

Pfizer Inc. Pharmaceuticals Price List and Terms of Sale

Effective July 1, 2024



General Office

Pfizer Inc.

New York Headquarters, NY

66 Hudson Boulevard East

New York, NY 10001-2192

212-733-2323

Distribution Centers

1855 Shelby Oaks Drive North, Memphis, TN 38134

10501 80th Ave., Pleasant Prairie, WI 53158



July 1, 2024

TERMS OF SALE

The Price List and this Terms of Sale/Return Goods Policy apply to the U.S. market only. The U.S. market includes all U.S. Territories. The Price List and Terms of Sale/Return Goods Policy are subject to change without advance notice to customers. For purposes of this Terms of Sale/Return Goods Policy, “**Product**” shall refer to any pharmaceutical product that is manufactured and/or marketed by Pfizer Inc. (“**Pfizer**”)

EXCEPTION: These Terms of Sale do not apply to Pfizer designated seasonal vaccines. Please refer to Pfizer’s Seasonal Vaccines Terms of Sale and Return Goods Policy.

No terms in any purchase order or any acknowledgement thereof (whether printed, stamped, typed or handwritten) issued by a customer or Pfizer distributor, except terms expressing the quantity and Product ordered, will be considered applicable to customer’s purchase. No modifications of these Terms of Sale/Return Goods Policy, whether different or additional terms contained in any purchase order, acknowledgement form, or any other document will be binding on Pfizer. Unless expressly indicated to the contrary, in the event of inconsistency between the terms in any Distribution Service Agreement (“**DSA**”) and the terms contained herein, the terms contained herein shall prevail.

All orders and any correspondence pertaining thereto should be sent to:

CUSTOMER SUPPORT CONTACT INFORMATION

Pfizer Rx Products

Phone: 800-533-4535
Fax: 800-741-4237
Email: USRxCustomerService@pfizer.com DropShips@pfizer.com

For direct access to specific Products:

Sterile Injectables

Phone: 844-646-4398
Fax: 262-577-6503
Email: PICustomerService@pfizer.com - Hospitals & Healthcare Providers
PICustomerServiceDWT@pfizer.com - Pfizer Distributors

Vaccines

Phone: 800-666-7248
Fax: 484-563-0825
Email: USCUSTS@pfizer.com

Puerto Rico-based customers

Phone: 800-981-4748, option 2 (Bi-lingual)
Fax: 888-685-5960
Email: PRcustomerservice@pfizer.com

Benefix and Xyntha

Phone: 888-440-8100
Fax: 888-685-5960
Email: Hemophilicustomersupport@pfizer.com

Puerto Rico Benefix and Xyntha Customers

Phone: 800-981-4748
Fax: 888-685-5960
Email: Hemophilicustomersupport@pfizer.com

For Drug Supply Chain Security Act (DSCSA) related correspondence, please send inquiries to Customer Service via our email: DSCSA@pfizer.com

All orders, whether based upon submitted quotations or not, are subject to acceptance and credit approval by Pfizer. Pfizer reserves the right to restrict order quantities. Pfizer reviews all submitted orders against lists of Restricted Parties maintained by applicable governmental authorities, including lists established under the U.S. Federal Food Drug and Cosmetic Act and the U.S. Foreign Assets Control Regulations. This review may result in orders that are delayed or blocked. Recipients of Pfizer products are required to follow all applicable laws in connection with the purchase, sale, distribution, or use of such Products.

PRICES

All prices are submitted without offer.

Prices are subject to all taxes, excises, or other charges levied by any government (national, state, or local) upon the sale, consumption, or use of the Products listed herein.

PAYMENT TERMS

Products may have unique payment terms as provided by contract or as indicated on the Price List or Product invoice.

Payments submitted via Electronic Funds Transfer (EFT) may add an additional four (4) days to the invoice due date.



July 1, 2024

Payment must be in the bank on the discount date.

Prompt pay discounts are an encouragement for prompt payment; discounts not taken at time of payment cannot be claimed at a later date.

Credit Card Policy – Pfizer may accept select credit cards as a payment option for direct purchases of Products; however, the prompt pay discount is not available when payment is made by credit card, except for physician offices purchasing selected vaccines. For important information concerning the use of your credit card for the purchase of Products, including additional payment options for selected vaccines, please contact Pfizer Customer Service at 800-666-7248.

PFIZER DISTRIBUTORS

Pfizer distributors may only purchase Products directly from Pfizer, or in the event of a supply shortage only, another Pfizer distributor, with prior written consent from Pfizer. A listing of authorized Pfizer distributors can be found online at www.pfizer.com/pdlist or obtained from our Customer Service team.

Pfizer may revoke Pfizer distributor status at any time.

Products may only be sold to providers operating within the United States (and its territories) who are appropriately licensed by the states/territories in which they dispense or distribute pharmaceutical products, or to other Pfizer distributors. In Puerto Rico, DACO priced Products may only be sold to other Puerto Rico Pfizer distributors or providers operating within Puerto Rico who are appropriately licensed by the Commonwealth of Puerto Rico in which they dispense pharmaceutical products.

Each Pfizer distributor must have a comprehensive program to ensure compliance with the DSCSA, and to assess all offers prior to purchase using a defined procedure that helps identify suspect pharmaceutical products and suspicious orders.

Pfizer has the right to audit or request information on all purchases and sales of Products at any time and to audit processes used to purchase Products from other Pfizer distributors. Pfizer distributors must maintain their wholesale distributor license in good standing in each state/territory where it has operations and shall immediately upon Pfizer's request, forward a copy of all renewed licenses to Pfizer. Failure to submit a copy of a renewed license to Pfizer may lead to suspension of further shipments of Pfizer Product to such distributor at the applicable location until such license(s) is provided.

Each Pfizer distributor must notify Pfizer within one (1) business day of termination, suspension, revocation, forfeiture or nonrenewal of its wholesale distributor licenses for any location where it has operations.

Any deviation from these Terms of Sale may result in Pfizer terminating its business relationship with a distributor and removal of recognition as a Pfizer distributor.

MINIMUM ORDER/ORDER FREQUENCY

The minimum order amount is \$250.00.

Pfizer reserves the right to reject any order less than \$250.00.

Accounts are limited to no more than one order per week per Product per receiving location.

SHIPPING AND ROUTING

Pfizer reserves the right to ship via a carrier of its choice. Where expedited delivery, special handling or routing of Products listed in Section II of the Product Price List is requested by the customer and is approved by Pfizer, a \$25.00 handling charge and applicable additional shipping charges will be applied to the order. For after-hours or weekend emergency orders, Pfizer may apply a \$250.00 handling charge.

DELIVERY

All deliveries shall be made F.O.B. point of shipment. Title to Products sold shall pass upon delivery of the Products to the carrier.

DAMAGE OR DELAY IN TRANSIT

If Products arrive in broken or damaged condition, it is the customer's responsibility to ensure that the carrier's agent notes the damage or breakage on the delivery receipt. The transportation company acts as the agent of the customer/purchaser, and Pfizer is not responsible for any loss, damage, or delay with respect to the Products after delivery to the carrier. Pfizer shall assist, when requested, in formulating claims against the carrier, but Pfizer will not assume the responsibility of collecting claims against the carrier.

For any loss or damage evident at the time of delivery, customer must make notation on the delivery receipt and report to Pfizer within seven (7) business days of the date of delivery or thirteen (13) days from the invoice date. For concealed loss or damage, customer must report to the carrier and to Pfizer within fifteen (15) days after receipt of the shipment.

In cases in which damage, shortage, or loss is not due to transportation causes, and if upon discovery, a customer promptly reports to Pfizer any such damage, shortage, or loss, Pfizer will investigate such report and take appropriate actions, which may include, but are not limited to, providing even exchange or credit for such damage, shortage, or loss as is directly traceable to any fault or negligence on the part of Pfizer.



July 1, 2024

PRODUCT RECALLS

In the event of a Pfizer initiated recall, it is Pfizer's practice to reimburse customer for actual and reasonable expenses incurred in complying with the request as laid out in Pfizer's recall notification. Notwithstanding the foregoing or anything stated herein to the contrary, customer shall be responsible for any and all actual fees incurred by such customer with respect to recalls or market actions initiated by the distributor or recalls or market actions caused by the customer or directed by the customer.

PERISHABLE PRODUCTS

Certain Products require special temperature storage conditions and precautions in accordance with the caution label attached to each package. With regard to these Products, Pfizer will not accept responsibility for any losses sustained through failure to store or handle as directed by the Product label.

RESTRICTED PRODUCTS

Certain Products have been misused in capital punishment procedures. Such Products are categorized as Restricted Products by a special designation on the Pfizer Product Price List. Purchasers of Restricted Products shall not use, nor resell to entities who may use, Restricted Products in capital punishment procedures. By purchasing Restricted Product(s) from Pfizer or a Pfizer distributor, federal, state and local government agencies, certify that any Restricted Products they acquire shall be used for medically appropriate patient care, and may not be used or resold to any other party for capital punishment uses. Pfizer may, in its discretion, determine which Products are Restricted Products.

CHARGEBACKS

Periodically, Pfizer may recognize the request by a buying group or other Pfizer customer to designate certain Pfizer distributors as their designated Prime Vendor to supply eligible members with pharmaceutical and health care products. Products that appear on a bid award/contract will be ordered from and shipped to the eligible group members by such Pfizer distributor and invoiced at the current contract prices for each awarded item as notified to such Pfizer distributor by Pfizer.

Pfizer shall furnish such Pfizer distributor with the following information for each bid/contract awarded to Pfizer:

- I. Contract number;
- II. Products under contract;

- III. Contract prices and their effective and expiration dates;
- IV. A list of authorized purchasers; and
- V. Such other information as may be necessary to accurately administer Chargebacks in accordance with) Healthcare Distribution Alliance (HDA) guidelines applicable to such Pfizer distributor.

Pfizer shall use commercially reasonable efforts to provide such information at least five (5) business days prior to the effective date of the bid award/contract. Thereafter, Pfizer shall notify such Pfizer distributor of revisions to a bid award/contract, and any additions to or deletions from the list of authorized purchasers for each bid award/contract. The obligation of Pfizer to make reimbursements available to such Pfizer distributor shall only apply to items sold to the authorized purchaser for "its own use", as defined below. Pfizer distributor shall make commercially reasonable efforts to submit Chargeback requests that are limited to quantities of any item that were purchased for the own use of the authorized purchaser. Pfizer distributor shall notify Pfizer immediately if an authorized purchaser is suspected of using Products for purposes other than own use. In the event that Pfizer determines that an authorized purchaser is not eligible for contract prices, Pfizer distributor shall work with Pfizer to recover all discounts extended via Chargeback to the end customer and shall not deduct from Pfizer any disputed amounts. Thereafter, the Pfizer distributor shall remove such purchaser from all Pfizer contract pricing agreements.

The amount of a Chargeback credit/debit memo will be determined on the basis of the difference between the acquisition price furnished by Pfizer and the bid award/contract price as of the invoice date to the authorized purchaser by such Pfizer distributor. Pfizer shall furnish a list of acquisition prices and updates thereto to such Pfizer distributor whenever changes are made by Pfizer. Contract prices under a bid award/contract are considered confidential and such Pfizer distributor shall not disclose contract prices to anyone other than an authorized purchaser, buying groups representing such authorized purchasers and Pfizer unless requested by an authorized purchaser to support claims involving medical payments under federal, state or local programs.

At least once each month and for each bid award where there are Chargebacks, the Pfizer distributor will send Pfizer an electronic Chargeback request (i.e., HDA established EDI 844 format) which shall contain:

- I. Pfizer distributor's name, address and unique identifiers such as DEA, HIN number and suffix or any other additional identifiers where they exist;
- II. Pfizer distributor's debit memo number;
- III. Each authorized purchaser's DEA number and/or unique identifiers such as 340B ID, HIN number and suffix or any other additional identifiers where they exist;
- IV. The contract number assigned by Pfizer and noticed to the Pfizer distributor;
- V. Quantities, dates and the Pfizer distributor's invoice number for all Products



July 1, 2024

- sold to each authorized purchaser;
- VI. The NDC number for each Product;
- VII. The acquisition price for each Product in effect on the date of invoice to the authorized purchaser.
- VIII. The contract price for each Product;
- IX. Quantity of Products returned to the Pfizer distributor that were covered by an earlier Chargeback request;
- X. Extended Chargeback amounts for each Product; and
- XI. Chargeback amount requested for each transaction claimed in each debit memo and total Chargeback amount requested for all debit memos.

