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	60505074401	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	61703024407	50250065052020	J2405	17%	\$0.00
ONDANSETRON INJ 4MG/2ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL INJ 2 MG/ML	64679072601	50250065052020	J2405	17%	\$0.00
ONDANSETRON SOL 4MG/5ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL ORAL SOLN 4 MG/5ML	50111081942	50250065052070	Q0179	17%	\$0.00

ONDANSETRON SOL 4MG/5ML	ONCOLOGY	ONDANSETRON HCL	ONDANSETRON HCL ORAL SOLN 4 MG/5ML	60505038105	50250065052070	Q0179	17%	\$0.00
ONTAK INJ 150/ML	ONCOLOGY	ONTAK	DENILEUKIN DIFTITOX IV SOLN 150 MCG/ML	62856060301	21700024002020	J9160	17%	\$0.00
PACLITAXEL INJ	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	00074433504	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	00555198414	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	61703034209	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	61703034222	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	61703034250	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	66758004302	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 300/150ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	00555198514	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 300/150ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	66758004303	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 30MG/5ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	55390011450	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 30MG/5ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	55390011405	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 30MG/5ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	55390011420	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 30MG/5ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	66758004301	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 6MG/ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	10518010207	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 6MG/ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	10518010208	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 6MG/ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	10518010209	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 6MG/ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	55390051405	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 6MG/ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	55390051420	21500012001320	J9265	17%	\$0.00
PACLITAXEL INJ 6MG/ML	ONCOLOGY	PACLITAXEL	PACLITAXEL IV CONC 6 MG/ML	55390051450	21500012001320	J9265	17%	\$0.00
PAMIDRONATE INJ 30MG	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM FOR INJ 30 MG	55390012701	30042060102120	J2430	17%	\$0.00
PAMIDRONATE INJ 30MG	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM FOR INJ 30 MG	00781314784	30042060102120	J2430	17%	\$0.00

PAMIDRONATE INJ 90MG	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM FOR INJ 90 MG	55390012901	30042060102140	J2430	17%	\$0.00
PAMIDRONATE INJ 90MG	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM FOR INJ 90 MG	00781314870	30042060102140	J2430	17%	\$0.00
PAMIDRONATE SOL 3MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 3 MG/ML	63323073410	30042060102006	J2430	17%	\$0.00
PAMIDRONATE SOL 3MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 3 MG/ML	00703407559	30042060102006	J2430	17%	\$0.00
PAMIDRONATE SOL 3MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 3 MG/ML	15210040111	30042060102006	J2430	17%	\$0.00
PAMIDRONATE SOL 3MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 3 MG/ML	55390020401	30042060102006	J2430	17%	\$0.00
PAMIDRONATE SOL 3MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 3 MG/ML	61703032418	30042060102006	J2430	17%	\$0.00
PAMIDRONATE SOL 3MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 3 MG/ML	61703032439	30042060102006	J2430	17%	\$0.00
PAMIDRONATE SOL 6MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 6 MG/ML	61703032518	30042060102009	J2430	17%	\$0.00
PAMIDRONATE SOL 9MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 9 MG/ML	00703408551	30042060102012	J2430	17%	\$0.00
PAMIDRONATE SOL 9MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 9 MG/ML	15210040211	30042060102012	J2430	17%	\$0.00
PAMIDRONATE SOL 9MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 9 MG/ML	61703032618	30042060102012	J2430	17%	\$0.00
PAMIDRONATE SOL 9MG/ML	ONCOLOGY	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM IV SOLN 9 MG/ML	63323073510	30042060102012	J2430	17%	\$0.00
PARAPLATIN INJ 150MG	ONCOLOGY	PARAPLATIN	CARBOPLATIN IV FOR INJ 150 MG	00015321430	21100015002120	J9045	17%	\$0.00
PHOTOFRIN INJ 75MG	ONCOLOGY	PHOTOFRIN	PORFIMER SODIUM FOR INJ 75 MG	58914015575	21707070102140	J9600	17%	\$0.00
PROLEUKIN INJ 22MU	ONCOLOGY	PROLEUKIN	ALDESLEUKIN FOR IV SOLN 2200000 UNIT	00078049561	21703020002120	J9015	17%	\$0.00
RITUXAN INJ 100MG	ONCOLOGY	RITUXAN	RITUXIMAB FOR IV INJ CONC 10 MG/ML	50242005121	21353060001310	J9310	19%	\$0.00
RITUXAN INJ 500MG	ONCOLOGY	RITUXAN	RITUXIMAB FOR IV INJ CONC 10 MG/ML	50242005306	21353060001310	J9310	19%	\$0.00
TAXOL INJ	ONCOLOGY	TAXOL	PACLITAXEL IV CONC 6 MG/ML	00015347630	21500012001320	J9265	17%	\$0.00
TAXOL INJ 300/50ML	ONCOLOGY	TAXOL	PACLITAXEL IV CONC 6 MG/ML	00015347911	21500012001320	J9265	17%	\$0.00
TAXOL INJ 30MG/5ML	ONCOLOGY	TAXOL	PACLITAXEL IV CONC 6 MG/ML	00015347530	21500012001320	J9265	17%	\$0.00
TAXOTERE INJ 20/0.5ML	ONCOLOGY	TAXOTERE	DOCETAXEL FOR INJ CONC 20 MG/0.5ML	00075800120	21500005001320	J9170	17%	\$0.00

TAXOTERE INJ 80MG/2ML	ONCOLOGY	TAXOTERE	DOCETAXEL FOR INJ CONC 20 MG/0.5ML	00075800180	21500005001320	J9170	17%	\$0.00
THIOTEPA INJ 15MG	ONCOLOGY	THIOTEPA	THIOTEPA FOR INJ 15 MG	55390003010	21100040002105	J9340	17%	\$0.00
THIOTEPA INJ 15MG	ONCOLOGY	THIOTEPA	THIOTEPA FOR INJ 15 MG	00703430102	21100040002105	J9340	17%	\$0.00
TICE BCG INJ	ONCOLOGY	TICE BCG	BCG LIVE INTRAVESICAL FOR SUSP 50 MG	00052060202	21700013001930	90585	17%	\$0.00
TICE BCG INJ	ONCOLOGY	TICE BCG	BCG LIVE INTRAVESICAL FOR SUSP 50 MG	00052060302	21700013001930	90585	17%	\$0.00
TOPOSAR INJ 100/5ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	00703565301	21500010002020	J9181	17%	\$0.00
TOPOSAR INJ 1GM/50ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	00703565701	21500010002020	J9181	17%	\$0.00
TOPOSAR INJ 500/25ML	ONCOLOGY	ETOPOSIDE	ETOPOSIDE INJ 20 MG/ML	00703565601	21500010002020	J9181	17%	\$0.00
TORISEL SOL 25MG/ML	ONCOLOGY	TORISEL	TEMSIROLIMUS SOLN FOR IV INFUSION 25 MG/ML	00008117901	21532570002020	C9239	17%	\$0.00
TRELSTAR DEP INJ 3.75MG	ONCOLOGY	TRELSTAR DEPOT	TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG	52544015302	21405050201920	J3315	18%	\$0.00
TRELSTAR DEP INJ 3.75MG	ONCOLOGY	TRELSTAR DEPOT	TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG	52544018976	21405050201920		18%	\$0.00
TRELSTAR DEP INJ 3.75MG	ONCOLOGY	TRELSTAR DEPOT	TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG	52544015376	21405050201920	J3315	18%	\$0.00
TRELSTAR LA INJ 11.25MG	ONCOLOGY	TRELSTAR LA	TRIPTORELIN PAMOATE FOR IM SUSP 11.25 MG	52544018876	21405050201930		17%	\$0.00
TRELSTAR LA INJ 11.25MG	ONCOLOGY	TRELSTAR LA	TRIPTORELIN PAMOATE FOR IM SUSP 11.25 MG	52544015476	21405050201930	J3315	17%	\$0.00
TRELSTAR LA INJ 11.25MG	ONCOLOGY	TRELSTAR LA	TRIPTORELIN PAMOATE FOR IM SUSP 11.25 MG	52544015402	21405050201930	J3315	17%	\$0.00
TRISENOX SOL 10MG/10M	ONCOLOGY	TRISENOX	ARSENIC TRIOXIDE INJ 10 MG/10ML (1 MG/ML)	63459060010	21700008102020	J9017	17%	\$0.00
VECTIBIX INJ 100MG	ONCOLOGY	VECTIBIX	PANITUMUMAB IV SOLN 20 MG/ML	55513095401	21353050002020		17%	\$0.00
VECTIBIX INJ 200MG	ONCOLOGY	VECTIBIX	PANITUMUMAB IV SOLN 20 MG/ML	55513095501	21353050002020		17%	\$0.00
VECTIBIX INJ 400MG	ONCOLOGY	VECTIBIX	PANITUMUMAB IV SOLN 20 MG/ML	55513095601	21353050002020		17%	\$0.00
VELCADE INJ 3.5MG	ONCOLOGY	VELCADE	BORTEZOMIB FOR INJ 3.5 MG	63020004901	21536015002120	J9041	17%	\$0.00
VIDAZA INJ 100MG	ONCOLOGY	VIDAZA	AZACITIDINE FOR INJ 100 MG	67211010201	21300003001920	J9025	17%	\$0.00
VINBLASTINE INJ 10MG	ONCOLOGY	VINBLASTINE	VINBLASTINE SULFATE FOR INJ 10 MG	55390009110	215000030102105	J9360	17%	\$0.00
VINCASAR PFS INJ 1MG/ML	ONCOLOGY	VINCRISTINE SULFATE	VINCRISTINE SULFATE IV SOLN 1 MG/ML	00703440211	21500020102005	J9370	17%	\$0.00
VINCASAR PFS INJ 1MG/ML	ONCOLOGY	VINCRISTINE SULFATE	VINCRISTINE SULFATE IV SOLN 1 MG/ML	00703441211	21500020102005	J9370	17%	\$0.00

VINORELBINE INJ 10MG/ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	00703418201	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 10MG/ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	00703418281	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 10MG/ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	00703418301	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 10MG/ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	61703034106	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 10MG/ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	61703034109	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 10MG/ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	63323014801	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 10MG/ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	66758004501	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 10MG/ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	55390006901	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 50MG/5ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	55390007001	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 50MG/5ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	00703416381	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 50MG/5ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	63323014805	21500050802020	J9390	17%	\$0.00
VINORELBINE INJ 50MG/5ML	ONCOLOGY	VINORELBINE TARTRATE	VINORELBINE TARTRATE INJ 10 MG/ML	66758004502	21500050802020	J9390	17%	\$0.00
VUMON INJ 50MG/5ML	ONCOLOGY	VUMON	TENIPOSIDE IV SOLN 10 MG/ML	00015307519	21500015002020	Q2017	17%	\$0.00
ZANOSAR INJ 1GM	ONCOLOGY	ZANOSAR	STREPTOZOCIN FOR INJ 1 GM	00703463601	21102030002105	J9320	17%	\$0.00
ZINECARD INJ 250MG	ONCOLOGY	ZINECARD	DEXRAZOXANE FOR INJ 250 MG	00013871562	21754040002120	J1190	17%	\$0.00
ZINECARD INJ 500MG	ONCOLOGY	ZINECARD	DEXRAZOXANE FOR INJ 500 MG	00013872589	21754040002140	J1190	17%	\$0.00
ZOFRAN INJ 2MG/ML	ONCOLOGY	ZOFRAN	ONDANSETRON HCL INJ 2 MG/ML	00173044202	50250065052020	J2405	17%	\$0.00
ZOFRAN INJ 40/20ML	ONCOLOGY	ZOFRAN	ONDANSETRON HCL INJ 2 MG/ML	00173044200	50250065052020		17%	\$0.00
ZOFRAN SOL 4MG/5ML	ONCOLOGY	ZOFRAN	ONDANSETRON HCL ORAL SOLN 4 MG/5ML	00173048900	50250065052070		17%	\$0.00
ZOLADEX	ONCOLOGY	ZOLADEX	GOSERELIN ACETATE IMPLANT 3.6 MG	00310095036	21405005102310		19%	\$0.00
ZOLADEX IMP 10.8MG	ONCOLOGY	ZOLADEX	GOSERELIN ACETATE IMPLANT 10.8 MG	00310095130	21405005102330		19%	\$0.00
LUCENTIS SOL	OPHTHALMIC AGENT	LUCENTIS	RANIBIZUMAB INTRAVITREAL INJ 0.5 MG/0.05ML (10 MG/ML)	50242008001	86655060002020	C9233	18%	\$0.00

MACUGEN INJ	OPHTHALMIC AGENT	MACUGEN	PEGAPTANIB SODIUM INTRAVITREOUS INJ 0.3 MG/90 MICROLITER	68782000101	86655050302020	J2503	17%	\$0.00
VISUDYNE INJ 15MG	OPHTHALMIC AGENT	VISUDYNE	VERTEPORFIN FOR IV SOLN 15 MG (2 MG/ML)	00078043761	86700065002120	J3396	17%	\$0.00
EUFLEXA INJ 10MG/ML	PHYSICAL ADJUNCTS	EUFLEXA	SODIUM HYALURONATE INTRA-ARTICULAR INJ 10 MG/ML	55566410001	75800070102020	J7317	17%	\$0.00
HYALGAN INJ 20MG/2ML	PHYSICAL ADJUNCTS	HYALGAN	SODIUM HYALURONATE INTRA-ARTICULAR INJ 10 MG/ML	08024072412	75800070102020	J7317	17%	\$0.00
HYALGAN INJ 20MG/2ML	PHYSICAL ADJUNCTS	HYALGAN	SODIUM HYALURONATE INTRA-ARTICULAR INJ 10 MG/ML	08024072420	75800070102020	J7317	17%	\$0.00
ORTHOVISC INJ 15MG/ML	PHYSICAL ADJUNCTS	ORTHOVISC	HYALURONAN INTRA- ARTICULAR INJ 15 MG/ML	59676036001	75800060002020	Q4086	17%	\$0.00
SUPARTZ INJ 25/2.5ML	PHYSICAL ADJUNCTS	SUPARTZ	SODIUM HYALURONATE INTRA-ARTICULAR INJ 10 MG/ML	08363776101	75800070102020	J7317	17%	\$0.00
SYNVISC INJ 8MG/ML	PHYSICAL ADJUNCTS	SYNVISC	HYLAN INTRA-ARTICULAR INJ 8 MG/ML	58468009001	75800040002220	J7320	17%	\$0.00
FLOLAN INJ 0.5MG	PULMONARY HYPERTENSION	FLOLAN	EPOPROSTENOL SODIUM FOR INJ 0.5 MG	00173051700	40170040102110	J1325	16%	\$0.00
FLOLAN INJ 1.5MG	PULMONARY HYPERTENSION	FLOLAN	EPOPROSTENOL SODIUM FOR INJ 1.5 MG	00173051900	40170040102130	J1325	16%	\$0.00
REMODULIN INJ 10MG/ML	PULMONARY HYPERTENSION	REMODULIN	TREPROSTINIL SODIUM INJ 10 MG/ML (BASE EQUIV)	66302011001	40170080102040	J3285	16%	\$0.00
REMODULIN INJ 1MG/ML	PULMONARY HYPERTENSION	REMODULIN	TREPROSTINIL SODIUM INJ 1 MG/ML (BASE EQUIV)	66302010101	40170080102010	J3285	16%	\$0.00
REMODULIN INJ 2.5MG/ML	PULMONARY HYPERTENSION	REMODULIN	TREPROSTINIL SODIUM INJ 2.5 MG/ML (BASE EQUIV)	66302010201	40170080102020	J3285	16%	\$0.00
REMODULIN INJ 5MG/ML	PULMONARY HYPERTENSION	REMODULIN	TREPROSTINIL SODIUM INJ 5 MG/ML (BASE EQUIV)	66302010501	40170080102030	J3285	16%	\$0.00
VENTAVIS SOL 10MCG/ML	PULMONARY HYPERTENSION	VENTAVIS	ILOPROST INHALATION SOLUTION 10 MCG/ML	10148010200	401700600002020	Q4080	13%	\$0.00
VENTAVIS SOL 10MCG/ML	PULMONARY HYPERTENSION	VENTAVIS	ILOPROST INHALATION SOLUTION 10 MCG/ML	10148010100	401700600002020	Q4080	13%	\$0.00
VENTAVIS SOL 10MCG/ML	PULMONARY HYPERTENSION	VENTAVIS	ILOPROST INHALATION SOLUTION 10 MCG/ML	10148010130	401700600002020	Q4080	13%	\$0.00
VENTAVIS SOL 10MCG/ML	PULMONARY HYPERTENSION	VENTAVIS	ILOPROST INHALATION SOLUTION 10 MCG/ML	10148010230	401700600002020	Q4080	13%	\$0.00
PULMOZYME SOL 1MG/ML	RESPIRATORY AGENT	PULMOZYME	DORNASE ALFA INHAL SOLN 1 MG/ML	50242010040	453040200002010	J7639	18%	\$0.00
PULMOZYME SOL 1MG/ML	RESPIRATORY AGENT	PULMOZYME	DORNASE ALFA INHAL SOLN 1 MG/ML	50242010039	453040200002010	J7639	18%	\$0.00

IMITREX INJ 6MG/0.5	SERATONIN AGONIST	IMITREX	SUMMATRIPTAN SUCCINATE INJ 12 MG/ML	00173044902	67406070102010	J3030	17%	\$0.00
IMITREX KIT 4MG/0.5	SERATONIN AGONIST	IMITREX	SUMMATRIPTAN SUCCINATE INJ KIT 4 MG/0.5ML	00173073900	67406070106405		17%	\$0.00
IMITREX KIT 4MG/0.5	SERATONIN AGONIST	IMITREX	SUMMATRIPTAN SUCCINATE INJ KIT 4 MG/0.5ML	00173073902	67406070106405	J3030	17%	\$0.00
IMITREX KIT 6MG/0.5	SERATONIN AGONIST	IMITREX	SUMMATRIPTAN SUCCINATE INJ KIT 6 MG/0.5ML	00173047800	67406070106410	J3030	17%	\$0.00
IMITREX KIT 6MG/0.5	SERATONIN AGONIST	IMITREX	SUMMATRIPTAN SUCCINATE INJ KIT 6 MG/0.5ML	00173047900	67406070106410	J3030	17%	\$0.00
ACTIVASE INJ 100MG	THROMBOLYTIC AGENTS	ACTIVASE	ALTEPLASE FOR INJ 100 MG	50242008527	85601010002120	J2997	17%	\$0.00
ACTIVASE INJ 50MG	THROMBOLYTIC AGENTS	ACTIVASE	ALTEPLASE FOR INJ 50 MG	50242004413	85601010002110	J2997	17%	\$0.00
INFED INJ 50MG/ML	TRACE ELEMENTS	INFED	IRON DEXTRAN INJ 50 MG/ML	52544093102	823000040002010		17%	\$0.00
ACTHIB INJ	VACCINE	ACTHIB	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ	49281054505	17200030102100	90648	17%	\$60.00
ADACEL INJ	VACCINE	ADACEL	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG/0.5ML	49281040010	18990003221815	90715	17%	\$60.00
ATTENUVAX INJ LIVE	VACCINE	ATTENUVAX	MEASLES VIRUS VACCINE FOR INJ	00006458900	17100030002200	90705	17%	\$60.00
BOOSTRIX SUS	VACCINE	BOOSTRIX	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2.5-18.5 LF-LF-MCG/0.5ML	58160084211	18990003221820	90715	17%	\$60.00
DAPTACEL INJ	VACCINE	DAPTACEL	DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-10 MCG- 5 LF/0.5ML	49281028610	18990003201825	90700	17%	\$60.00
ENGERIX-B INJ 10/0.5ML	VACCINE	ENGERIX-B	HEPATITIS B VACCINE (RECOMBINANT) 10 MCG/0.5ML	58160085936	17100010202210	Q3021	17%	\$60.00
ENGERIX-B INJ 20MCG/ML	VACCINE	ENGERIX-B	HEPATITIS B VACCINE (RECOMBINANT) 20 MCG/ML	58160086126	17100010202230	Q3022	17%	\$60.00
GARDASIL INJ	VACCINE	GARDASIL	QUADRIVALENT HUMAN PAPILLOMAVIRUS (HPV) RECOMBINANT VAC INJ	00006404541	17100065101820		17%	\$60.00
GARDASIL INJ	VACCINE	GARDASIL	QUADRIVALENT HUMAN PAPILLOMAVIRUS (HPV) RECOMBINANT VAC INJ	00006404500	17100065101820	90649	17%	\$60.00