Pfizer shall use commercially reasonable efforts to verify the amounts in each Chargeback request and issue initial credit/debit memos in the amounts verified within five (5) to seven (7) business days following receipt of a Chargeback request. Pfizer distributors acknowledge that the contract price for an item must be lower than the corresponding acquisition price for such Pfizer distributor to receive credit. Such Pfizer distributors shall not request Chargeback credit unless the authorized purchaser's acquisition price is higher than the corresponding contract price. Further, Pfizer distributors shall reverse all Chargebacks associated with Products that are returned by Pfizer distributor's customers for resale.

Pfizer distributors shall not submit chargebacks for partial quantities of Product less than the unit of sale as provided in the Price List.

Pfizer distributors shall use the HDA EDI 844 and EDI 849 data sets to send and receive Chargebacks to/from Pfizer electronically, including for original submissions and resubmissions. Pfizer shall provide some type of response (typically in the form of EDI 849, unless there is a systems issue) within thirty (30) days of submission or resubmission of an EDI 844. Pfizer distributors shall refrain from taking any deduction prior to thirty (30) days after submission of any Chargeback for which a Pfizer distributor has not received an EDI 849 response. If Pfizer: (i) does not pay (in whole or in part) and (ii) does not provide a reason for non-payment of a Chargeback via EDI 849, during the first thirty (30) days following submission of a Chargeback request, Pfizer distributor may take a deduction for such Chargeback. Any EDI 849 response from Pfizer shall be considered as Pfizer's request for payback of any amounts that have been deducted related to the Chargeback request. If Pfizer distributor receives a response from Pfizer that denotes that Pfizer is investigating the request, Pfizer shall have an additional thirty (30) days to provide a determination on eligibility. After this sixty (60) day period following Chargeback submission, the Chargeback is considered closed unless a government audit requires correction or adjustment as described below. Pfizer's determination as to the Chargeback's disposition is final.

Chargebacks must be submitted within six (6) months of such Pfizer distributor's invoice to the authorized purchaser. Failure to submit a Chargeback request within this six (6)

month period shall result in a waiver of rights to receive or take a credit with respect to any such Chargeback. Should a Pfizer distributor dispute the amount verified for a particular item covered by a Chargeback request, such Pfizer distributor may resubmit that item so long as such resubmission is done within six (6) months following the original invoice date to the authorized purchaser. Resubmissions made after this six (6) month period need not be considered by Pfizer. In the event of a government audit where new information surfaces that cause corrections or adjustments to prior sales, Chargeback claims can be reopened and resubmitted within twelve (12) months of the original invoice date to an authorized purchaser or as otherwise may be required in a government contract. Pfizer reserves the right to perform random Chargeback verifications. Such verification requests may include, but are not limited to, the invoice copies and proof of delivery, and will be required to be provided to Pfizer within thirty (30) days of the original request. If a response is not received within thirty (30) days, Pfizer will reverse the Chargeback paid by issuing a debit to Pfizer distributor's account. In the event that Pfizer has not already paid a Chargeback subject to verification, payment will be withheld until the requested information is received. Pfizer further reserves the right to perform an on-site audit to verify Chargeback sales. Such on-site audits may be subject to specific contract terms between Pfizer and the Pfizer distributor. In the event an audit reveals a discrepancy between the amounts of credit memos or debit memos issued under these provisions and the amounts verified, Pfizer shall issue a correcting credit memo or debit memo, as may be appropriate. Pfizer reserves the right to offset credits for Chargeback obligations with outstanding past due or previously written off invoices and deductions taken by either the Pfizer distributor or customer.

Pfizer will not reimburse any costs incurred by the Pfizer distributor or group members covering an event of Product non-availability. Chargebacks will only be accepted on Products purchased in accordance with these Terms of Sale.

Pfizer distributors shall use commercially reasonable efforts to ensure that: (i) for any inventory management activities and associated order entry activities on behalf of 340B covered entities enrolled and participating in the 340B Drug Pricing Program, the appropriate contract price is charged to such customers based upon their purchases requiring assignment among three accounts: 340B outpatient use, hospital in-patient use, and 'non-WAC/non-GPO/non-340B' outpatient use; and (ii) in accordance with such covered entity's eligibility as listed on the HRSA website as of the date of purchase. When submitting chargebacks for purchases under the 340B outpatient program, Pfizer distributor shall ensure it includes the appropriate 340B ID on all such chargeback submissions. When submitting chargebacks for all other purchases (including Source Program purchases), Pfizer distributors will make best efforts to include the 340B ID as an alternate identifier for all 340B covered entity accounts. Pfizer distributors must notify Pfizer of the account and contract identifiers it uses to identify purchases by 340B eligible customers for 340B outpatient use, hospital in-patient use, and 'non-WAC/non-GPO/non-340B' outpatient use.



July 1, 2024

If the Pfizer distributor changes the account or contract identifiers it uses to identify purchases by 340B eligible customers, the Pfizer distributor shall notify Pfizer within five (5) business days of such change. Pfizer distributors shall submit any corrections for order errors or sales for 340B ineligible facilities/accounts that are discovered by either the covered entity or by the Pfizer distributor within five (5) business days of discovery.

PURCHASE FOR OWN USE

Sales by Pfizer to government agencies and other institutions (e.g., federal, state, city, charitable organizations) are made with the express understanding and agreement that the Products purchased by these organizations is subject to the “own use” laws; is for their sole use and may not be commercially sold by them to any other entity or person for further sale or resale.

ALL OTHER CLAIMS

All other claims must be submitted to Pfizer within nine (9) months of the original event upon which the claim is based. Pfizer reserves the right to offset credits for all other claims with outstanding past due or previously written off invoices and deductions taken by either a Pfizer distributor or customer.

NOTICE OF OBLIGATION TO REPORT DISCOUNTS

To the extent that purchaser avails itself of a prompt pay discount in accordance with the terms herein, or otherwise receives a discount from Pfizer in connection with any purchase, direct or indirect, these Terms of Sale shall constitute notice to purchaser of a discount that it may be obligated to report under applicable laws, including, without limitation, the federal anti-kickback statute, 42 U.S.C. § 1320a-7b(b), and its implementing regulations, 42 C.F.R. 1001.952(h) or (i).

PFIZER PHARMACEUTICALS PRODUCT LIABILITY PROTECTION POLICY

In the event of a claim or lawsuit arising out of the dispensing of a Product, it is Pfizer's policy to defend and hold harmless the pharmacist or the pharmacist's employer if the following conditions are met:

- I. If a prescription Product, the prescription Product was properly filled by the pharmacist;
- II. The Product was not improperly stored or packaged;
- III. There is no evidence of negligence or any improper or illegal act by the pharmacist or employer;
- IV. The pharmacist has not made express warranties nor provided information inconsistent with the approved product labeling; and
- V. The pharmacist and the pharmacist's employer, if any, provide Pfizer with prompt notice of the claim or lawsuit and fully cooperate with Pfizer in the defense of the claim or lawsuit.



July 1, 2024

RETURN GOODS POLICY

I. Return Goods Policy

All Products (with the exception of Seasonal Vaccines) may be returned on the following basis:

A. Returnable Products: The following Products may be returned by customers for return goods credit without prior approval:

1. Short-dated Products, in the original container and bearing the original label, within six (6) months prior to the expiration date, subject to the exceptions listed **below in Section II.A. and Section II.B. of this Return Goods Policy.**
2. Outdated Products, in the original container and bearing the original label, up to twelve (12) months beyond the expiration date.
3. Discontinued Products.
4. Products damaged in transit or shipped in error by Pfizer.
5. Products lost in transit shall be treated as damaged Products.

Notes:

- i. No credit will be issued for Products returned more than twelve (12) months beyond its expiration date.***
- ii. For returns resulting from I. A. 4. or 5. above, credit will be issued at full invoice price, including any excise tax where applicable.***
- iii. Partial bottles may be returned, and credit will be issued on the basis of the actual pill count. Credit will not be issued for pill counts in excess of the original container quantity. For liquids, oral powders, syringes, injectables, sponges, inhalation systems, cream and ointment Products, credit will only be issued for intact and unused units of an inner pack. No credit will be issued for any others, including reconstituted Product. For liquid configurations larger than a unit of use, credit will be issued in 25% increments to a maximum of 75% for any opened package.***

B. Non-Returnable (for Credit) Products: Products other than those listed above are defined as not returnable for credit, unless otherwise required by law. This includes, but is not limited to:

1. For Products listed in Section I of the Product Price List, any Product with more than six (6) months dating remaining and any Product that is more than twelve (12) months beyond the Product's expiration date.
2. For Products listed in Section II of the Product Price List, any Product that has not yet expired or that is more than twelve (12) months beyond the Product's expiration date. Private label Products are subject to Section II for purposes of this

exception.

3. Packages with trade label removed or unreadable.
4. Repackaged Product.
5. Product that has been in a fire, clearance, bankruptcy, or similar sale.
6. Product sold on a "non-returnable" basis.
7. Products, including items affected by a market withdrawal or a recall, retained more than twelve (12) months beyond the expiration date noted on the package. (Product may be returned for destruction, but no credit will be issued.)
8. Products purchased or otherwise obtained in violation of any Federal, State, or local law or regulation.
9. Products obtained illegally or via diverted means including, without limitation, Products manufactured and/or imported by non-Pfizer sources from countries outside the United States, except as expressly permitted by state law.
10. Products destroyed or damaged from insurable causes such as fire, water, tornado, etc., and Products that have otherwise deteriorated due to conditions occurring after shipment and beyond the control of the manufacturer, such as improper storage, heat, cold, smoke, etc.
11. Products marked "Non-Returnable", "Professional Sample," "Clinical Trial Package," or with similar markings or special labels.
12. Products with a prescription label attached.
13. Vaccine or biological Products purchased through the Federal Vaccines for Children and Adult Programs.
14. The following Products: Zosyn® Frozen Galaxy® containers.
15. Products purchased for clinical trials or donated Products.
16. Partial units of sale of hospital and surgical Products listed in Section II of the Product Price List.

Note: Pfizer's determination as to the salvage, credit or exchange value of Products returned shall be final. Pfizer reserves the right to destroy returned Products without payment or liability.

II. Replacement Policy for Spoiled Biosimilar and Gene Therapy Products

Subject to the terms below, Pfizer will replace any biosimilar or gene therapy Product ("**Biosimilar/GTx Product**") that is purchased by a physician office, clinic, or hospital located in the United States that requires, based on the Biosimilar/GTx Product labeling, specific storage and handling requirements and, if applicable, limits on the amount of time that may elapse between when the Biosimilar/GTx Product is reconstituted and when it is administered to a patient, in the event that the Biosimilar/GTx Product becomes spoiled due to one of the following unintentional events:

1. Product was mishandled, dropped, or broken;
2. Product was inappropriately stored or refrigerated, or was frozen, inconsistent with the Product label;
3. There was an admixture error; or



July 1, 2024

4. Product was reconstituted but not administered due to an unforeseen patient condition or because the patient missed the appointment.

The following additional terms will apply in order for Biosimilar Products to be replaced pursuant to this Section II under the Return Good Policy (each, a “**Replacement Product**”):

- Biosimilar/GTx Products are eligible for replacement only (no credit will be issued).
- Replacement Product must be available in an FDA-approved product quantity. Requests for replacement of partial packs cannot be fulfilled under this policy.
- Samples are not eligible for replacement under this policy.
- Replacement Product can only be shipped to licensed entities.
- Replacement Product is not available if the Biosimilar/GTX Product was administered or if a patient or payor was billed for the Biosimilar/GTx Product.
- Replacement Products are limited to up to five (5) units per incident, based on FDA-approved product quantities, and excludes refrigeration failures due to natural disasters.
- In all cases, replacement of Biosimilar Products is limited to no more than four (4) incidents per rolling twelve (12) month period. Additionally, in all cases, replacement of GTX Products is limited to no more than two (2) incidents per rolling twelve (12) month period.
- All Biosimilar/GTx Product replacement requests made under this Section III are subject to review and approval by Pfizer.

To obtain Replacement Products under this Section III, customers should contact Pfizer Customer Service. Customers are required to submit documentation detailing how the spoilage occurred and to return the Biosimilar/GTx Product. If the spoiled Biosimilar/GTx Product is not returnable (e.g., a broken vial), the customer must attest to how it became unusable and include a photograph of the unreturnable Biosimilar/GTx Product, if available, and submit a certificate attesting to appropriate destruction of the Product. Furthermore, customers are required to attest that the Biosimilar/GTx Product was not administered to any patient and that no patients or payors were billed for the Product.