GARDASIL INJ	VACCINE	GARDASIL	QUADRIVALENT HUMAN PAPILOMAVIRUS (HPV) RECOMBINANT VAC INJ	00006410906	171000665101820		17%	\$60.00
GARDASIL INJ	VACCINE	GARDASIL	QUADRIVALENT HUMAN PAPILOMAVIRUS (HPV) RECOMBINANT VAC INJ	00006410909	171000665101820		17%	\$60.00
HAVRIX INJ 720UNIT	VACCINE	HAVRIX	HEPATITIS A VACCINE INJ SUSP 720 EL UNIT/0.5ML	58160082546	17100008001830	90632	17%	\$60.00
HYPERHEP B INJ S/D	VACCINE	HYPERHEP B	HEPATITIS B IMMUNE GLOBULIN (HUMAN) IM INJ SOLN	13533063601	19100010002000		17%	\$60.00
HYPERHEP B INJ S/D	VACCINE	HYPERHEP B	HEPATITIS B IMMUNE GLOBULIN (HUMAN) IM INJ SOLN	13533063605	19100010002000		17%	\$60.00
HYPERHEP B INJ S/D	VACCINE	HYPERHEP B	HEPATITIS B IMMUNE GLOBULIN (HUMAN) IM INJ SOLN	13533063602	19100010002000		17%	\$60.00
HYPERHEP B INJ S/D	VACCINE	HYPERHEP B	HEPATITIS B IMMUNE GLOBULIN (HUMAN) IM INJ SOLN	13533063603	19100010002000		17%	\$60.00
IMOGAM RABIE INJ 150/ML	VACCINE	IMOGAM RABIES-HT	RABIES IMMUNE GLOBULIN (HUMAN) INJ 150 UNIT/ML	49281019020	19100045002205		17%	\$60.00
IMOGAM RABIE INJ 150/ML	VACCINE	IMOGAM RABIES-HT	RABIES IMMUNE GLOBULIN (HUMAN) INJ 150 UNIT/ML	49281019010	19100045002205		17%	\$60.00
IMOVAX RABIE INJ 2.5/ML	VACCINE	IMOVAX	RABIES VIRUS VACCINE, HDC INJ	49281025051	17100070002200		17%	\$60.00
INFANRIX INJ	VACCINE	INFANRIX	DIPH. ACCELLULAR PERT & TET TOX INJ 25 LF-58 MCG-10 LF/0.5ML	58160084011	18990003201840	90700	17%	\$60.00
JE-VAX INJ	VACCINE	JE-VAX	JAPANESE ENCEPHALITIS VIRUS VACCINE FOR INJ	49281068030	17100025002100	90735	17%	\$60.00
MENACTRA INJ	VACCINE	MENACTRA	MENINGOCOCCAL (A, C, Y, AND W-135) CONJUGATE VACCINE INJ	49281058905	17200040442200		17%	\$60.00
MENACTRA INJ	VACCINE	MENACTRA	MENINGOCOCCAL (A, C, Y, AND W-135) CONJUGATE VACCINE INJ	49281058915	17200040442200		17%	\$60.00
MENOMUNE INJ A/C/Y/W	VACCINE	MENOMUNE	MENINGOCOCCAL VACCINE A, C, Y, AND W-135 INJ	49281048901	17200040402200	90733	17%	\$60.00
NABI-HB INJ	VACCINE	NABI-HB	HEPATITIS B IMMUNE GLOBULIN (HUMAN) IM INJ SOLN	59730420201	19100010002000	90371	17%	\$60.00

PEDVAX HIB INJ	VACCINE	PEDVAX HIB	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE INJ	00006489700	17200030102000	90647	17%	\$60.00
PREVNAR INJ	VACCINE	PENTAM	PNEUMOCOCCAL 7- VALENT CONJUGATE VACCINE INJ 16 MCG/0.5ML	00005197049	17200065101820		17%	\$60.00
PREVNAR INJ	VACCINE	PENTAM	PNEUMOCOCCAL 7- VALENT CONJUGATE VACCINE INJ 16 MCG/0.5ML	00005197049	17200065101820		17%	\$60.00
PREVNAR INJ	VACCINE	PREVNAR	PNEUMOCOCCAL 7- VALENT CONJUGATE VACCINE INJ 16 MCG/0.5ML	00005197050	17200065101820		17%	\$60.00
RABAVERT INJ	VACCINE	RABAVERT	RABIES VACCINE, PCEC FOR INJ	53905050101	17100070201900	90675	17%	\$60.00
RECOMBIVA HB INJ 5MCG/0.5	VACCINE	RECOMBIVA HB	HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG/ML	00006498000	17100010201820	J3490	34%	\$60.00
RECOMBIVA-HB INJ 40MCG/ML	VACCINE	RECOMBIVA HB	HEPATITIS B VACCINE (RECOMBINANT) 40 MCG/ML	00006499200	17100010202240	J3490	34%	\$60.00
TETANUS TOX INJ 5LF ADS	VACCINE	TETANUS TOX	TETANUS TOXOID ADSORBED INJ 5 LF	49281082010	18000020202005	90703	17%	\$60.00
THERACYS INJ	VACCINE	THERACYS	BCG LIVE INTRAVESICAL FOR SUSP 81 MG/IAL	49281088001	21700013001940	J9031	17%	\$60.00
TRIPEDIA SUS P/F	VACCINE	TRIPEDIA	DIPH. ACELLULAR PERT & TET TOX INJ 6.7 LF-46.8 MCG-5LF/0.5ML	49281029810	18990003201820	90700	17%	\$60.00
TWINRIX INJ	VACCINE	TWINRIX	HEPATITIS A (INACT)-HEP B (RECOMB) VAC INJ 720- 20 ELU-MCG/ML	58160081501	17109902051820		17%	\$60.00
TWINRIX INJ	VACCINE	TWINRIX	HEPATITIS A (INACT)-HEP B (RECOMB) VAC INJ 720- 20 ELU-MCG/ML	58160081511	17109902051820		17%	\$60.00
TWINRIX INJ	VACCINE	TWINRIX	HEPATITIS A (INACT)-HEP B (RECOMB) VAC INJ 720- 20 ELU-MCG/ML	58160081546	17109902051820		17%	\$60.00
TYPHIM VI INJ	VACCINE	TYPHIM VI	TYPHOID VI POLYSACCHARIDE INTRAMUSCULAR VAC INJ 25 MCG/0.5ML	49281079051	17200080102020	90691	17%	\$60.00
VAQTA INJ 50UNT/ML	VACCINE	VAQTA	HEPATITIS A VACCINE INJ SUSP 50 UNIT/ML	00006484100	17100008001870	90632	17%	\$60.00
ZOSTAVAX INJ	VACCINE	ZOSTAVAX	ZOSTER VACCINE LIVE FOR INJ 19400 UNIT/0.65ML	00006496341	17100095102120		17%	\$70.00

ZOSTAVAX INJ	VACCINE	ZOSTAVAX	ZOSTER VACCINE LIVE FOR INJ 19400 UNIT/0.65ML	00006496300	17100095102120	90736	17%	\$70.00
Non-Specialty Pharmacy Injectable								
FLUPHENAZ DE INJ 25MG/ML	ANTHIPSYCHOTICS	FLUPHENAZ DE	FLUPHENAZINE DECANOATE INJ 25 MG/ML	55390046505	59200025302005	J2680	17%	\$0.00
FLUPHENAZ DE INJ 25MG/ML	ANTHIPSYCHOTICS	FLUPHENAZINE DECANOATE	FLUPHENAZINE DECANOATE INJ 25 MG/ML	60505066402	59200025302005	J2680	17%	\$0.00
FLUPHENAZ DE INJ 25MG/ML	ANTHIPSYCHOTICS	FLUPHENAZINE DECANOATE	FLUPHENAZINE DECANOATE INJ 25 MG/ML	63323027205	59200025302005	J2680	17%	\$0.00
FLUPHENAZINE INJ 2.5MG/ML	ANTHIPSYCHOTICS	FLUPHENAZINE HCL	FLUPHENAZINE HCL INJ 2.5 MG/ML	63323028110	59200025102005		17%	\$0.00
GEODON INJ 20MG	ANTHIPSYCHOTICS	GEODON	ZIPRASIDONE MESYLATE FOR INJ 20 MG (BASE EQUIVALENT)	00049392083	59400085202120	J3486	17%	\$0.00
HALOPER DEC INJ 100MG/ML	ANTHIPSYCHOTICS	HALOPER DEC	HALOPERIDOL DECANOATE IM SOLN 100 MG/ML	55390041301	59100010302020	J1631	17%	\$0.00
RISPERDAL INJ 12.5MG	ANTHIPSYCHOTICS	RISPERDAL CONSTA	RISPERIDONE MICROSPHERES FOR INJ 12.5 MG	50458030911	59070070101910		17%	\$0.00
RISPERDAL INJ 25MG	ANTHIPSYCHOTICS	RISPERDAL CONSTA	RISPERIDONE MICROSPHERES FOR INJ 25 MG	50458030611	59070070101920		17%	\$0.00
RISPERDAL INJ 37.5MG	ANTHIPSYCHOTICS	RISPERDAL CONSTA	RISPERIDONE MICROSPHERES FOR INJ 37.5 MG	50458030711	59070070101930		17%	\$0.00
RISPERDAL INJ 50MG	ANTHIPSYCHOTICS	RISPERDAL CONSTA	RISPERIDONE MICROSPHERES FOR INJ 50 MG	50458030811	59070070101940		17%	\$0.00
ZYPREXA INJ 10MG	ANTHIPSYCHOTICS	ZYPREXA	OLANZAPINE FOR IM INJ 10 MG	00002759701	59157060002120	SO166	17%	\$0.00
COLY-MYCIN-M INJ 150MG	ANTIBIOTIC	COLY-MYCIN M	COLISTIMETHATE SODIUM FOR INJ 150 MG	61570041451	16000015002105	J0770	17%	\$0.00
DOXYCYCL HYC INJ 100MG	ANTIBIOTIC	DOXYCYCLINE	DOXYCYCLINE HYCLATE FOR INJ 100 MG	63323013011	04000020102105		17%	\$0.00
ATIVAN INJ 2MG/ML	ANXIOLYTIC	ATIVAN	LORAZEPAM INJ 2 MG/ML	60977011201	57100060002005	J2060	17%	\$0.00
ATIVAN INJ 2MG/ML	ANXIOLYTIC	ATIVAN	LORAZEPAM INJ 2 MG/ML	60977011202	57100060002005	J2060	17%	\$0.00
ATIVAN INJ 2MG/ML	ANXIOLYTIC	ATIVAN	LORAZEPAM INJ 2 MG/ML	60977011271	57100060002005	J2060	17%	\$0.00
ATIVAN INJ 2MG/ML	ANXIOLYTIC	ATIVAN	LORAZEPAM INJ 2 MG/ML	60977011281	57100060002005	J2060	17%	\$0.00
ATIVAN INJ 4MG/ML	ANXIOLYTIC	ATIVAN	LORAZEPAM INJ 4 MG/ML	60977011301	57100060002010		17%	\$0.00
ATIVAN INJ 4MG/ML	ANXIOLYTIC	ATIVAN	LORAZEPAM INJ 4 MG/ML	60977011302	57100060002010		17%	\$0.00
ATIVAN INJ 4MG/ML	ANXIOLYTIC	ATIVAN	LORAZEPAM INJ 4 MG/ML	60977011371	57100060002010		17%	\$0.00

ATIVAN INJ 4MG/ML	ANXIOLYTIC	ATIVAN	LORAZEPAM INJ 4 MG/ML	60977011381	57100060002010		17%	\$0.00
HYZINE INJ 50MG/ML	ANXIOLYTIC	HYZINE	HYDROXYZINE HCL IM SOLN 50 MG/ML	00314140070	57200040102010		17%	\$0.00
DESFERAL INJ 2GM	DETOXIFICATION AGENT	DESFERAL	DEFEROXAMINE MESYLATE FOR INJ 2 GM	00078034751	J0895	J0895	17%	\$0.00
DESFERAL INJ 500MG	DETOXIFICATION AGENT	DESFERAL	DEFEROXAMINE MESYLATE FOR INJ 500 MG	00078046791	J0895	J0895	17%	\$0.00
CRINONE GEL 8% VAG	ENDOCRINE	CRINONE	PROGESTERONE VAGINAL GEL 8%	55056080602	55370060004020		17%	\$0.00
DELATESTRYL	ENDOCRINE	DELATESTRYL	TESTOSTERONE ENANTHATE IM IN OIL 200 MG/ML	54396032840	J3130	J3130	17%	\$0.00
DELESTROGEN INJ 10MG/ML	ENDOCRINE	DELESTROGEN	ESTRADIOL VALERATE IM IN OIL 10 MG/ML	42023011001	J0970	J0970	17%	\$0.00
DELESTROGEN INJ 20MG/ML	ENDOCRINE	DELESTROGEN	ESTRADIOL VALERATE IM IN OIL 20 MG/ML	42023011101	J0970	J0970	17%	\$0.00
DELESTROGEN INJ 40MG/ML	ENDOCRINE	DELESTROGEN	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	42023011201	J0970	J0970	17%	\$0.00
DELESTROGEN INJ 40MG/ML	ENDOCRINE	DELESTROGEN	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	61570018201	J0970	J0970	17%	\$0.00
DEPO-ESTRADI INJ 5MG/ML	ENDOCRINE	DEPO-ESTRADI	ESTRADIOL CYPIONATE IM IN OIL 5 MG/ML	00009027101	J1000	J1000	17%	\$0.00
DEPO-MEDROL INJ 20MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 20 MG/ML	00009027401	J1020	J1020	17%	\$0.00
DEPO-MEDROL INJ 40MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 40 MG/ML	00009028002	J1030	J1030	17%	\$0.00
DEPO-MEDROL INJ 40MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 40 MG/ML	00009028003	J1030	J1030	17%	\$0.00
DEPO-MEDROL INJ 40MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 40 MG/ML	00009028051	J1030	J1030	17%	\$0.00
DEPO-MEDROL INJ 40MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 40 MG/ML	00009028052	J1030	J1030	17%	\$0.00
DEPO-MEDROL INJ 40MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 40 MG/ML	000090307301	J1030	J1030	17%	\$0.00
DEPO-MEDROL INJ 40MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 40 MG/ML	000090307303	J1030	J1030	17%	\$0.00

DEPO-MEDROL INJ 80MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 80 MG/ML	00009030602	22100030101815	J1040	17%	\$0.00
DEPO-MEDROL INJ 80MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 80 MG/ML	00009030612	22100030101815	J1040	17%	\$0.00
DEPO-MEDROL INJ 80MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 80 MG/ML	00009347501	22100030101815	J1040	17%	\$0.00
DEPO-MEDROL INJ 80MG/ML	ENDOCRINE	DEPO-MEDROL	METHYLPREDNISOLONE ACETATE INJ SUSP 80 MG/ML	00009347503	22100030101815	J1040	17%	\$0.00
DEPO-PROVERA INJ 150MG/ML	ENDOCRINE	DEPO-PROVERA	MEDROXYPROGESTERON E ACETATE IM SUSP 150 MG/ML	00009737604	25150035101820	J1055	17%	\$0.00
DEPO-PROVERA INJ 150MG/ML	ENDOCRINE	DEPO-PROVERA	MEDROXYPROGESTERON E ACETATE IM SUSP 150 MG/ML	00009074630	25150035101820	J1055	17%	\$0.00
DEPO-PROVERA INJ 150MG/ML	ENDOCRINE	DEPO-PROVERA	MEDROXYPROGESTERON E ACETATE IM SUSP 150 MG/ML	00009074635	25150035101820	J1055	17%	\$0.00
DEPO-PROVERA INJ 400/ML	ENDOCRINE	DEPO-PROVERA	MEDROXYPROGESTERON E ACETATE IM SUSP 400 MG/ML	00009062601	21404010101840		17%	\$0.00
DEPO-SQ PROV INJ 104	ENDOCRINE	DEPO-SQ PROV	MEDROXYPROGESTERON E ACETATE SUBCUTANEOUS SUSP 104 MG/0.65ML	00009470901	25150035101825	J1055	17%	\$0.00
DEPO-TESTOST INJ 100MG/ML	ENDOCRINE	DEPO-TESTOST	TESTOSTERONE CYPIONATE IM IN OIL 100 MG/ML	00009034702	23100030101710	J1070	17%	\$0.00
DEPO-TESTOST INJ 200MG/ML	ENDOCRINE	DEPO-TESTOST	TESTOSTERONE CYPIONATE IM IN OIL 200 MG/ML	00009041701	23100030101715	J1080	17%	\$0.00
DEPO-TESTOST INJ 200MG/ML	ENDOCRINE	DEPO-TESTOST	TESTOSTERONE CYPIONATE IM IN OIL 200 MG/ML	00009041702	23100030101715	J1080	17%	\$0.00
LUNELLE INJ	ENDOCRINE	LUNELLE	MEDROXYPROGESTERON E ACE-ESTRADIOL CYP IM SUSP 25-5 MG/0.5ML	00009348404	25980002401820	J1056	18%	\$0.00
LUNELLE INJ	ENDOCRINE	LUNELLE	MEDROXYPROGESTERON E ACE-ESTRADIOL CYP IM SUSP 25-5 MG/0.5ML	00009348410	25980002401820		18%	\$0.00
TESTOST CYP INJ 100MG/ML	ENDOCRINE	TESTOST CYP	TESTOSTERONE CYPIONATE IM IN OIL 100 MG/ML	00781307370	23100030101710	J1070	17%	\$0.00