III. Procedure for Returning Pfizer Pharmaceutical Products

For all customers, returnable items may be returned without prior authorization by Company representative. Whenever you wish to return these items, pack the material in a container suitable for shipment and include a packing list that identifies each item being returned, the name and address of your company, DEA number, debit memo number, and Pfizer account number.

To ensure proper and timely handling of return, please obtain an Inmar generated return label(s) to affix to your return boxes by using one of the below contact options:

Website: <https://returns.healthcare.inmar.com>

Email: rarequest@inmar.com

Phone: 800-967-5952

Fax: 817-868-5343

Returns should be sent to the following address for processing:

Inmar Rx Solutions, Inc.
3845 Grand Lakes Way Suite 125
Grand Prairie TX 75050

If returning on behalf of another customer, Product(s) must be segregated by each end customer who is pursuing credit and include that customer's DEA, HIN or 340B number as well as their debit memo to ensure proper credit. Pfizer reserves the right to issue zero credit for returns that do not include all required information. To facilitate processing of controlled substances (Schedule III-V), please segregate controlled from non-controlled items when returning Product to Pfizer.

All returns shall be made in compliance with all applicable federal and state laws and regulations. Non-direct customers (i.e., those that purchase primarily through wholesalers), see Section B below for additional credit information.

All Products must be returned freight prepaid by the sender, using generally accepted shipment methods. Use a separate packing list for each carton. To facilitate processing of multiple debit memo numbers returned in a single container, please segregate Product by debit memo number to ensure acceptance and accurate credit. Upon receipt of the returned Products and verification of the contents and condition, a credit memorandum will be issued as appropriate.

Unless otherwise required by State regulations or specifically set forth herein, credit for customers, other than Pfizer distributor customers that are subject to a DSA, will be issued at the lower of:

1. current list price less 10%, or
2. lowest current contract price less 10%. If there is no current contract, the most recent expired contract within the preceding 3 years will be used, less 10%.

Pfizer distributors that are subject to a DSA will be issued 100% credit at the current list price through their DSA agreement for Product submitted for credit via a Pfizer Return Authorization. Pfizer distributors should contact Pfizer Customer Service for a Pfizer Return Authorization and additional requirements.

Pfizer will not issue credit or accept charges/deductions for administrative, handling, or



July 1, 2024

freight charges associated with the return of Product to Pfizer. In the event Product received from Pfizer is damaged to such an extent that physical return is impossible, written explanation of the Product involved, nature of damage, and explanation as to why return cannot be made may be submitted to Pfizer for consideration. Pfizer will consider the request and issue no credit, partial credit, or full credit as Pfizer deems appropriate. In all other circumstances, credit or reimbursement will not normally be issued for Product destroyed by customers or third parties.

Pfizer distributors will use commercially reasonable efforts to re-shelf returned Products that are deemed "saleable products" in accordance with such distributors' return goods policies and applicable law and will at all times comply with the return verification requirements under the Drug Supply Chain Security Act (Title II of the Drug Quality and Security Act).

A. Non-Direct Accounts: Customarily, returned Products are channeled through the authorized wholesaler. If returned to Pfizer, appropriate credit will be issued as a credit through your wholesaler. So that we may process these returns, please include a packing list that details the Product being returned, the returning facility's name and address, DEA, HIN or 340B identifier number, and wholesaler name. Should the returning facility's information be incomplete so that Pfizer is unable to identify them, Pfizer reserves the right to issue no reimbursement. If we are unable to identify the returning party's wholesaler, Pfizer will issue credit in the form of a check mailed directly to the facility's address provided. Pfizer will not issue refunds to third party return goods processors.



July 1, 2024

NDC NUMBER LABELER CODES

0005 Wyeth Pharmaceutical Division of Wyeth Holdings LLC
0008 Wyeth Pharmaceuticals LLC, a subsidiary of Pfizer Inc.
0009 Pharmacia & Upjohn Company LLC
0013 Pfizer Laboratories Div Pfizer Inc
0025 Pfizer Laboratories Div Pfizer Inc
0046 Wyeth Pharmaceuticals LLC, a subsidiary of Pfizer Inc.
0049 Roerig
0069 Pfizer Laboratories Div Pfizer Inc
0071 Parke-Davis Div of Pfizer Inc
0206 Wyeth Pharmaceuticals LLC, a subsidiary of Pfizer Inc
0409 Hospira, Inc
55724 Pfizer Laboratories Div Pfizer Inc
58394 Wyeth BioPharma Division of Wyeth Pharmaceuticals LLC
59267 Pfizer Manufacturing Belgium NV
60793 Pfizer Laboratories Div Pfizer Inc
61570 Pfizer Laboratories Div Pfizer Inc
61703 Hospira, Inc.
70255 Array BioPharma Inc.
72618 Pfizer Laboratories Div Pfizer Inc
72786 Global Blood Therapeutics, Inc.
76310 Clinigen Limited

PRICE LIST - INDICATOR KEY

DACO



Product with Price Change



Product Not Available for Sale in PR



Restricted Product



Section I

**The Standard Pfizer Return Goods Policy Applies to all
Products in this section**



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
ABRILADA™ (adalimumab-afzb) Injection ⓘ					
0069-0325-01	40 mg/0.8 mL Prefilled Pen Refrigerated, Kit, Latex free, Preservative free, Non-DEHP	1	20	0069-0318-01	\$3,288.25
⊕ 0025-0333-02	20 mg/0.4 mL Prefilled Syringe Refrigerated, Kit, Latex free, Preservative free, Non-DEHP	2	20	0025-0329-01	\$2,769.04
⊕ 0025-0328-02	40 mg/0.8 mL Prefilled Syringe Refrigerated, Kit, Latex free, Preservative free, Non-DEHP	2	20	0025-0317-01	\$2,769.04
⊕ 0025-0325-02	40 mg/0.8 mL Prefilled Pen Refrigerated, Kit, Latex free, Preservative free, Non-DEHP	2	20	0025-0318-01	\$2,769.04
⊕ 0025-0325-01	40 mg/0.8 mL Prefilled Pen Refrigerated, Kit, Latex free, Preservative free, Non-DEHP	1	20	0025-0318-01	\$1,384.52
0069-0325-02	40 mg/0.8 mL Prefilled Pen Refrigerated, Kit, Latex free, Preservative free, Non-DEHP	2	20	0069-0318-01	\$6,576.49
0069-0328-02	40 mg/0.8 mL Prefilled Syringe Refrigerated, Kit, Latex free, Preservative free, Non-DEHP	2	20	0069-0317-01	\$6,576.49
0069-0333-02	20mg/0.4 mL Prefilled Syringe Refrigerated, Kit, Latex free, Preservative free, Non-DEHP	2	20	0069-0329-01	\$6,576.49
ABRYSVO™ (Respiratory Syncytial Virus) Vaccine ⓘ					
0069-0344-01	120 mcg (0.5 mL) Glass Vial Syringe Refrigerated, Kit, Latex free, Preservative free, Non-DEHP	1	50		\$295.00
0069-0344-05	120 mcg (0.5 mL) Glass Vial Syringe Refrigerated, Kit, Latex free, Preservative free, Non-DEHP	5	18		\$1,475.00
Accupril® (quinapril HCl) ⓘ					
0071-0527-23	5 mg Tablet Non-DEHP	90	48		\$464.74
0071-0530-23	10 mg Tablet Non-DEHP	90	48		\$464.74
0071-0532-23	20 mg Tablet Non-DEHP	90	48		\$464.74
0071-0535-23	40 mg Tablet Non-DEHP	90	48		\$464.74
Accuretic™ (quinapril HCl/hydrochlorothiazide) ⓘ					
⊕ 0071-5212-23	20 mg/12.5 mg Tablet Non-DEHP, Preservative Free, Latex Free	90	48		\$451.74
⊕ 0071-3112-23	10 mg/12.5 mg Tablet Non-DEHP, Preservative Free, Latex Free	90	48		\$451.74
0071-0223-23	20 mg/25 mg Tablet Non-DEHP	90	48		\$451.74



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Aldactone® (spironolactone) R					
0025-1001-31	25 mg Tablet	100	48		\$270.87
0025-1041-31	50 mg Tablet	100	48		\$475.67
0025-1031-31	100 mg Tablet	100	48		\$797.45
Altace® (ramipril) R					
61570-110-01	1.25 mg Capsule Latex free, Gluten free, Preservative free	100	24		\$538.70
61570-111-01	2.5 mg Capsule Latex free, Gluten free, Preservative free	100	24		\$635.84
61570-112-01	5 mg Capsule Latex free, Gluten free, Preservative free	100	24		\$667.14
61570-120-01	10 mg Capsule Latex free, Gluten free, Preservative free	100	24		\$780.67
Aromasin® (exemestane) R					
0009-7663-04	25 mg Tablet Orphan drug, Non-DEHP, Latex free	30	48		\$1,151.18
Arthrotec® (diclofenac sodium/misoprostol) R					
0025-1411-60	50 mg/200 mcg Tablet	60	48		\$524.99
0025-1411-90	50 mg/200 mcg Tablet	90	48		\$787.44
0025-1421-60	75 mg/200 mcg Tablet	60	48		\$524.99
Azulfidine EN-Tabs® (sulfasalazine) R					
0013-0102-60	500mg Delayed Release Tablet Non-DEHP, Latex free, Preservative free	300	40		\$630.71
0013-0102-50	500 mg Delayed Release Tablet Non-DEHP, Preservative Free, Latex Free	100	60		\$210.24
Azulfidine® (sulfasalazine) R					
0013-0101-10	500 mg Tablet Non-DEHP, Latex free, Preservative free	100	60		\$160.93
0013-0101-30	500 mg Tablet Non-DEHP, Preservative Free, Latex Free	300	40		\$482.89