TESTOST CYP INJ 200MG/ML	ENDOCRINE	TESTOST CYP	TESTOSTERONE CYPIONATE IM IN OIL 200 MG/ML	00781307471	23100030101715	J1080	17%	\$0.00
TESTOST CYP INJ 200MG/ML	ENDOCRINE	TESTOST CYP	TESTOSTERONE CYPIONATE IM IN OIL 200 MG/ML	00574082001	23100030101715	J1080	17%	\$0.00
TESTOST CYP INJ 200MG/ML	ENDOCRINE	TESTOST CYP	TESTOSTERONE CYPIONATE IM IN OIL 200 MG/ML	00574082010	23100030101715	J1080	17%	\$0.00
TESTOST CYP INJ 200MG/ML	ENDOCRINE	TESTOST CYP	TESTOSTERONE CYPIONATE IM IN OIL 200 MG/ML	00591322379	23100030101715	J1080	17%	\$0.00
TESTOST CYP INJ 200MG/ML	ENDOCRINE	TESTOST CYP	TESTOSTERONE CYPIONATE IM IN OIL 200 MG/ML	00703612101	23100030101715	J1080	17%	\$0.00
TESTOST CYP INJ 200MG/ML	ENDOCRINE	TESTOST CYP	TESTOSTERONE CYPIONATE IM IN OIL 200 MG/ML	00703612501	23100030101715	J1080	17%	\$0.00
TESTOST CYP INJ 200MG/ML	ENDOCRINE	TESTOST CYP	TESTOSTERONE CYPIONATE IM IN OIL 200 MG/ML	00781307470	23100030101715	J1080	17%	\$0.00
CIMETIDINE INJ 150MG/ML	GASTROINTESTINAL AGENT	CIMETIDINE HCL	CIMETIDINE HCL INJ 150 MG/ML	00409744401	49200010102005		17%	\$0.00
CIMETIDINE INJ 150MG/ML	GASTROINTESTINAL AGENT	CIMETIDINE HCL	CIMETIDINE HCL INJ 150 MG/ML	00409744501	49200010102005		17%	\$0.00
ZANTAC INJ 25MG/ML	GASTROINTESTINAL AGENT	ZANTAC	RANITIDINE HCL INJ 25 MG/ML	00173036238	49200020102005	J2780	17%	\$0.00
ZANTAC INJ 25MG/ML	GASTROINTESTINAL AGENT	ZANTAC	RANITIDINE HCL INJ 25 MG/ML	00173036300	49200020102005	J2780	17%	\$0.00
ZANTAC INJ 25MG/ML	GASTROINTESTINAL AGENT	ZANTAC	RANITIDINE HCL INJ 25 MG/ML	00173036301	49200020102005	J2780	17%	\$0.00
ZANTAC INJ 50/50ML	GASTROINTESTINAL AGENT	ZANTAC	RANITIDINE HCL IN NACL 0.45% IV SOLN 50 MG/50ML	00173044100	49200020112020	J2780	17%	\$0.00
INAPSINE INJ 2.5MG/ML	GENERAL ANESTHETIC	INAPSINE	DROPERIDOL INJ 2.5 MG/ML	11098001001	57200030002005		17%	\$0.00
INAPSINE INJ 2.5MG/ML	GENERAL ANESTHETIC	INAPSINE	DROPERIDOL INJ 2.5 MG/ML	11098001002	57200030002005		17%	\$0.00
ARIXTRA SOL 10/0.8	HEMATOLOGICAL AGENT	ARIXTRA	FONDAPARINUX SODIUM INJ 2.5 MG/0.2ML	00007323611	83103030102030	J1652	17%	\$0.00
ARIXTRA SOL 10/0.8	HEMATOLOGICAL AGENT	ARIXTRA	FONDAPARINUX SODIUM INJ 2.5 MG/0.2ML	00007323602	83103030102030	J1652	17%	\$0.00
ARIXTRA SOL 2.5/0.5	HEMATOLOGICAL AGENT	ARIXTRA	FONDAPARINUX SODIUM INJ 2.5 MG/0.5ML	00007323011	83103030102020	J1652	17%	\$0.00
ARIXTRA SOL 2.5/0.5	HEMATOLOGICAL AGENT	ARIXTRA	FONDAPARINUX SODIUM INJ 2.5 MG/0.5ML	00007323002	83103030102020	J1652	17%	\$0.00

ARIXTRA SOL 5.0/0.4	HEMATOLOGICAL AGENT	ARIXTRA	FONDAPARINUX SODIUM INJ 2.5 MG/0.2ML	00007323211	83103030102030	J1652	17%	\$0.00
ARIXTRA SOL 5.0/0.4	HEMATOLOGICAL AGENT	ARIXTRA	FONDAPARINUX SODIUM INJ 2.5 MG/0.2ML	00007323201	83103030102030	J1652	17%	\$0.00
ARIXTRA SOL 5.0/0.4	HEMATOLOGICAL AGENT	ARIXTRA	FONDAPARINUX SODIUM INJ 2.5 MG/0.2ML	00007323202	83103030102030	J1652	17%	\$0.00
ARIXTRA SOL 7.5/0.6	HEMATOLOGICAL AGENT	ARIXTRA	FONDAPARINUX SODIUM INJ 2.5 MG/0.2ML	00007323411	83103030102030	J1652	17%	\$0.00
ARIXTRA SOL 7.5/0.6	HEMATOLOGICAL AGENT	ARIXTRA	FONDAPARINUX SODIUM INJ 2.5 MG/0.2ML	00007323402	83103030102030	J1652	17%	\$0.00
FRAGMIN INJ 10000/ML	HEMATOLOGICAL AGENT	FRAGMIN	DALTEPARIN SODIUM INJ 10000 UNIT/ML	62856010110	83101010102215		17%	\$0.00
FRAGMIN INJ 10000/ML	HEMATOLOGICAL AGENT	FRAGMIN	DALTEPARIN SODIUM INJ 10000 UNIT/ML	62856010201	83101010102215	J1645	17%	\$0.00
FRAGMIN INJ 12500/UNT	HEMATOLOGICAL AGENT	FRAGMIN	DALTEPARIN SODIUM INJ 5000 UNIT/0.2ML (25000 UNIT/ML)	62856012510	83101010102240		17%	\$0.00
FRAGMIN INJ 15000/UNT	HEMATOLOGICAL AGENT	FRAGMIN	DALTEPARIN SODIUM INJ 5000 UNIT/0.2ML (25000 UNIT/ML)	62856015010	83101010102240		17%	\$0.00
FRAGMIN INJ 18000/UNT	HEMATOLOGICAL AGENT	FRAGMIN	DALTEPARIN SODIUM INJ 5000 UNIT/0.2ML (25000 UNIT/ML)	62856018010	83101010102240		17%	\$0.00
FRAGMIN INJ 2500/0.2	HEMATOLOGICAL AGENT	FRAGMIN	DALTEPARIN SODIUM INJ 2500 UNIT/0.2ML	62856025010	83101010102220	J1645	17%	\$0.00
FRAGMIN INJ 25000/ML	HEMATOLOGICAL AGENT	FRAGMIN	DALTEPARIN SODIUM INJ 5000 UNIT/0.2ML (25000 UNIT/ML)	62856025101	83101010102240		17%	\$0.00
FRAGMIN INJ 5000/0.2	HEMATOLOGICAL AGENT	FRAGMIN	DALTEPARIN SODIUM INJ 5000 UNIT/0.2ML (25000 UNIT/ML)	62856050010	83101010102240		17%	\$0.00
FRAGMIN INJ 7500/0.3	HEMATOLOGICAL AGENT	FRAGMIN	DALTEPARIN SODIUM INJ 5000 UNIT/0.2ML (25000 UNIT/ML)	62856075010	83101010102240		17%	\$0.00
HEPARIN LOCK INJ 10UNT/ML	HEMATOLOGICAL AGENT	HEPARIN LOCK	HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLN 10 UNIT/ML	00409115170	8310002020005	J1642	17%	\$0.00
HEPARIN LOCK INJ 10UNT/ML	HEMATOLOGICAL AGENT	HEPARIN LOCK	HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLN 10 UNIT/ML	00409115178	8310002020005	J1642	17%	\$0.00
HEPARIN LOCK INJ 10UNT/ML	HEMATOLOGICAL AGENT	HEPARIN LOCK	HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLN 10 UNIT/ML	00409115112	8310002020005	J1642	17%	\$0.00

HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	00641039102	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	00641039121	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	00641039125	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	00641039164	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	00641244041	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	00641244045	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	00641245041	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	00641245045	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	63323027602	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	63323054001	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	63323054011	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 1000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	63323054031	83100020202015	J1644	17%	\$0.00
HEPARIN SOD INJ 2000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 2000 UNIT/ML	00409258102	83100020202018		17%	\$0.00
HEPARIN SOD INJ 20000/ML	HEMATOLOGICAL AGENT	HEPARIN SOD	HEPARIN SODIUM (PORCINE) INJ 20000 UNIT/ML	63323091501	83100020202045	J1644	17%	\$0.00
HEPARIN SOD INJ 2500/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 2500 UNIT/ML	00409258402	83100020202020	J1645	17%	\$0.00