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
BeneFIX® (coagulation factor IX (recombinant)) Lyophilized Powder for Reconstitution ⓘ					
Orders for BeneFIX® have terms of 2% 45, net 60 days from the date of invoice.					
58394-633-03	250 IU per Vial (nominal), Single Use Vial	1	20		\$1.70 per IU
Orders for BeneFIX® have terms of 2% 45, net 60 days from the date of invoice Kit, Latex free, Preservative free, Non-DEHP, Orphan drug					
58394-634-03	500 IU per Vial (nominal), Single Use Vial	1	20		\$1.70 per IU
Orders for BeneFIX® have terms of 2% 45, net 60 days from the date of invoice Kit, Latex free, Preservative free, Non-DEHP, Orphan drug					
58394-635-03	1,000 IU per Vial (nominal), Single Use Vial	1	20		\$1.70 per IU
Orders for BeneFIX® have terms of 2% 45, net 60 days from the date of invoice Kit, Latex free, Preservative free, Non-DEHP, Orphan drug					
58394-636-03	2,000 IU per Vial (nominal), Single Use Vial	1	20		\$1.70 per IU
Orders for BeneFIX® have terms of 2% 45, net 60 days from the date of invoice Kit, Latex free, Preservative free, Non-DEHP, Orphan drug					
58394-637-03	3,000 IU per Vial (nominal), Single Use Vial	1	20		\$1.70 per IU
Orders for BeneFIX® have terms of 2% 45, net 60 days from the date of invoice. Kit, Latex free, Preservative free, Non-DEHP, Orphan drug					
BEQVEZ™ (fidanacogene elaparvovec-dzkt) Injection, for Intravenous infusion ⓘ					
⊕ 0069-2004-04	10 ¹³ vg/mL (1x4 1 mL) Single-Dose Vial	1	1	0069-0422-01	\$3,500,000.00
Ultra-low-temperature (ULT) freezer, Frozen, Kit, Limited Distribution, Orphan drug, Latex free, Preservative free, Non-DEHP					
⊕ 0069-2005-05	10 ¹³ vg/mL (1x5 1 mL) Single-Dose Vial	1	1	0069-0422-01	\$3,500,000.00
Ultra-low-temperature (ULT) freezer, Frozen, Kit, Limited Distribution, Orphan drug, Latex free, Preservative free, Non-DEHP					
⊕ 0069-2006-06	10 ¹³ vg/mL (1x6 1 mL) Single-Dose Vial	1	1	0069-0422-01	\$3,500,000.00
Ultra-low-temperature (ULT) freezer, Frozen, Kit, Limited Distribution, Orphan drug, Latex free, Preservative free, Non-DEHP					
⊕ 0069-2007-07	10 ¹³ vg/mL (1x7 1 mL) Single-Dose Vial	1	1	0069-0422-01	\$3,500,000.00
Ultra-low-temperature (ULT) freezer, Frozen, Kit, Limited Distribution, Orphan drug, Latex free, Preservative free, Non-DEHP					
Besponsa™ (inotuzumab ozogamicin) Injection, for intravenous use ⓘ					
Orders for Besponsa™ have terms of net 60 days from the date of invoice.					
◆ 0008-0100-01	0.9 mg Single Dose Glass Vial	1	24		\$22,569.02
Orders for Besponsa™ have terms of net 60 days from the date of invoice Latex Free, Preservative Free, Refrigerated, Limited Distribution, Non-DEHP					
Bosulif® (bosutinib) ⓘ					
0069-0504-30	50 mg Capsule	30	12		\$5,016.77
Limited Distribution, Orphan drug, Latex free, Gluten free, Non-DEHP					
0069-1014-15	100 mg Capsule	150	24		\$25,083.85
Limited Distribution, Orphan drug, Latex free, Gluten free, Non-DEHP					
0069-0135-01	100 mg Tablet	120	12		\$20,067.08
Limited Distribution, Orphan drug, Non-DEHP, Latex free, Gluten free					
0069-0193-01	400 mg Tablet	30	12		\$20,067.08
Limited Distribution, Orphan drug, Latex free, Gluten free, Non-DEHP					
0069-0136-01	500 mg Tablet	30	12		\$20,067.08
Limited Distribution, Orphan drug, Non-DEHP, Latex free, Gluten free					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Braftovi® (encorafenib) Capsule					
70255-025-01	75 mg Capsule (2 x 90 bottles)	180	12	70255-025-02	\$15,907.89
Preservative Free, Latex Free, Limited Distribution, Non-DEHP					
70255-025-03	75 mg Capsule (2 x 60 bottles)	120	12	70255-025-04	\$15,907.89
Preservative Free, Latex Free, Limited Distribution, Non-DEHP					
Caverject® (alprostadil) Injection					
0009-5181-01	10 mcg Syringe Impulse System	2	48	0009-5181-10	\$164.36
Non-DEHP, Kit, Latex free					
0009-5182-01	20 mcg Syringe Impulse System	2	48	0009-5182-11	\$211.65
Kit, Latex free, Non-DEHP					
0009-3701-05	20 mcg Vial Sterile Powder	6	24	0009-3701-08	\$630.08
Latex free, Non-DEHP					
0009-7686-04	40 mcg Vial Sterile Powder	6	24	0009-7686-01	\$831.15
Refrigerated, Latex free, Non-DEHP					
Celontin® (methsuximide)					
0071-0525-24	300 mg Capsule	100	48		\$454.52
Non-DEHP					
Chantix® (varenicline)					
0069-0468-56	0.5 mg Tablet	56	48		\$469.32
0069-0469-56	1 mg Tablet	56	48		\$469.32
0069-0469-03	Continuing Month Box - 1 mg Tablet (4 Continuing weeks)	56	40		\$469.32
Preservative free, Non-DEHP					
0069-0471-03	Starting Month Box - 0.5 mg Tablet (1 Starting Week)	11	40		\$469.32
Preservative free, Non-DEHP					
Cibinqo™ (abrocitinib) Tablet					
0069-0235-30	50 mg Tablet	30	48		\$5,567.32
Non-DEHP, Preservative Free, Latex Free					
0069-0335-30	100 mg Tablet	30	48		\$5,567.32
Non-DEHP, Preservative Free, Latex Free					
0069-0435-30	200 mg Tablet	30	48		\$5,567.32
Non-DEHP, Preservative Free, Latex Free					
Cleocin HCl® (clindamycin hydrochloride)					
0009-0331-02	75 mg Capsules	100	48		\$22.33
Non-DEHP					
0009-0225-02	150 mg Capsules	100	48		\$14.56
Non-DEHP					
0009-0395-14	300 mg Capsules	100	48		\$28.42
Non-DEHP					

◆ Product with price change

⊕ Product not available for sale in PR



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Restricted Products



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Cleocin Pediatric® (clindamycin palmitate hydrochloride) Flavored Granules for Oral Solution Rx					
0009-0760-04	75 mg/5 mL (100 mL) Bottle	1	48		\$30.96
Non-DEHP					
Cleocin T® (clindamycin phosphate) Topical Gel Rx					
0009-3329-01	10 mg/mL (1%) 60 mL Tube of Topical Lotion	1	48		\$117.12
Non-DEHP, Latex free, Gluten free, Preservative free					
Cleocin® (clindamycin phosphate) Rx					
0009-7667-05	100 mg Vag Supp without applicator	3	48		\$183.75
Latex free, Gluten free, Preservative free, Non-DEHP					
0009-3448-01	2% 40 g Tube w/7 Applications - Vaginal Cream	1	36		\$72.39
Non-DEHP					
0009-7667-01	2% Suppository w/Applicator- Vaginal Ovule Kit, Non-DEHP, Latex free, Gluten free, Preservative free	3	48		\$183.75
Colestid® (colestipol hydrochloride) Rx					
0009-0450-03	1 gm Tablet	120	24		\$269.64
0009-0260-17	300 gm Bottle Granules	1	12		\$255.82
0009-0260-02	500 gm Bottle Granules	1	12		\$426.34
Cortef® (hydrocortisone) Rx					
0009-0012-01	5 mg Tablet	50	48		\$50.26
Latex free, Non-DEHP					
0009-0031-01	10 mg Tablet	100	48		\$169.77
Latex free, Non-DEHP					
0009-0044-01	20 mg Tablet	100	48		\$321.82
Latex free, Non-DEHP					
CytomeI® (liothyronine sodium) Rx					
60793-115-01	5 mcg Tablet	100	108		\$38.46
Preservative free, Non-DEHP, Latex free, Gluten free					
60793-116-01	25 mcg Tablet	100	108		\$53.17
Preservative free, Non-DEHP, Latex free, Gluten free					
60793-117-01	50 mcg Tablet	100	108		\$89.36
Preservative free, Non-DEHP, Latex free, Gluten free					
Cytotec® (misoprostol) Tablets Rx					
0025-1451-60	100 mcg Tablet	60	48		\$239.70
Non-DEHP, Latex Free					
0025-1461-60	200 mcg Tablet	60	48		\$349.21
Non-DEHP, Latex Free					
0025-1461-31	200 mcg Tablet	100	48		\$581.98
Non-DEHP, Latex Free					

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Daurismo™ (glasdegib) [Ⓡ]					
0069-0298-60	25 mg Tablet	60	12		\$21,493.29
Limited Distribution, Orphan drug					
0069-1531-30	100 mg Tablet	30	12		\$21,493.29
Limited Distribution, Orphan drug					
Daypro® (oxaprozin) Caplets [Ⓡ]					
0025-1381-31	600 mg Caplet	100	48		\$827.78
Depo-Provera CI® (medroxyprogesterone acetate) Contraceptive Injection [Ⓡ]					
0009-7376-11	150 mg/mL 1 mL Syringe w/Teruma® SurGuard® Needle	1	48		\$54.95
Latex free, Preservative free, Non-DEHP					
0009-0746-30	150 mg/mL 1 mL Vial	1	48	0009-0746-30	\$52.63
Latex free, Preservative free, Non-DEHP					
0009-0746-35	150 mg/mL 1 mL Vial	25	12	0009-0746-30	\$1,315.75
Latex free, Preservative free, Non-DEHP					
Depo-subQ provera 104® (medroxyprogesterone acetate injectable suspension) [Ⓡ]					
0009-4709-13	104 mg/0.65 mL Syringe	1	48		\$52.63
Latex free, Preservative free, Non-DEHP					
Diflucan® (fluconazole) Oral Suspension [Ⓡ]					
0049-3450-19	35 mL (40 mg/mL) Plastic Bottle	1	30		\$28.11
Latex free, Non-DEHP					
Diflucan® (fluconazole) Tablets [Ⓡ]					
0049-3420-30	100 mg Tablet	30	48		\$34.04
Latex free					
0049-3420-41	100 mg Tablet Unit Dose Pak (10x10)	100	24		\$3,825.01
Latex free					
0049-3430-30	200 mg Tablet	30	48		\$1,877.77
Latex free					
0049-3430-41	200 mg Tablet Unit Dose Pak (10x10)	100	24		\$6,259.19
Latex free, Preservative free, Non-DEHP					
Duavee® (conjugated estrogens/bazedoxifene) Tablets [Ⓡ]					
0008-1123-12	0.45 mg/20 mg Tablet	30	60		\$196.94
Non-DEHP, Latex free, Gluten free					
Elelyso® (taliglucerase alfa) Injection [Ⓡ]					
0069-0106-01	200 Units per Vial	1	48		\$872.67
Refrigerated, Preservative free, Non-DEHP, Orphan drug					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
ELREXFIO™ (elranatamab-bcmm) Injection ⓘ					
Orders for Elrexfio™ have terms of net 60 days from the date of invoice.					
0069-4494-02	76 mg/1.9 mL (40mg/mL) Glass Vial	1	24	0069-4494-01	\$13,050.72
Refrigerated, Limited Distribution, REMS or Registry Restrictions, Latex free, Gluten free, Preservative free, Non-DEHP					
0069-2522-02	44 mg/1.1 mL (40mg/mL) Glass Vial	1	24	0069-2522-01	\$7,555.68
Refrigerated, Limited Distribution, REMS or Registry Restrictions, Latex free, Gluten free, Preservative free, Non-DEHP					
Estring® (estradiol) Vaginal Ring ⓘ					
0013-1042-01	2 mg Ring	1	48		\$545.64
Latex free, Preservative free, Non-DEHP					
Eucrisa® (crisaborole) ointment, 2% for topical use ⓘ					
55724-211-21	20 mg/gm (60 gm) Tube	1	12		\$762.89
55724-211-11	20 mg/gm (100 gm) Tube	1	12		\$1,072.77
Non-DEHP					
Flagyl® (metronidazole) ⓘ					
0025-1942-50	375 mg Capsule	50	48		\$307.59
Non-DEHP					
Genotropin® (somatropin [rDNA origin]) Lyophilized Powder for Injection ⓘ					
0013-2626-81	5.0 mg Cartridge	1	96		\$738.77
Refrigerated, Latex Free, Orphan drug, Non-DEHP					
0013-2646-81	12.0 mg Cartridge	1	96		\$1,773.07
Refrigerated, Latex Free, Orphan drug, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Genotropin® (somatropin [rDNA origin]) MiniQuick®					
0013-2649-02	0.2 mg Syringe	7	48	0013-2649-01	\$212.50
Refrigerated, Orphan drug, Latex free, Preservative free, Non-DEHP, Kit					
0013-2650-02	0.4 mg Syringe	7	48		\$425.06
Refrigerated, Latex Free, Preservative Free, Orphan drug, Non-DEHP, Kit					
0013-2651-02	0.6 mg Syringe	7	48	0013-2651-01	\$637.56
Refrigerated, Preservative Free, Latex Free, Orphan drug, Non-DEHP, Kit					
0013-2652-02	0.8 mg Syringe	7	48	0013-2652-01	\$850.09
Refrigerated, Orphan drug, Latex free, Preservative free, Non-DEHP, Kit					
0013-2653-02	1.0 mg Syringe	7	48	0013-2653-01	\$1,062.64
Refrigerated, Preservative Free, Latex Free, Orphan drug, Non-DEHP, Kit					
0013-2654-02	1.2 mg Syringe	7	48	0013-2654-01	\$1,275.16
Refrigerated, Preservative Free, Latex Free, Orphan drug, Non-DEHP, Kit					
0013-2655-02	1.4 mg Syringe	7	48	0013-2655-01	\$1,487.65
Refrigerated, Preservative Free, Latex Free, Orphan drug, Non-DEHP, Kit					
0013-2656-02	1.6 mg Syringe	7	48	0013-2656-01	\$1,700.15
Refrigerated, Preservative Free, Latex Free, Orphan drug, Non-DEHP, Kit					
0013-2657-02	1.8 mg Syringe	7	48	0013-2657-01	\$1,912.73
Refrigerated, Preservative Free, Latex Free, Orphan drug, Non-DEHP, Kit					
0013-2658-02	2.0 mg Syringe	7	48	0013-2658-01	\$2,125.22
Refrigerated, Preservative Free, Latex Free, Orphan drug, Non-DEHP, Kit					
Glucotrol® (glipizide) XL Extended Release Tablets					
0049-0174-02	5 mg Tablet Extended Release	100	48		\$39.00
Preservative free, Non-DEHP					
0049-0174-03	5 mg Tablet Extended Release	500	48		\$195.00
Preservative free, Non-DEHP, Latex free					
0049-0178-08	10 mg Tablet Extended Release	500	24		\$355.00
Preservative free, Non-DEHP					
Halcion® (triazolam) Tablets - Controlled Substance - SCHEDULE IV					
0009-0017-58	0.25 mg Tablet	10	48		\$57.84
Latex free, Preservative free, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Ibrance® (palbociclib) [Ⓡ]					
0069-0187-21	75 mg Capsule	21	12		\$15,982.39
Limited Distribution, Non-DEHP, Latex free, Gluten free, Preservative free					
0069-0284-03	75 mg Tablet, 3 x 7 Blister Pak	21	30	0069-0284-07	\$15,982.39
Limited Distribution, Non-DEHP, Latex free, Gluten free, Preservative free					
0069-0188-21	100 mg Capsule	21	12		\$15,982.39
Limited Distribution, Non-DEHP, Latex free, Gluten free, Preservative free					
0069-0486-03	100 mg Tablet, 3 x 7 Blister pak	21	30	0069-0486-07	\$15,982.39
Limited Distribution, Non-DEHP, Latex free, Gluten free, Preservative free					
0069-0189-21	125 mg Capsule	21	12		\$15,982.39
Limited Distribution, Non-DEHP, Latex free, Gluten free, Preservative free					
0069-0688-03	125 mg Tablet, 3 x 7 Blister pak	21	30	0069-0688-07	\$15,982.39
Limited Distribution, Non-DEHP, Latex free, Gluten free, Preservative free					
Inflectra® (infliximab-dyyb) Injection [Ⓡ]					
Orders for Inflectra™ have terms of 2% 60, net 61 days from the date of invoice					
0069-0809-01	20 mL/100 mg Glass Vial	1	96		\$946.28
Orders for Inflectra have terms of 2% 60, net 61 days from the date of invoice Refrigerated, Latex free, Preservative free, Non-DEHP					
Inlyta® (axitinib) Tablets [Ⓡ]					
0069-0145-01	1 mg Tablet	180	12		\$20,545.67
Non-DEHP, Limited Distribution, Latex free, Gluten free, Preservative free					
0069-0151-11	5 mg Tablet	60	12		\$20,545.67
Non-DEHP, Limited Distribution, Latex free, Gluten free, Preservative free					
Levoxy® (levothyroxine sodium) Tablets [Ⓡ]					
Ⓢ 60793-850-01	25 mcg (0.025 mg) Tablet	100	72		\$74.24
Non-DEHP, Latex free, Gluten free, Preservative free					
Ⓢ 60793-850-10	25 mcg (0.025 mg) Tablet	1000	24		\$742.39
Non-DEHP, Latex free, Gluten free, Preservative free					
Ⓢ 60793-851-01	50 mcg (0.05 mg) Tablet	100	72		\$84.27
Non-DEHP, Latex free, Gluten free, Preservative free					
Ⓢ 60793-851-10	50 mcg (0.05 mg) Tablet	1000	24		\$842.72
Non-DEHP, Latex free, Gluten free, Preservative free					
Ⓢ 60793-852-01	75 mcg (0.075 mg) Tablet	100	72		\$93.13
Non-DEHP, Latex free, Gluten free, Preservative free					
Ⓢ 60793-852-10	75 mcg (0.075 mg) Tablet	1000	24		\$931.30
Non-DEHP, Latex free, Gluten free, Preservative free					
Ⓢ 60793-853-01	88 mcg (0.088 mg) Tablet	100	72		\$94.73
Non-DEHP, Latex free, Gluten free, Preservative free					

◆ Product with price change

⊕ Product not available for sale in PR

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UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
ⓓ 60793-853-10	88 mcg (0.088 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	1000	24		\$947.35
ⓓ 60793-854-01	100 mcg (0.1 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	100	72		\$95.48
ⓓ 60793-854-10	100 mcg (0.1 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	1000	24		\$954.62
ⓓ 60793-855-01	112 mcg (0.112 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	100	72		\$110.39
ⓓ 60793-855-10	112 mcg (0.112 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	1000	24		\$1,103.90
ⓓ 60793-856-01	125 mcg (0.125 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	100	72		\$111.91
ⓓ 60793-856-10	125 mcg (0.125 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	1000	24		\$1,119.22
ⓓ 60793-857-01	137 mcg (0.137 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	100	72		\$113.46
ⓓ 60793-857-10	137 mcg (0.137 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	1000	24		\$1,134.75
ⓓ 60793-858-01	150 mcg (0.15 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	100	72		\$115.20
ⓓ 60793-858-10	150 mcg (0.15 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	1000	24		\$1,151.95
ⓓ 60793-859-01	175 mcg (0.175 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	100	72		\$136.92
ⓓ 60793-859-10	175 mcg (0.175 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	1000	24		\$1,369.10
ⓓ 60793-860-01	200 mcg (0.2 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	100	72		\$133.08
ⓓ 60793-860-10	200 mcg (0.2 mg) Tablet Non-DEHP, Latex free, Gluten free, Preservative free	1000	24		\$1,330.96
Lincocin® (lincomycin hydrochloride) Injection ⓓ					
0009-0104-04	300 mg/mL (2mL) Vial Non-DEHP	1	48		\$25.52
⊕ 0009-0107-04	300 mg/mL (10 mL) Vial Non-DEHP	1	48		\$168.26



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Litfulo™ (ritlecitinib) Capsule ⓘ					
◆ 0069-0334-28	50 mg Capsule	28	48		\$3,957.69
Latex free, Gluten free, Preservative free, Non-DEHP, Limited Distribution					
Lomotil® (diphenoxylate hydrochloride/atropine sulfate) Tablets - Controlled Substance - SCHEDULE V ⓘ					
0025-0061-31	2.5 mg/.025 mg Tablet	100	48		\$301.41
Lopid® (gemfibrozil) Tablets ⓘ					
0071-0737-20	600 mg Tablet	60	48		\$78.95
0071-0737-30	600 mg Tablet	500	12		\$657.96
Lorbrena® (lorlatinib) ⓘ					
0069-0227-01	25 mg Tablet	30	12		\$7,119.84
Limited Distribution, Orphan drug, Non-DEHP, Latex free, Gluten free, Preservative free					
0069-0231-01	100 mg Tablet	30	12		\$21,359.47
Limited Distribution, Orphan drug, Non-DEHP, Latex free, Gluten free, Preservative free					
Medrol® (methylprednisolone) Tablets ⓘ					
0009-0020-01	2 mg Tablet	100	48		\$164.14
Latex free, Preservative free, Non-DEHP					
0009-0056-02	4 mg Tablet	100	48		\$30.46
Latex free, Preservative free, Non-DEHP					
0009-0056-04	4 mg Tablet DOSEPACK™	21	48		\$6.39
Latex free, Preservative free, Non-DEHP					
0009-0022-01	8 mg Tablet	25	48		\$44.66
Latex free, Preservative free, Non-DEHP					
0009-0073-01	16 mg Tablet	50	48		\$143.75
Latex free, Preservative free, Non-DEHP					
Mektovi® (binimetinib) Tablet ⓘ					
70255-010-02	15 mg Tablet	180	24		\$15,607.74
Preservative Free, Latex Free, Limited Distribution, Non-DEHP					
Menest® (esterified estrogens) Tablets ⓘ					
61570-072-01	0.3 mg Tablet	100	96		\$187.24
Non-DEHP					
61570-073-01	0.625 mg Tablet	100	96		\$266.04
Non-DEHP					
61570-074-01	1.25 mg Tablet	100	96		\$371.11
Non-DEHP					
61570-075-50	2.5 mg Tablet	50	96		\$263.65
Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Mycobutin® (rifabutin) Capsules					
0013-5301-17	150 mg Capsule	100	48		\$1,945.44
Non-DEHP, Orphan drug, Latex free, Gluten free, Preservative free					
Mylotarg (gemtuzumab ozogamicin) Injection, for intravenous use					
Orders for Mylotarg have terms of net 60 days from the date of invoice.					
◆ 0008-4510-01	4.5 mg Single Dose Vial	1	24	0008-4510-01	\$9,896.56
Orders for Mylotarg have terms of net 60 days from the date of invoice. Limited Distribution, Non-DEHP, Refrigerated, Latex Free, Preservative Free, Orphan drug					
Nardil® (phenelzine sulfate) Tablets					
0071-0350-60	15 mg Tablet	60	48		\$153.10
Latex free, Preservative free, Non-DEHP					
NGENLA® (somatrogon-ghla) Injection					
0069-0505-02	24 mg 1.2 mL Prefilled Pen	1	25	0069-0505-01	\$1,992.00
Refrigerated, Orphan drug, Latex free, Non-DEHP					
0069-0520-02	60 mg 1.2 mL Prefilled Pen	1	25	0069-0520-01	\$4,980.00
Refrigerated, Orphan drug, Latex free, Non-DEHP					
Nicotrol® (nicotine)					
0009-5401-01	10 mg/mL 10 mL Bottle Nasal Spray	4	16		\$536.97
Latex free, Preservative free, Non-DEHP					
Nivestym™ (filgrastim-aafi) Injection					
Orders for Nivestym™ have terms of 2% 60, net 61 from the date of invoice.					
0069-0291-01	300 mcg/0.5 mL Prefilled Syringe	1	100		\$219.00
Orders for Nivestym™ have terms of 2% 60, net 61 from the date of invoice Refrigerated, Latex free, Preservative free, Non-DEHP					
0069-0291-10	300 mcg/0.5 mL Prefilled Syringe	10	10	0069-0291-01	\$2,190.00
Orders for Nivestym™ have terms of 2% 60, net 61 from the date of invoice Refrigerated, Latex free, Preservative free, Non-DEHP					
0069-0293-10	300 mcg/1.0 mL Single Dose Vial	10	10	0069-0293-01	\$2,190.00
Orders for Nivestym™ have terms of 2% 60, net 61 from the date of invoice Refrigerated, Preservative Free, Latex Free, Non-DEHP					
0069-0292-01	480 mcg/0.8 mL Prefilled Syringe	1	100		\$350.40
Orders for Nivestym™ have terms of 2% 60, net 61 from the date of invoice Refrigerated, Latex free, Preservative free, Non-DEHP					
0069-0292-10	480 mcg/0.8 mL Prefilled Syringe	10	10	0069-0292-01	\$3,504.00
Orders for Nivestym™ have terms of 2% 60, net 61 from the date of invoice Refrigerated, Latex free, Preservative free, Non-DEHP					
0069-0294-10	480 mcg/1.6 mL Single Dose Vial	10	10	0069-0294-01	\$3,504.00
Orders for Nivestym™ have terms of 2% 60, net 61 from the date of invoice Refrigerated, Preservative Free, Latex Free, Non-DEHP					
Norpace CR® (disopyramide phosphate) Capsules					
0025-2732-31	100 mg Capsule	100	48		\$427.56
Latex free, Preservative free, Non-DEHP					
0025-2742-31	150 mg Capsule	100	48		\$505.30
Latex free, Preservative free, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Norpace® (disopyramide phosphate) Capsules ⓘ					
0025-2752-31	100 mg Capsule	100	48		\$472.04
Latex free, Preservative free, Non-DEHP					
0025-2762-31	150 mg Capsule	100	48		\$557.75
Latex free, Preservative free, Non-DEHP					
NURTEC® (rimegepant) Tablet ⓘ					
72618-3000-2	75mg Disintegrating Tablet (blister pkg of 8)	8	24		\$999.02
Latex free, Preservative free, Non-DEHP					
Nyvepria™ (Pegfilgrastim-apgf) Injection ⓘ					
Orders for Nyvepria™ have terms of 2% 60, net 61 days from the date of invoice					
0069-0324-01	6 mg/0.6 mL Single Dose Prefilled Syringe	1	100		\$3,925.00
Refrigerated, Non-DEHP, Preservative Free, Latex Free					
Oxbryta® (voxelotor) Tablets ⓘ					
⊕ 72786-101-01	500 mg Oral Tablet	90	24		\$12,506.70
Limited Distribution, Orphan drug, Latex free, Preservative free, Non-DEHP					
⊕ 72786-111-03	300 mg Tablet for Oral suspension	90	12		\$12,506.70
Limited Distribution, Orphan drug, Latex free, Preservative free, Non-DEHP					
⊕ 72786-111-02	300 mg Tablet for Oral suspension	60	12		\$12,506.70
Limited Distribution, Orphan drug, Latex free, Preservative free, Non-DEHP					
⊕ 72786-102-02	300 mg Oral Tablet	60	12		\$12,506.70
Limited Distribution, Orphan drug, Latex free, Preservative free, Non-DEHP					
⊕ 72786-102-03	300 mg Oral Tablet	90	12		\$12,506.70
Limited Distribution, Orphan drug, Latex free, Preservative free, Non-DEHP					
PAXLOVID™ (nirmatrelvir; ritonavir) Tablet ⓘ					
◆ 0069-5317-20	150 mg/100 mg Dose Pack	20	96		\$1,452.55
Each blister card contains 2 tablets: 1 nirmatrelvir tablet (150 mg each) and 1 ritonavir tablet (100 mg each) in 10 Blister Cards Latex free, Preservative free, Non-DEHP					
◆ 0069-5321-30	300 mg/100 mg Dose Pack	30	96		\$1,452.55
Each blister card contains 3 tablets: 2 nirmatrelvir tablet (150 mg each) and 1 ritonavir tablet (100 mg each) in 10 Blister Cards Latex free, Preservative free, Non-DEHP					
PENBRAYA™ (Meningococcal Groups A,B,C,W, and Y Vaccine, suspension) Injection ⓘ					
Federal Excise Tax of \$3.75 per 5 pack or \$0.75 per single package will be added to the stated price.					
0069-0600-01	1 Vial Lyophilized MenACWY, 1 Syr MenB, 1 vial Adapter	1	50		\$230.00
Refrigerated, Kit, Latex free, Preservative free, Non-DEHP					
0069-0600-05	1 Vial Lyophilized MenACWY, 1 Syr MenB, 1 Vial Adapter	5	18		\$1,150.00
Refrigerated, Kit, Latex free, Preservative free, Non-DEHP					
Premarin® (conjugated estrogens) Intravenous for Injection ⓘ					
Each package provides one SECULE® vial containing 25 mg of conjugated estrogens.					
Ⓧ 0046-0749-05	25 mg Vial	1	150		\$368.05
Each package provides one SECULE® vial containing 25 mg of conjugated estrogens. Non-DEHP, Refrigerated					