HEPARIN SOD INJ 5000/ML	HEMATOLOGICAL AGENT	HEPARIN SOD	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	63323026201	83100020202025		17%	\$0.00
HEPARIN SOD INJ 5000/ML	HEMATOLOGICAL AGENT	HEPARIN SOD	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	00641040002	83100020202025		17%	\$0.00
HEPARIN SOD INJ 5000/ML	HEMATOLOGICAL AGENT	HEPARIN SOD	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	00641040025	83100020202025	J1644	17%	\$0.00
HEPARIN SOD INJ 5000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	00409140231	83100020202025		17%	\$0.00
HEPARIN SOD INJ 5000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	00641040021	83100020202025		17%	\$0.00
HEPARIN SOD INJ 5000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	00641040064	83100020202025		17%	\$0.00
HEPARIN SOD INJ 5000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	00641246045	83100020202025		17%	\$0.00
HEPARIN SOD INJ 5000/ML	HEMATOLOGICAL AGENT	HEPARIN SODIUM	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	63323004710	83100020202025		17%	\$0.00
INNOHEP INJ 20000/ML	HEMATOLOGICAL AGENT	INNOHEP	TINZAPARIN SODIUM INJ 20000 ANTI-XA UNIT/ML	67211034208	83101080102040	J1655	17%	\$0.00
INNOHEP INJ 20000/ML	HEMATOLOGICAL AGENT	INNOHEP	TINZAPARIN SODIUM INJ 20000 ANTI-XA UNIT/ML	67211034253	83101080102040	J1655	17%	\$0.00
LOVENOX INJ 100/1ML	HEMATOLOGICAL AGENT	LOVENOX	ENOXAPARIN SODIUM INJ 10 MG/0.1ML (100 MG/ML)	00075062300	83101020102010	J1650	17%	\$0.00
LOVENOX INJ 120/0.8	HEMATOLOGICAL AGENT	LOVENOX	ENOXAPARIN SODIUM INJ 150 MG/ML	00075291201	83101020102020	J1650	17%	\$0.00
LOVENOX INJ 150/1ML	HEMATOLOGICAL AGENT	LOVENOX	ENOXAPARIN SODIUM INJ 150 MG/ML	00075291501	83101020102020	J1650	17%	\$0.00
LOVENOX INJ 30/0.3ML	HEMATOLOGICAL AGENT	LOVENOX	ENOXAPARIN SODIUM INJ 10 MG/0.1ML (100 MG/ML)	00075062430	83101020102010	J1650	17%	\$0.00
LOVENOX INJ 300/3ML	HEMATOLOGICAL AGENT	LOVENOX	ENOXAPARIN SODIUM INJ 10 MG/0.1ML (100 MG/ML)	00075062603	83101020102010	J1650	17%	\$0.00
LOVENOX INJ 40/0.4ML	HEMATOLOGICAL AGENT	LOVENOX	ENOXAPARIN SODIUM INJ 10 MG/0.1ML (100 MG/ML)	00075062040	83101020102010	J1650	17%	\$0.00
LOVENOX INJ 60/0.6ML	HEMATOLOGICAL AGENT	LOVENOX	ENOXAPARIN SODIUM INJ 10 MG/0.1ML (100 MG/ML)	00075062160	83101020102010	J1650	17%	\$0.00
LOVENOX INJ 80/0.8ML	HEMATOLOGICAL AGENT	LOVENOX	ENOXAPARIN SODIUM INJ 10 MG/0.1ML (100 MG/ML)	00075062280	83101020102010	J1650	17%	\$0.00

D.H.E. 45 INJ 1MG/ML	MIGRAINE AGENT	D.H.E. 45	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML	65490004101	67000030102005	J1110	17%	\$0.00
D.H.E. 45 INJ 1MG/ML	MIGRAINE AGENT	D.H.E. 45	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML	00247093001	67000030102005	J1110	17%	\$0.00
DIHYDROERGOT INJ 1MG/ML	MIGRAINE AGENT	DIHYDROERGOTAMINE	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML	00574085005	67000030102005	J1110	17%	\$0.00
DIHYDROERGOT INJ 1MG/ML	MIGRAINE AGENT	DIHYDROERGOTAMINE	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML	00574085010	67000030102005	J1110	17%	\$0.00
DIHYDROERGOT INJ 1MG/ML	MIGRAINE AGENT	DIHYDROERGOTAMINE	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML	55390001310	67000030102005	J1110	17%	\$0.00
DOBUTREX INJ 12.5/ML	MIGRAINE AGENT	DOBUTREX	DOBUTAMINE HCL INJ 12.5 MG/ML	00002717510	380000010102005		17%	\$0.00
ATROPINE CRY USP NF	MISCELLANEOUS	ATROPINE	ATROPINE CRYSTALS	49452077001	96428054003800		17%	\$0.00
ATROPINE CRY USP NF	MISCELLANEOUS	ATROPINE	ATROPINE CRYSTALS	49452077002	96428054003800		17%	\$0.00
ATROPINE CRY USP NF	MISCELLANEOUS	ATROPINE	ATROPINE CRYSTALS	49452077003	96428054003800		17%	\$0.00
ATROPINE CRY USP NF	MISCELLANEOUS	ATROPINE	ATROPINE CRYSTALS	49452077004	96428054003800		17%	\$0.00
ATROPINE POW USP	MISCELLANEOUS	ATROPINE	ATROPINE POWDER	51552099902	96428054002900		17%	\$0.00
ATROPINE POW USP	MISCELLANEOUS	ATROPINE	ATROPINE POWDER	51552099904	96428054002900		17%	\$0.00
ATROPINE SUL INJ 0.4MG/ML	MISCELLANEOUS	ATROPINE	ATROPINE SULFATE INJ 0.4 MG/ML	10019025012	49101010102020	J0460	17%	\$0.00
ATROPINE SUL SOL 1% OP	MISCELLANEOUS	ATROPINE	ATROPINE SULFATE OPHTH SOLN 1%	24208075006	86350010102010		17%	\$0.00
AZATHIOPRINE INJ 100MG	MISCELLANEOUS	AZATHIOPRINE	AZATHIOPRINE SODIUM FOR INJ 100 MG	553900060020	99406010102110		17%	\$0.00
CA-DTPA SOL 1000MG	MISCELLANEOUS	CA-DTPA	PENTETATE CALCIUM TRISODIUM IV OR INHALATION SOLN 200 MG/ML	52919000103	931000060202020		17%	\$0.00
CAVERJECT INJ 10MCG/ML	MISCELLANEOUS	CAVERJECT	ALPROSTADIL INJ 10 MCG/ML	00009765502	40303010002010		17%	\$0.00
CAVERJECT INJ 20MCG	MISCELLANEOUS	CAVERJECT	ALPROSTADIL FOR INJ 20 MCG	00009370105	40303010002120		17%	\$0.00
CAVERJECT INJ 20MCG	MISCELLANEOUS	CAVERJECT	ALPROSTADIL FOR INJ 20 MCG	00009370108	40303010002120		17%	\$0.00
CAVERJECT INJ 20MCG	MISCELLANEOUS	CAVERJECT	ALPROSTADIL FOR INJ 20 MCG	00009370108	40303010002120		17%	\$0.00
CAVERJECT INJ 40MCG	MISCELLANEOUS	CAVERJECT	ALPROSTADIL FOR INJ 40 MCG	00009768604	40303010002140	J0270	17%	\$0.00
CAVERJECT INJ 40MCG	MISCELLANEOUS	CAVERJECT	ALPROSTADIL FOR INJ 40 MCG	00009768601	40303010002140		17%	\$0.00
CAVERJECT KIT 10MCG	MISCELLANEOUS	CAVERJECT	ALPROSTADIL FOR INJ KIT 10 MCG	00009518101	40303010006410		17%	\$0.00
CAVERJECT KIT 20MCG	MISCELLANEOUS	CAVERJECT	ALPROSTADIL FOR INJ KIT 20 MCG	00009518201	40303010006420		17%	\$0.00

CHLORPROMAZ INJ 25MG/ML	MISCELLANEOUS	CHLORPROMAZINE	CHLORPROMAZINE HCL INJ 25 MG/ML	00641139731	59200015102005	J3230	17%	\$0.00
CHLORPROMAZ INJ 25MG/ML	MISCELLANEOUS	CHLORPROMAZINE	CHLORPROMAZINE HCL INJ 25 MG/ML	00641139735	59200015102005	J3230	17%	\$0.00
CHLORPROMAZ INJ 25MG/ML	MISCELLANEOUS	CHLORPROMAZINE	CHLORPROMAZINE HCL INJ 25 MG/ML	00641139831	59200015102005	J3230	17%	\$0.00
CHLORPROMAZ INJ 25MG/ML	MISCELLANEOUS	CHLORPROMAZINE	CHLORPROMAZINE HCL INJ 25 MG/ML	00641139835	59200015102005	J3230	17%	\$0.00
EDEX KIT 10MCG	MISCELLANEOUS	EDEX	ALPROSTADIL FOR INJ KIT 10 MCG	0009111016	40303010006410	J0270	17%	\$0.00
EDEX KIT 10MCG	MISCELLANEOUS	EDEX	ALPROSTADIL FOR INJ KIT 10 MCG	0009111020	40303010006410	J0270	17%	\$0.00
EDEX KIT 20MCG	MISCELLANEOUS	EDEX	ALPROSTADIL FOR INJ KIT 20 MCG	0009112016	40303010006420		17%	\$0.00
EDEX KIT 20MCG	MISCELLANEOUS	EDEX	ALPROSTADIL FOR INJ KIT 20 MCG	0009112020	40303010006420		17%	\$0.00
EDEX KIT 40MCG	MISCELLANEOUS	EDEX	ALPROSTADIL FOR INJ KIT 40 MCG	0009114016	40303010006440		17%	\$0.00
EDEX KIT 40MCG	MISCELLANEOUS	EDEX	ALPROSTADIL FOR INJ KIT 40 MCG	0009114020	40303010006440		17%	\$0.00
ELAPRASE INJ 6MG/3ML	MISCELLANEOUS	ELAPRASE	IDURSULFASE SOLN FOR IV INFUSION 6 MG/3ML (2 MG/ML)	54092070001	30906850002020		17%	\$0.00
MYOCHRYSSINE INJ 50MG/ML	MISCELLANEOUS	MYOCHRYSSINE	GOLD SODIUM THIOMALATE INJ 50 MG/ML	11098053310	66200030002015	J1600	17%	\$0.00
MYOCHRYSSINE INJ 50MG/ML	MISCELLANEOUS	MYOCHRYSSINE	GOLD SODIUM THIOMALATE INJ 50 MG/ML	11098053301	66200030002015	J1600	17%	\$0.00
PAPAVERINE INJ 30MG/ML	MISCELLANEOUS	PAPAVERINE	PAPAVERINE HCL INJ 30 MG/ML	66758001501	40100060102005	J2440	32%	\$0.00
PAPAVERINE SOL 30MG/ML	MISCELLANEOUS	PAPAVERINE	PAPAVERINE HCL INJ 30 MG/ML	00517401001	40100060102005	J2440	32%	\$0.00
PAPAVERINE SOL 30MG/ML	MISCELLANEOUS	PAPAVERINE	PAPAVERINE HCL INJ 30 MG/ML	66758001401	40100060102005	J2440	32%	\$0.00
PAPAVERINE SOL 30MG/ML	MISCELLANEOUS	PAPAVERINE	PAPAVERINE HCL INJ 30 MG/ML	66758001402	40100060102005	J2440	32%	\$0.00
PAPAVERINE SOL 30MG/ML	MISCELLANEOUS	PAPAVERINE	PAPAVERINE HCL INJ 30 MG/ML	55390010710	40100060102005	J2440	32%	\$0.00
PAPAVERINE SOL 30MG/ML	MISCELLANEOUS	PAPAVERINE	PAPAVERINE HCL INJ 30 MG/ML	00517400225	40100060102005	J2440	32%	\$0.00
PENTAM 300 INJ 300MG	MISCELLANEOUS	PENTAM	PENTAMIDINE ISETHIONATE FOR SOLN 300 MG	63323011310	16000045002130		17%	\$0.00
PHENERGAN INJ 25MG/ML	MISCELLANEOUS	PHENERGAN	PROMETHAZINE HCL INJ 25 MG/ML	60977000101	41400020102005	J2550	17%	\$0.00