◆ Product with price change

⊕ Product not available for sale in PR

Ⓧ DACO Products pricing is communicated via separate notification to applicable customers

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UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Premarin® (conjugated estrogens) Tablets					
0046-1100-81 Non-DEHP	0.3 mg Tablet	100	48		\$690.56
0046-1100-91 Non-DEHP	0.3 mg Tablet	1000	24		\$6,905.39
0046-1101-81 Non-DEHP	0.45 mg Tablet	100	48		\$690.56
0046-1102-81 Non-DEHP	0.625 mg Tablet	100	48		\$690.56
0046-1102-91 Non-DEHP	0.625 mg Tablet	1000	24		\$6,905.39
0046-1103-81 Non-DEHP	0.9 mg Tablet	100	48		\$690.56
0046-1104-81 Non-DEHP	1.25 mg Tablet	100	48		\$690.56
0046-1104-91 Non-DEHP	1.25 mg Tablet	1000	12		\$6,905.39
Premarin® (conjugated estrogens) Vaginal Cream Tube					
0046-0872-21 Kit, Non-DEHP	0.625 mg/30 gm Tube	1	72		\$450.05
Premphase® (conjugated estrogens/medroxy progesterone acetate) Tablets					
0046-2575-12 Kit, Non-DEHP	0.625 mg/5 mg Tablet	28	36		\$241.81
Prempro® (conjugated estrogens/medroxy progesterone acetate) Tablets					
0046-1105-11 Non-DEHP	0.3 mg/1.5 mg Tablet	28	48		\$241.81
0046-1106-11 Non-DEHP	0.45 mg/1.5 mg Tablet	28	48		\$241.81
0046-1107-11 Non-DEHP	0.625 mg/2.5 mg Tablet	28	48		\$241.81
0046-1108-11 Non-DEHP	0.625 mg/5 mg Tablet	28	48		\$241.81
Prevnar 20® (Pneumococcal 20-valent Conjugate Vaccine) Suspension					
Federal Excise Tax of \$7.50 per 10 pack or \$0.75 per single package will be added to the stated price.					
0005-2000-02 Refrigerated, Non-DEHP, Latex Free, Preservative free	0.5 mL Prefilled Syringe	1	100	0005-2000-01	\$269.01
0005-2000-10 Refrigerated, Non-DEHP, Latex Free, Preservative free	0.5 mL Prefilled Syringe	10	15	0005-2000-01	\$2,608.10

Product with price change

Product not available for sale in PR

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Restricted Products



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Pristiq® (desvenlafaxine) Extended-Release Tablets					
0008-1210-30 Non-DEHP	25 mg Tablet Extended Release	30	48		\$437.97
0008-1211-14 Non-DEHP	50 mg Tablet Extended Release	14	48		\$204.37
0008-1211-30 Non-DEHP, Latex free, Gluten free, Preservative free	50 mg Tablet Extended Release	30	48		\$437.97
0008-1211-01 Non-DEHP	50 mg Tablet Extended Release	90	48		\$1,313.86
0008-1222-14 Non-DEHP, Latex free, Gluten free, Preservative free	100 mg Tablet Extended Release	14	48		\$204.37
0008-1222-30 Non-DEHP	100 mg Tablet Extended Release	30	48		\$437.97
0008-1222-01 Non-DEHP	100 mg Tablet Extended Release	90	48		\$1,313.86
Procardia XL® (nifedipine) Extended Release Tablets					
0069-2650-66	30 mg Tablet Extended Release	100	48		\$660.72
0069-2650-72	30 mg Tablet Extended Release	300	48		\$1,982.19
0069-2660-66	60 mg Tablet Extended Release	100	48		\$1,143.37
0069-2660-72	60 mg Tablet Extended Release	300	24		\$3,430.13
0069-2670-66	90 mg Tablet Extended Release	100	48		\$1,319.19
Protonix® (pantoprazole sodium) Delayed Release Tablets					
0008-0843-81 Allergens Present, Latex free, Non-DEHP	20 mg Tablet Delayed Release	90	96		\$1,302.77
0008-0841-81 Allergens Present, Latex free, Non-DEHP	40 mg Tablet Delayed Release	90	96		\$1,302.77
Protonix® (pantoprazole sodium) Delayed-Release Oral Suspension					
0008-0844-02 Latex free, Gluten free, Preservative free, Non-DEHP	40 mg Packet	30	24	0008-0844-01	\$432.26
Provera® (medroxyprogesterone acetate) Tablets					
0009-0065-01 Latex free, Preservative free, Non-DEHP	2.5 mg Tablet	100	48		\$261.78
0009-0287-01 Latex free, Preservative free, Non-DEHP	5 mg Tablet	100	48		\$393.57
0009-0051-01 Latex free, Preservative free, Non-DEHP	10 mg Tablet	100	48		\$513.45



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Retacrit® (epoetin alfa-epbx) Injection ⓘ					
Orders for RETACRIT have terms of 2% 60, net 61 days from the date of invoice. To order RETACRIT NDCs commercialized by Vifor Pharma Inc. (dialysis centers/nephrology clinics), please contact Vifor Customer Service at 1-800-576-8295. NDCs: 59353-002-10, 59353-003-10, 59353-004-10, 59353-010-10, 59353-220-10 and 59353-120-10					
0069-1305-10	2,000 U/1 ml Single Dose Vial	10	10	0069-1305-01	\$220.60
Latex Free, Preservative Free, Refrigerated, Limited Distribution, Non-DEHP					
0069-1306-10	3,000 U/1 ml Single Dose Vial	10	10	0069-1306-01	\$330.90
Latex Free, Preservative Free, Refrigerated, Limited Distribution, Non-DEHP					
0069-1307-10	4,000 U/1 ml Single Dose Vial	10	10	0069-1307-01	\$441.20
Latex Free, Preservative Free, Refrigerated, Limited Distribution, Non-DEHP					
0069-1308-10	10,000 U/1 ml Single Dose Vial	10	10	0069-1308-01	\$1,103.00
Latex Free, Preservative Free, Refrigerated, Limited Distribution, Non-DEHP					
0069-1311-10	20,000 Units/1 mL Multi Dose Vial	10	10	0069-1311-01	\$2,206.00
Refrigerated, Non-DEHP, Latex Free, Limited Distribution					
0069-1318-10	20,000 Units/2 mL Multi Dose Vial	10	10	0069-1318-01	\$2,206.00
Refrigerated, Non-DEHP, Latex Free, Limited Distribution					
0069-1309-04	40,000 U/1 ml Single Dose Vial	4	10	0069-1309-01	\$1,764.80
Latex Free, Preservative Free, Refrigerated, Limited Distribution, Non-DEHP					
R-Gene 10® (10% arginine hydrochloride) Injection ⓘ					
0009-0436-01	30 g/300 mL Glass Container	1	10		\$41.91
Latex free, Preservative free, Non-DEHP					
Ruxience™ (rituximab-pvvr) Injection ⓘ					
Orders for Ruxience™ have terms of 2% 60, net 61 from the date of invoice.					
0069-0238-01	100 mg/10mL Vial	1	192		\$716.80
Refrigerated, Latex Free, Preservative Free, Non-DEHP					
0069-0249-01	500 mg/50 mL Vial	1	42		\$3,584.00
Refrigerated, Preservative Free, Latex Free, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Somavert® (pegvisomant) Injection with Prefilled Diluent Syringe ⓘ					
0009-7166-01	10 mg/8 mL Syringe	1	30		\$267.84
Refrigerated, Latex Free, Kit, Limited Distribution, Preservative free, Non-DEHP, Orphan drug					
⊕ 0009-7166-30	10 mg/1 mL Syringe	30	2		\$8,035.11
Refrigerated, Non-DEHP, Preservative Free, Latex Free, Kit, Limited Distribution, Orphan drug					
0009-7168-01	15 mg/8 mL Syringe	1	30		\$401.79
Refrigerated, Latex Free, Kit, Limited Distribution, Preservative free, Non-DEHP, Orphan drug					
⊕ 0009-7168-30	15 mg/1 mL Syringe	30	2		\$12,053.72
Refrigerated, Non-DEHP, Preservative Free, Latex Free, Kit, Limited Distribution, Orphan drug					
0009-7188-01	20 mg/8 mL Syringe	1	30		\$535.68
Refrigerated, Latex Free, Kit, Limited Distribution, Preservative free, Non-DEHP, Orphan drug					
⊕ 0009-7188-30	20 mg/ 1 mL Syringe	30	2		\$16,070.58
Refrigerated, Non-DEHP, Preservative Free, Latex Free, Kit, Limited Distribution, Orphan drug					
0009-7199-01	25 mg/8 mL Syringe	1	30		\$669.60
Refrigerated, Latex Free, Kit, Limited Distribution, Preservative free, Non-DEHP, Orphan drug					
⊕ 0009-7199-30	25mg/1 mL Syringe	30	2		\$20,088.13
Refrigerated, Non-DEHP, Preservative Free, Latex Free, Kit, Limited Distribution, Orphan drug					
0009-7200-01	30 mg/8 mL Syringe	1	30		\$803.52
Refrigerated, Latex Free, Kit, Limited Distribution, Preservative free, Non-DEHP, Orphan drug					
⊕ 0009-7200-30	30 mg/1 mL Syringe	30	2		\$24,105.69
Refrigerated, Non-DEHP, Preservative Free, Latex Free, Kit, Limited Distribution, Orphan drug					
Sutent® (sunitinib malate) Capsules ⓘ					
0069-0550-38	12.5 mg Capsule	28	12		\$6,456.42
Limited Distribution, Latex free, Preservative free, Non-DEHP					
0069-0770-38	25 mg Capsule	28	12		\$12,912.86
Limited Distribution, Latex free, Preservative free, Non-DEHP					
0069-0830-38	37.5 mg Capsule	28	12		\$19,369.29
Limited Distribution, Latex free, Preservative free, Non-DEHP					
0069-0980-38	50 mg Capsule	28	12		\$22,479.46
Limited Distribution, Latex free, Preservative free, Non-DEHP					
Synarel® (nafarelin acetate) Nasal Solution ⓘ					
0025-0166-08	2 mg/mL Nasal Solution Spray (8mL Bottle)	1	48		\$3,024.33