PHENERGAN INJ 25MG/ML	MISCELLANEOUS	PHENERGAN	PROMETHAZINE HCL INJ 25 MG/ML	60977000103	41400020102005	J2550	17%	\$0.00
PHENERGAN INJ 25MG/ML	MISCELLANEOUS	PHENERGAN	PROMETHAZINE HCL INJ 25 MG/ML	60977000143	41400020102005	J2550	17%	\$0.00
PHENERGAN INJ 25MG/ML	MISCELLANEOUS	PHENERGAN	PROMETHAZINE HCL INJ 25 MG/ML	60977000144	41400020102005	J2550	17%	\$0.00
PHENERGAN INJ 50MG/ML	MISCELLANEOUS	PHENERGAN	PROMETHAZINE HCL INJ 50 MG/ML	60977000202	41400020102010	J2550	17%	\$0.00
PHENERGAN INJ 50MG/ML	MISCELLANEOUS	PHENERGAN	PROMETHAZINE HCL INJ 50 MG/ML	60977000204	41400020102010	J2550	17%	\$0.00
PHENERGAN INJ 50MG/ML	MISCELLANEOUS	PHENERGAN	PROMETHAZINE HCL INJ 50 MG/ML	60977000243	41400020102010	J2550	17%	\$0.00
PHENERGAN INJ 50MG/ML	MISCELLANEOUS	PHENERGAN	PROMETHAZINE HCL INJ 50 MG/ML	60977000244	41400020102010	J2550	17%	\$0.00
PHENTOLAMINE INJ MESYLATE	MISCELLANEOUS	PHENTOLAMINE MESYLATE	PHENTOLAMINE MESYLATE FOR INJ 5 MG	55390011301	36300020102105	J2760	17%	\$0.00
SALINE FLUSH INJ 0.9%	MISCELLANEOUS	SALINE FLUSH	SODIUM CHLORIDE INJ 0.9%	63807010020	79750010002020		17%	\$0.00
SALINE FLUSH INJ 0.9%	MISCELLANEOUS	SALINE FLUSH	SODIUM CHLORIDE INJ 0.9%	63807010030	79750010002020		17%	\$0.00
SALINE FLUSH INJ 0.9%	MISCELLANEOUS	SALINE FLUSH	SODIUM CHLORIDE INJ 0.9%	63807010033	79750010002020		17%	\$0.00
SALINE FLUSH INJ 0.9%	MISCELLANEOUS	SALINE FLUSH	SODIUM CHLORIDE INJ 0.9%	63807010050	79750010002020		17%	\$0.00
SALINE FLUSH INJ 0.9%	MISCELLANEOUS	SALINE FLUSH	SODIUM CHLORIDE INJ 0.9%	63807010051	79750010002020		17%	\$0.00
SALINE FLUSH INJ 0.9%	MISCELLANEOUS	SALINE FLUSH	SODIUM CHLORIDE INJ 0.9%	63807010056	79750010002020		17%	\$0.00
SALINE FLUSH INJ 0.9%	MISCELLANEOUS	SALINE FLUSH	SODIUM CHLORIDE INJ 0.9%	63807010075	79750010002020		17%	\$0.00
SALINE FLUSH INJ 0.9%	MISCELLANEOUS	SALINE FLUSH	SODIUM CHLORIDE INJ 0.9%	63807010092	79750010002020		17%	\$0.00
SENSORCAINE INJ 0.25%	MISCELLANEOUS	SENSORCAINE	BUPIVACAINE HCL INJ 0.25%	00186103101	69100010102005		17%	\$0.00
SENSORCAINE INJ 0.5%	MISCELLANEOUS	SENSORCAINE	BUPIVACAINE HCL INJ 0.5%	00186103501	69100010102010		17%	\$0.00
SYNAREL SOL 2MG/ML	MISCELLANEOUS	SYNAREL	NAFARELIN ACETATE NASAL SOLN 2 MG/ML	00025016608	30080055102020		18%	\$0.00
TIGAN INJ 100MG/ML	MISCELLANEOUS	TIGAN	TRIMETHOBENZAMIDE HCL INJ 100 MG/ML	42023011801	50200070102005	J3250	17%	\$0.00
TIGAN INJ 100MG/ML	MISCELLANEOUS	TIGAN	TRIMETHOBENZAMIDE HCL INJ 100 MG/ML	42023011925	50200070102005	J3250	17%	\$0.00
TIGAN INJ 100MG/ML	MISCELLANEOUS	TIGAN	TRIMETHOBENZAMIDE HCL INJ 100 MG/ML	61570054325	50200070102005	J3250	17%	\$0.00

TIGAN INJ 100MG/ML	MISCELLANEOUS	TIGAN	TRIMETHOBENZAMIDE HCL INJ 100 MG/ML	61570054120	50200070102005	J3250	17%	\$0.00
KEPIVANCE INJ 6.25MG	ONCOLOGY	KEPIVANCE	PALIFERMIN FOR IV INJ 6.25 MG	55513052006	21765060002120	J2425	17%	\$0.00
KEPIVANCE INJ 6.25MG	ONCOLOGY	KEPIVANCE	PALIFERMIN FOR IV INJ 6.25 MG	55513052001	21765060002120	J2425	17%	\$0.00
PLENAXIS INJ 100MG	ONCOLOGY	PLENAXIS	ABARELIX FOR IM INJ SUSP 100 MG	68158014951	21405515001920	J0128	18%	\$0.00
VANTAS KIT 50MG	ONCOLOGY	VANTAS	HISTRELIN ACETATE IMPLANT KIT 50 MG	67979050001	21405007106450	J9225	18%	\$0.00
VENOGLOBUL-I INJ 2.5GM HU	ONCOLOGY	VANTAS	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 2.5 GM	49669160201	19100020102115	J9225	18%	\$0.00
BUPRENEX INJ 0.3MG/ML	PAIN MANAGEMENT	BUPRENEX	BUPRENORPHINE HCL INJ 0.3 MG/ML (BASE EQUIV)	12496075701	65200010102005		17%	\$0.00
INFUMORPH INJ 10MG/ML	PAIN MANAGEMENT	INFUMORPH	MORPHINE SULFATE FOR MICROINFUSION INJ 200 MG/20ML (10MG/ML)	60977011401	65100055302020		17%	\$0.00
INFUMORPH INJ 10MG/ML	PAIN MANAGEMENT	INFUMORPH	MORPHINE SULFATE FOR MICROINFUSION INJ 200 MG/20ML (10MG/ML)	60977011474	65100055302020		17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	00517060125	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	10019002109	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	10019002139	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	10019002902	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	10019002912	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	55390048001	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	60505070500	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	60505072501	66100037102015	J1885	17%	\$0.00

KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	63323016101	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	64679075701	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	64679075702	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	64679075703	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 15MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 15 MG/ML	66860008403	66100037102015	J1885	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	63323016202	66100037102070		17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	55390048110	66100037102070		17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	00409379661	66100037102070		17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	00409228721	66100037102070		17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	00409228731	66100037102070		17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	10019002232	66100037102070		17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	10019002237	66100037102070		17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	10019002239	66100037102070		17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	55390048101	66100037102070		17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	60505070601	66100037102070		17%	\$0.00

KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	00409379501	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	00517080125	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	10019002209	66100037102070	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	10019003003	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	10019003004	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	10019003012	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	10019003017	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	50505070600	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	60505071001	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	60505072601	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	60505072602	66100037102070	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE IM INJ 30 MG/ML	63323016201	66100037102070	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	64679075801	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	64679075802	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	64679075804	66100037102030	17%	\$0.00

KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	64679075805	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	64679075806	66100037102030	17%	\$0.00
KETOROLAC INJ 30MG/ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	66860008503	66100037102030	17%	\$0.00
KETOROLAC INJ 60MG/2ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	00517090225	66100037102030	17%	\$0.00
KETOROLAC INJ 60MG/2ML	PAIN MANAGEMENT	KETOROLAC	KETOROLAC TROMETHAMINE INJ 30 MG/ML	66860008603	66100037102030	17%	\$0.00
LIORESAL INT INJ 0.05MG/1	PAIN MANAGEMENT	LIORESAL INTRATHECAL	BACLOFEN INTRATHECAL INJ 0.05 MG/ML (50 MCG/ML)	58281056201	75100010002020	17%	\$0.00
LIORESAL INT INJ 10MG/20	PAIN MANAGEMENT	LIORESAL INTRATHECAL	BACLOFEN INTRATHECAL KIT 500 MCG/ML	58281056001	75100010006420	17%	\$0.00
LIORESAL INT INJ 10MG/20	PAIN MANAGEMENT	LIORESAL INTRATHECAL	BACLOFEN INTRATHECAL KIT 500 MCG/ML	58281056002	75100010006420	17%	\$0.00
LIORESAL INT INJ 10MG/5ML	PAIN MANAGEMENT	LIORESAL INTRATHECAL	BACLOFEN INTRATHECAL KIT 2000 MCG/ML	58281056102	75100010006440	17%	\$0.00
LIORESAL INT INJ 40MG/20	PAIN MANAGEMENT	LIORESAL INTRATHECAL	BACLOFEN INTRATHECAL KIT 2000 MCG/ML	58281056301	75100010006440	17%	\$0.00
LIORESAL INT INJ 40MG/20	PAIN MANAGEMENT	LIORESAL INTRATHECAL	BACLOFEN INTRATHECAL KIT 2000 MCG/ML	58281056302	75100010006440	17%	\$0.00
STADOL INJ 2MG/ML	PAIN MANAGEMENT	STADOL	BUTORPHANOL TARTRATE INJ 2 MG/ML	00015564420	65200020102010	17%	\$0.00
STADOL INJ 2MG/ML	PAIN MANAGEMENT	STADOL	BUTORPHANOL TARTRATE INJ 2 MG/ML	00015564433	65200020102010	17%	\$0.00
STADOL INJ 2MG/ML	PAIN MANAGEMENT	STADOL	BUTORPHANOL TARTRATE INJ 2 MG/ML	00015564620	65200020102010	17%	\$0.00
BRETHINE INJ 1MG/ML	RESPIRATORY AGENT	BRETHINE	TERBUTALINE SULFATE INJ 1 MG/ML	66591043411	44201060202005	17%	\$0.00
BRETHINE INJ 1MG/ML	RESPIRATORY AGENT	BRETHINE	TERBUTALINE SULFATE INJ 1 MG/ML	66591043511	44201060202005	17%	\$0.00
ARISTOSPAN INJ 5MG/ML	STEROID	ARISTOPAN	TRIAMCINOLONE HEXACETONIDE INJ SUSP 5 MG/ML	00781308475	22100050301805	17%	\$0.00
CELESTONE INJ SOLUSPAN	STEROID	CELESTONE	BETAMETHASONE ACETATE & SOD PHOSPHATE INJ SUSP 3-3 MG/ML	00085056605	22109902101810	17%	\$0.00

CELESTONE SOL 0.6MG/5	STERIOD	CELESTONE	BETAMETHASONE SOLN 0.6 MG/5ML	00085094205	22100010002010	J0704	17%	\$0.00
DEXAMETH PHO INJ 10MG/ML	STERIOD	DEXAMETHASONE SOD PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE INJ 10 MG/ML	00641036725	22100020202010		17%	\$0.00
KENALOG-40 INJ 40MG/ML	STERIOD	KENALOG-40	TRIAMCINOLONE ACETONIDE INJ SUSP 40 MG/ML	00003029320	22100050101810		17%	\$0.00
KENALOG-40 INJ 40MG/ML	STERIOD	KENALOG-40	TRIAMCINOLONE ACETONIDE INJ SUSP 40 MG/ML	00003029305	22100050101810		17%	\$0.00
KENALOG-40 INJ 40MG/ML	STERIOD	KENALOG-40	TRIAMCINOLONE ACETONIDE INJ SUSP 40 MG/ML	00003029328	22100050101810		17%	\$0.00
DEXFERRUM INJ 50MG/ML	TRACE ELEMENTS	DEXFERRUM	IRON DEXTRAN INJ 50 MG/ML	00517013410	82300040002010	J1751	17%	\$0.00
DEXFERRUM INJ 50MG/ML	TRACE ELEMENTS	DEXFERRUM	IRON DEXTRAN INJ 50 MG/ML	00517023410	82300040002010	J1751	17%	\$0.00
VENOFER INJ 20MG/ML	TRACE ELEMENTS	VENOFER	IRON SUCROSE INJ 20 MG/ML (FE EQUIV)	00517234010	82300048002020		17%	\$0.00
VENOFER INJ 20MG/ML	TRACE ELEMENTS	VENOFER	IRON SUCROSE INJ 20 MG/ML (FE EQUIV)	00517231005	82300048002020		17%	\$0.00
VENOFER INJ 20MG/ML	TRACE ELEMENTS	VENOFER	IRON SUCROSE INJ 20 MG/ML (FE EQUIV)	00517234025	82300048002020		17%	\$0.00
VENOFER INJ 20MG/ML	TRACE ELEMENTS	VENOFER	IRON SUCROSE INJ 20 MG/ML (FE EQUIV)	49230053410	82300048002020		17%	\$0.00
VENOFER INJ 20MG/ML	TRACE ELEMENTS	VENOFER	IRON SUCROSE INJ 20 MG/ML (FE EQUIV)	49230053425	82300048002020		17%	\$0.00
CALCIJEX INJ 1MCG/ML	VITAMIN	CALCIJEX	CALCITRIOL INJ 1 MCG/ML	00074811031	77202036002005		17%	\$0.00
CALCITRIOL INJ 1MCG/ML	VITAMIN	CALCITRIOL	CALCITRIOL INJ 1 MCG/ML	00517013225	77202036002005	J0636	17%	\$0.00
CALCITRIOL INJ 1MCG/ML	VITAMIN	CALCITRIOL	CALCITRIOL INJ 1 MCG/ML	00703731101	77202036002005	J0636	17%	\$0.00
CALCITRIOL INJ 1MCG/ML	VITAMIN	CALCITRIOL	CALCITRIOL INJ 1 MCG/ML	00703731104	77202036002005	J0636	17%	\$0.00
CALCITRIOL INJ 1MCG/ML	VITAMIN	CALCITRIOL	CALCITRIOL INJ 1 MCG/ML	63223073101	77202036002005	J0636	17%	\$0.00
CALCITRIOL INJ 1MCG/ML	VITAMIN	CALCITRIOL	CALCITRIOL INJ 1 MCG/ML	69591033512	77202036002005	J0636	17%	\$0.00
CALCITRIOL INJ 2MCG/ML	VITAMIN	CALCITRIOL	CALCITRIOL INJ 2 MCG/ML	69591034512	77202036002010		17%	\$0.00
CALCITRIOL SOL 1MCG/ML	VITAMIN	CALCITRIOL	CALCITRIOL ORAL SOLN 1 MCG/ML	00054312041	77202036002050	J0636	17%	\$0.00
CYANOCOBALAM INJ 1000MCG	VITAMIN	CYANOCOBALAMIN	CYANOCOBALAMIN INJ 1000 MCG/ML	00517003125	82100010002015	J3420	17%	\$0.00
CYANOCOBALAM INJ 1000MCG	VITAMIN	CYANOCOBALAMIN	CYANOCOBALAMIN INJ 1000 MCG/ML	00517003225	82100010002015	J3420	17%	\$0.00

CYANOCOBALAM INJ 1000MCG	VITAMIN	CYANOCOBALAMIN	CYANOCOBALAMIN INJ 1000 MCG/ML	00517013005	82100010002015	J3420	17%	\$0.00
CYANOCOBALAM INJ 1000MCG	VITAMIN	CYANOCOBALAMIN	CYANOCOBALAMIN INJ 1000 MCG/ML	10974006910	82100010002015	J3420	17%	\$0.00
CYANOCOBALAM INJ 1000MCG	VITAMIN	CYANOCOBALAMIN	CYANOCOBALAMIN INJ 1000 MCG/ML	10974007030	82100010002015	J3420	17%	\$0.00
CYANOCOBALAM INJ 1000MCG	VITAMIN	CYANOCOBALAMIN	CYANOCOBALAMIN INJ 1000 MCG/ML	63323004401	82100010002015	J3420	17%	\$0.00
FERRLECIT SOL 12.5MG/M	VITAMIN	FERRLECIT	SOD FERRIC GLUC CMLX IN SUCROSE IV SOLN 12.5 MG/ML (FE EQ)	52544092226	82300085102020		17%	\$0.00
ZEMPLAR INJ 2MCG/ML	VITAMIN	ZEMPLAR SOLN	PARICALCITOL IV SOLN 2 MCG/ML	00074463701	30905070002010		17%	\$0.00
ZEMPLAR INJ 5MCG/ML	VITAMIN	ZEMPLAR SOLN	PARICALCITOL IV SOLN 5 MCG/ML	00074165801	30905070002020		17%	\$0.00
ZEMPLAR INJ 5MCG/ML	VITAMIN	ZEMPLAR SOLN	PARICALCITOL IV SOLN 5 MCG/ML	00074165802	30905070002020		17%	\$0.00