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Talzenna® (talazoparib) [Ⓡ]					
0069-1195-30	1 mg Capsule	30	84		\$18,039.49
Limited Distribution, Non-DEHP, Latex free, Gluten free, Preservative free					
0069-0296-30	0.25 mg Capsule	30	84		\$6,013.17
Limited Distribution, Non-DEHP, Latex free, Gluten free, Preservative free					
0069-1501-30	0.5 mg Capsule	30	84		\$18,039.49
Non-DEHP, Preservative Free, Latex Free, Limited Distribution, Gluten free					
0069-1751-30	0.75 mg Capsule	30	84		\$18,039.49
Non-DEHP, Preservative Free, Latex Free, Limited Distribution, Gluten free					
⊕ 0069-0252-30	0.1 mg Soft Gel Capsule	30	48		\$18,039.49
Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
⊕ 0069-0353-30	0.25 mg Soft Gel Capsule	30	48		\$18,039.49
Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
⊕ 0069-0454-30	0.35 mg Soft Gel Capsule	30	48		\$18,039.49
Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
⊕ 0069-0546-30	0.5 mg Soft Gel Capsule	30	48		\$18,039.49
Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
⊕ 0069-0655-30	0.75 mg Soft Gel Capsule	30	48		\$18,039.49
Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
⊕ 0069-0757-30	1 mg Soft Gel Capsule	30	48		\$18,039.49
Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
0069-1031-30	0.1 mg Capsule	30	84		\$18,039.49
Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
0069-1235-30	0.35 mg Capsule	30	84		\$18,039.49
Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
Ticovac™ (Tick-Borne Encephalitis Vaccine) Suspension for Injection [Ⓡ]					
0069-0297-02	0.25 mL Prefilled Syringe	1	112	0069-0297-01	\$289.43
Refrigerated, Latex free, Preservative free, Non-DEHP					
0069-0411-02	0.5 mL Prefilled Syringe	1	112	0069-0411-01	\$289.43
Refrigerated, Non-DEHP, Preservative Free, Latex Free					
0069-0411-10	0.5 mL Prefilled Syringe	10	24	0069-0411-01	\$2,894.30
Refrigerated, Non-DEHP, Preservative Free, Latex Free					
Tikosyn® (dofetilide) Capsules [Ⓡ]					
0069-5800-60	0.125 mg Capsule	60	48		\$664.87
Latex free, Preservative free, Non-DEHP					
0069-5810-60	0.250 mg Capsule	60	48		\$664.87
Latex free, Preservative free, Non-DEHP					
0069-5820-60	0.500 mg Capsule	60	48		\$664.87
Latex free, Preservative free, Non-DEHP					

◆ Product with price change

⊕ Product not available for sale in PR



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Restricted Products



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Torisel® (temsirolimus) Injection Kit					
Orders for TORISEL® have terms of 2% 60, net 61 days from the date of invoice.					
0008-1179-01	25 mg/mL Vial	1	56		\$2,000.32
Refrigerated, Kit, Orphan drug, Latex free, Preservative free, Non-DEHP					
Toviaz® (fesoterodine fumarate) Tablets Extended Release					
0069-0242-30	4 mg Tablet Extended Release	30	48		\$289.94
Latex free, Non-DEHP, Preservative free					
0069-0244-30	8 mg Tablet Extended Release	30	48		\$289.94
Latex free, Non-DEHP, Preservative free					
Trazimera™ (trastuzumab-quup) Injection					
Orders for Trazimera™ have terms of 2% 60, net 61 from the date of invoice.					
0069-0308-01	150 mg Single Dose Vial	1	192		\$1,211.10
Refrigerated, Non-DEHP, Preservative Free, Latex Free					
0069-0305-01	420 mg Glass Vial	1	56	0069-0306-01	\$3,391.08
Refrigerated, Latex Free, Kit, Non-DEHP					
Trecator® (ethionamide) Tablets					
0008-4117-01	250 mg Tablet	100	48		\$560.51
Non-DEHP					
Trumenba® (meningococcal group B vaccine) Injection					
Federal Excise Tax of \$3.75 per 5 pack/\$7.50 per 10 pack or \$0.75 per dose will be added to the stated price.					
0005-0100-05	0.5 mL Prefilled Syringe	5	24	0005-0100-01	\$947.56
Refrigerated, Latex free, Preservative free, Non-DEHP					
0005-0100-10	0.5 mL Prefilled Syringe	10	15	0005-0100-01	\$1,895.12
Refrigerated, Latex free, Preservative free, Non-DEHP					
VELSIPITY™ (etrasimod) Tablet					
0069-0274-30	2 mg Film Coated Tablet (Bottle)	30	48		\$6,164.38
Latex free, Gluten free, Preservative free, Non-DEHP					
Vfend® (voriconazole) Oral Suspension					
0049-3160-44	40 mg/mL Bottle	1	36		\$512.61
Non-DEHP, Refrigerated					
Vfend® (voriconazole) Tablets					
0049-3170-30	50 mg Tablet	30	48		\$44.66
Preservative free, Non-DEHP, Latex free					
0049-3180-30	200 mg Tablet	30	48		\$111.71
Preservative free, Non-DEHP, Latex free					
Vibramycin Hyclate® (doxycycline hyclate) Capsules					
0069-0950-50	100 mg Capsule	50	48		\$45.49



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Viracept® (nelfinavir mesylate) Tablets					
63010-010-30	250 mg	300	36		\$1,214.00
Latex free, Gluten free, Preservative free, Non-DEHP					
63010-027-70	625 mg	120	36		\$1,214.00
Latex free, Gluten free, Preservative free, Non-DEHP					
Vistaril® (hydroxyzine pamoate) Capsules					
0069-5410-66	25 mg Capsule	100	48		\$18.27
Non-DEHP, Preservative Free, Latex Free					
Vizimpro® (dacomitinib)					
0069-0197-30	15 mg Tablet	30	12		\$16,029.19
Non-DEHP, Limited Distribution, Orphan drug, Latex free, Gluten free, Preservative free					
0069-1198-30	30 mg Tablet	30	12		\$16,029.19
Limited Distribution, Orphan drug, Non-DEHP, Latex free, Gluten free, Preservative free					
0069-2299-30	45 mg Tablet	30	12		\$16,029.19
Limited Distribution, Orphan drug, Non-DEHP, Latex free, Gluten free, Preservative free					
Vyndamax™ (tafamidis) Capsule					
0069-8730-30	61 mg Capsule (3x10 Blister Pac)	30	24	0069-8730-01	\$22,332.29
Limited Distribution, Orphan drug					
VynDAQel® (tafamidis meglumine) Capsules					
0069-1975-40	20 mg Capsule (4x30 Blister Pac)	120	12	0069-1975-12	\$22,332.29
Limited Distribution, Orphan drug					
Xalkori® (crizotinib) Capsules					
0069-0251-60	20 mg Capsule	60	24		\$2,242.74
Limited Distribution, Orphan drug, Latex free, Gluten free, Preservative free, Non-DEHP					
0069-0507-60	50 mg Capsule	60	24		\$5,289.49
Limited Distribution, Orphan drug, Latex free, Gluten free, Preservative free, Non-DEHP					
0069-1500-60	150 mg Capsule	60	24		\$15,868.48
Limited Distribution, Orphan drug, Latex free, Gluten free, Preservative free, Non-DEHP					
0069-8141-20	200 mg Capsule	60	12		\$22,427.45
Limited Distribution, Orphan drug, Non-DEHP					
0069-8140-20	250 mg Capsule	60	12		\$22,427.45
Limited Distribution, Orphan drug, Non-DEHP					
Xeljanz XR® (tofacitinib) Tablets					
0069-0501-30	11 mg Tablet	30	48		\$5,783.94
Non-DEHP, Latex free, Gluten free, Preservative free					
0069-0502-30	22mg Tablet	30	48		\$5,783.94
Non-DEHP, Latex free, Gluten free, Preservative free					

◆ Product with price change

⊕ Product not available for sale in PR



DACO Products pricing is communicated via separate notification to applicable customers

NDC National Drug Code



Restricted Products



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Xeljanz® (tofacitinib) Oral Solution ⓘ					
0069-1029-02	1 mg/mL (240 mL bottle)	1	12	0069-1029-01	\$4,627.15
Non-DEHP, Latex Free					
Xeljanz® (tofacitinib) Tablets ⓘ					
0069-1002-01	10 mg Tablet	60	48		\$5,783.94
Non-DEHP, Latex free, Gluten free, Preservative free					
0069-1001-01	5 mg Tablet	60	48		\$5,783.94
Non-DEHP, Latex free, Gluten free, Preservative free					
Xyntha Solofuse® (antihemophilic factor (recombinant), plasma/albumin-free) For Intravenous Use, Freeze-Dried Powder in Prefilled Dual-Chamber Syringe ⓘ					
Orders for Xyntha® Solofuse have terms of 2% 45, net 60 days from the date of invoice.					
58394-022-03	250 IU (nominal) Single Use Prefilled Dual-chamber Syringe	1	20		\$1.82 per IU
Refrigerated, Latex Free, Kit, Orphan drug, Preservative free, Non-DEHP					
58394-023-03	500 IU (nominal) Single Use Prefilled Dual-chamber Syringe	1	20		\$1.82 per IU
Refrigerated, Latex Free, Kit, Orphan drug, Preservative free, Non-DEHP					
58394-024-03	1,000 IU (nominal) Single Use Prefilled Dual-chamber Syringe	1	20		\$1.82 per IU
Refrigerated, Latex Free, Preservative Free, Kit, Orphan drug, Non-DEHP					
58394-025-03	2,000 IU (nominal) Single Use Prefilled Dual-chamber Syringe	1	20		\$1.82 per IU
Refrigerated, Latex Free, Kit, Orphan drug, Preservative free, Non-DEHP					
58394-016-03	3,000 IU (nominal) Single Use Prefilled Dual-chamber Syringe	1	20		\$1.82 per IU
Refrigerated, Latex Free, Kit, Orphan drug, Preservative free, Non-DEHP					
Xyntha® (antihemophilic factor (recombinant), plasma/albumin-free) For Intravenous Use, Freeze-Dried Powder ⓘ					
Orders for Xyntha® have terms of 2% 45, net 60 days from the date of invoice.					
58394-012-01	250 IU per Vial (nominal) Single Use Vial	1	20		\$1.82 per IU
Refrigerated, Latex Free, Kit, Orphan drug, Preservative free, Non-DEHP					
58394-013-01	500 IU per Vial (nominal) Single Use Vial	1	20		\$1.82 per IU
Refrigerated, Latex Free, Kit, Orphan drug, Preservative free, Non-DEHP					
58394-014-01	1,000 IU per Vial (nominal) Single Use Vial	1	20		\$1.82 per IU
Refrigerated, Latex Free, Kit, Orphan drug, Preservative free, Non-DEHP					
58394-015-01	2,000 IU per Vial (nominal) Single Use Vial	1	20		\$1.82 per IU
Refrigerated, Latex Free, Kit, Orphan drug, Preservative free, Non-DEHP					
Zarontin® (ethosuximide) Capsules ⓘ					
0071-0237-24	250 mg Capsule	100	48		\$132.77
Latex free, Preservative free, Non-DEHP					
Zarontin® (ethosuximide) Syrup ⓘ					
0071-2418-19	250 mg/5 mL Oral Solution (474 mL bottle)	1	12		\$139.68
Latex free, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Zavzpret™ (zavegepant) Nasal Spray ⓘ					
0069-3500-02	10 mg Nasal Spray	6	12	0069-3500-01	\$1,100.00
Latex free, Preservative free, Non-DEHP					
Zirabev™ (bevacizumab-bvzr) Injection ⓘ					
Orders for Zirabev™ have terms of 2% 60, net 61 from the date of invoice.					
0069-0342-01	400 mg/16 mL Injection	1	24		\$2,453.60
Refrigerated, Latex Free, Preservative Free, Non-DEHP					
0069-0315-01	100 mg/4 mL Injection	1	24		\$613.40
Refrigerated, Latex Free, Preservative Free, Non-DEHP					
Zithromax® (azithromycin) Oral Suspension ⓘ					
0069-3110-19	300 mg (100 mg/5 mL) Bottle	1	48		\$26.55
Latex free, Preservative free, Non-DEHP					
0069-3120-19	600 mg (200 mg/5 mL) Bottle	1	48		\$50.75
Latex free, Gluten free, Preservative free, Non-DEHP					
0069-3130-19	900 mg (200 mg/5 mL) Bottle	1	48		\$50.75
Latex free, Gluten free, Preservative free, Non-DEHP					
0069-3140-19	1200 mg (200 mg/5 mL) Bottle	1	48		\$26.55
Latex free, Gluten free, Preservative free, Non-DEHP					
Zithromax® (azithromycin) Tablets ⓘ					
0069-4061-89	250 mg Tablet	50	24	0069-4061-89	\$172.56
0069-4061-01	250 mg Tablet	30	48		\$64.71
0069-3060-75	250 mg Tablet Z-Pak	18	24		\$38.89
0069-3070-30	500 mg Tablet	30	48		\$89.32
0069-3070-75	500 mg Tablet Tri-Pak	9	24		\$627.18
0069-3051-07	1 gm Single Dose Packet	10	10	0069-3051-01	\$1,246.69
Latex free, Preservative free					
0069-3051-75	1 gm Single Dose Packet	3	12	0069-3051-01	\$74.10
Latex free, Preservative free					
Zyvox® (linezolid) Debossed Tablets ⓘ					
0009-5138-02	600 mg Tablet	20	48		\$5,420.24
0009-5138-03	600 mg Unit Dose Pack	30	24		\$188.51
Zyvox® (linezolid) Oral Suspension ⓘ					
0009-5136-04	100 mg/5 mL in 240 mL Glass Bottle	1	12		\$245.48
Latex free, Gluten free, Non-DEHP					
0009-5136-01	100 mg/5 mL in 240 mL Glass Bottle	1	12		\$245.48



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)
The following items are not available for shipping				
Covid-19 Vaccine				
59267-4315-2	2023-2024 Formula Age 6m to <5y, Three (3) Dose Vial	10	60	59267-4315-1
59267-4331-2	2023-2024 Formula Age 5y to <12y, Single Dose Vial	10	60	59267-4331-1
Covid-19 Vaccine Comirnaty				
0069-2362-10	2023-2024 Formula Age 12y and Older, Single Dose Vial	10	48	0069-2362-01
0069-2392-10	2023-2024 Formula Age 12y and Older, Single Dose Prefilled Syringe	10	20	0069-2392-01
0069-2377-10	2023-2024 Formula Age 12y and Older, Single Dose Prefilled Syringe	10	24	0069-2377-01
Cytotec (misoprostol) Tablets				
0025-1451-34	100 mcg Tablet Unit Dose Pak (10x10)	100	30	
Emcyt (estramustine phosphate sodium) Capsules				
0013-0132-02	140 mg Capsule	100	40	
Glucotrol (glipizide) XL Extended Release Tablets				
0049-0178-07	10 mg Tablet Extended Release	100	48	
Rapamune (sirolimus) Oral Solution				
0008-1030-06	1 mg/mL, 2 oz (60 mL) Bottle	1	6	
Rapamune (sirolimus) Tablets				
0008-1040-05	0.5 mg Tablet	100	48	
0008-1041-05	1 mg Tablet	100	48	
0008-1042-05	2 mg Tablet	100	48	
0008-1040-10	0.5 mg Tablet Redipak	100	36	
0008-1041-10	1 mg Tablet Redipak	100	36	



UNIT OF SALE	NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)
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The following items have been discontinued since January 1, 2024 and are no longer offered for sale

Azulfidine EN-Tabs® (sulfasalazine) ʘ

0013-0102-01		500 mg Delayed Release Tablet	100	60	
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Calan SR® (verapamil hydrochloride) ʘ

0025-2818-31		180 mg Extended Release Tablet	100	48	
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Colestid® (colestipol hydrochloride) ʘ

0009-0260-01		5 gm Packet Granules	30	24	
0009-0370-03		7.5 gm Packet, Flavored Granules	60	12	
0009-0370-05		450 gm Bottle, Flavored Granules	1	12	

Feldene® (piroxicam) Capsules ʘ

0069-3220-66		10 mg Capsule	100	48	
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Minipress® (prazosin HCl) Capsules ʘ

0069-4310-71		1 mg Capsule	250	24	
0069-4370-71		2 mg Capsule	250	24	
0069-4380-71		5 mg Capsule	250	12	

Prevnar 13®(pneumococcal 13-valent conjugate vaccine [diphtheria CRM197 protein]) Injection ʘ

Federal Excise Tax of \$7.50 per 10 pack or \$0.75 per single package will be added to the stated price.

0005-1971-05		0.5 mL Prefilled Syringe	1	100	0005-1971-01
0005-1971-02		0.5 mL Prefilled Syringe	10	15	0005-1971-01

Section II

**Special Injectables Return Policy Applies to all Products
in this section**



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Acetylcysteine Solution R					
0409-3307-03	100 mg/mL (3g/30 mL) Multiple Dose Glass Teartop Vial Preservative Free, Non-DEHP, Allergens Present	3	20	0409-3307-11	\$42.85
0409-3308-03	200 mg/mL (6g/30 mL) Multiple Dose Glass Teartop Vial Preservative Free, Non-DEHP, Allergens Present	3	20	0409-3308-11	\$42.09
ADD-Vantage™ R					
◆ 0409-0051-01	ADDapter Connector Latex Free, Preservative Free, Non-DEHP	25	1		\$48.84
Amidate™ (etomidate) Injection R					
⊕ 0409-6695-01	2 mg/mL (20 mg/10 mL) Single Dose Glass Fliptop Vial Latex Free, Restricted Product, Non-DEHP, Allergens Present, Limited Distribution	10	4	0409-6695-11	\$56.44
⊕ 0409-6695-02	2 mg/mL (40 mg/20 mL) Single Dose Glass Fliptop Vial Restricted Product, Non-DEHP, Allergens Present, Limited Distribution	10	4	0409-6695-12	\$64.86
Aminocaproic Acid Injection R					
0409-4346-73	250 mg/mL (5 g/20 mL) Single Dose Plastic Fliptop Vial Latex Free, Preservative free, Non-DEHP	25	4	0409-4346-16	\$182.00
Aminophylline Injection R					
◆ 0409-5921-01	25 mg/mL (250 mg/10 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	25	2	0409-5921-16	\$413.10
◆ 0409-5922-01	25 mg/mL (500 mg/20 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	25	2	0409-5922-16	\$265.87
Ampicillin and Sulbactam Injection R					
0409-2689-01	1.5 g ADD-Vantage® Single Dose Vial *ADD-Vantage is a registered trademark of Abbott Laboratories, Inc Non-DEHP, Latex Free, Preservative Free	10	44	0409-2689-21	\$53.80
0409-2987-03	3 gm Single Dose ADD-Vantage® Single Dose Vial *ADD-Vantage is a registered trademark of Abbott Laboratories, Inc Non-DEHP, Latex Free, Preservative Free	10	44	0409-2987-23	\$92.37
Antivenin (micrurus fulvius equine origin) North American Coral Snake Injection R					
◆ 0008-0423-03	10 mL Vial Refrigerated, Latex Free, Allergens Present, Non-DEHP	1	48	0008-0423-01	\$7,622.66
Argatroban Injection R					
0409-1140-01	250 mg/2.5 ml Single Use Vial Gluten Free, Latex Free, Preservative Free , Non-DEHP	1	160		\$271.69
Atgam® (lymphocyte immune globulin/anti-thymocyte globulin [equine]) Sterile Solution R					
◆ 0009-7224-02	50 mg/mL 5 mL Ampul Refrigerated, Gluten Free, Latex Free, Non-DEHP, Preservative free	5	48	0009-7224-01	\$20,957.81



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Atracurium Besylate Injection					
# 0409-1109-01	10 mg/mL (50 mg/5 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Refrigerated, Non-DEHP, Limited Distribution	10	60	0409-1109-11	\$70.35
# 0409-1105-02	10 mg/mL (100 mg/10 mL) Multiple Dose Glass Fliptop Vial Latex Free, Non-DEHP, Refrigerated, Restricted Product, Allergens Present, Limited Distribution	10	48	0409-1105-22	\$140.69
Atropine Sulfate Injection					
◆ 0409-9630-05	0.05 mg/mL (0.25 mg/5 mL) Ansyrtm Plastic Syringe Latex Free, Preservative Free, Non-DEHP	10	5	0409-9630-15	\$246.54
◆ 0409-4910-34	0.1 mg/mL (0.5 mg/5 mL) LifeShieldtm Abbojecttm Glass Syringe (20 G x 1 1/2") Latex Free, Preservative Free, Non-DEHP	10	5	0409-4910-11	\$161.15
◆ 0409-4911-34	0.1 mg/mL (1 mg/10 mL) LifeShieldtm Abbojecttm Glass Syringe (20 G x 1 1/2") Latex Free, Preservative Free, Non-DEHP	10	5	0409-4911-11	\$184.60
◆ 0409-1630-10	0.1 mg/mL (1 mg/10 mL) Ansyrtm Plastic Syringe Latex Free, Preservative Free, Non-DEHP	10	5	0409-1630-15	\$102.67
Azithromycin Injection					
0409-0144-11	500 mg Single Dose ADD-Vantage® Vial Latex Free, Preservative Free, Non-DEHP	10	10	0409-0144-21	\$100.08
Aztreonam (aztreonam) Injection					
0409-0829-01	1 gm per Single Dose Vial Non-DEHP, Preservative Free, Latex Free	10	50	0409-0829-11	\$330.00
0409-0830-01	2 gm per Single Dose Vial Non-DEHP, Preservative Free, Latex Free	10	28	0409-0830-11	\$650.00
Bacteriostatic 0.9% Sodium Chloride Injection					
◆ 0409-1966-12	10 mL (0.9%) Multiple Dose LifeShieldtm Plastic Fliptop Vial Latex Free, Non-DEHP, Allergens Present	25	4	0409-1966-06	\$52.63
◆ 0409-1966-05	20 mL (0.90%) Multiple Dose Plastic Fliptop Vial Latex Free, Non-DEHP, Allergens Present	25	4	0409-1966-01	\$33.17
◆ 0409-1966-07	30 mL (0.90%) Multiple Dose Plastic Fliptop Vial Latex Free, Non-DEHP, Allergens Present	25	4	0409-1966-02	\$30.49
Bacteriostatic Water Injection					
◆ 0409-3977-03	30 mL Multiple Dose Plastic Fliptop Vial Latex Free, Allergens Present, Non-DEHP	25	4	0409-3977-01	\$47.46
Bicillin C-R 900/300® (penicillin G benzathine and penicillin G procaine suspension) Injection					
Tubex® Injector not required.					
◆ 60793-602-10	2 mL Pre-filled Syringe (21 gauge x 1" needle) Pediatric The equivalent of 1,200,000 units of penicillin G comprising: the equivalent of 900,000 units of penicillin G as the benzathine salt and the equivalent of 300,000 units of penicillin G as the procaine salt per 2 mL. Refrigerated Gluten Free, Latex Free, Allergens Present, Non-DEHP, Refrigerated	10	24	60793-602-02	\$2,431.18

◆ Product with price change

⊕ Product not available for sale in PR



DACO Products pricing is communicated via separate notification to applicable customers

NDC National Drug Code



Restricted Products



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Bicillin C-R® (penicillin G benzathine and penicillin G procaine suspension) Injection ⓘ					
Tubex® Injector not required.					
◆ 60793-601-10	2 mL Pre-filled Syringe (21 gauge x 1" needle) Pediatric	10	24	60793-601-02	\$2,431.18
The equivalent of 1,200,000 units of penicillin G comprising: the equivalent of 600,000 units of penicillin G as the benzathine salt and the equivalent of 600,000 units of penicillin G as the procaine salt per 2 mL. Refrigerated Gluten Free, Latex Free, Allergens Present, Non-DEHP, Refrigerated					
◆ 60793-600-10	2 mL Pre-filled Syringe (21 gauge x 1-1/2" needle)	10	24	60793-600-02	\$2,431.18
The equivalent of 1,200,000 units of penicillin G comprising: the equivalent of 600,000 units of penicillin G as the benzathine salt and the equivalent of 600,000 units of penicillin G as the procaine salt per 2 mL. Refrigerated Gluten Free, Latex Free, Allergens Present, Non-DEHP, Refrigerated					
Bicillin L-A® (penicillin G benzathine suspension) Injection ⓘ					
Tubex® Injector not required.					
◆ 60793-700-10	1 mL Pre-Filled Syringe (21 gauge x 1" needle) Pediatric	10	24	60793-700-01	\$1,760.95
The equivalent of 600,000 units of penicillin G as the benzathine salt per 1 mL. Refrigerated Gluten Free, Latex Free, Allergens Present, Non-DEHP, Refrigerated					
◆ 60793-701-10	2 mL Pre-Filled Syringe (21 gauge x 1-1/2" needle)	10	24	60793-701-02	\$3,049.88
The equivalent of 1,200,000 units of penicillin G as the benzathine salt per 2 mL. Refrigerated Gluten Free, Latex Free, Allergens Present, Non-DEHP, Refrigerated					
◆ 60793-702-10	4 mL Pre-Filled Syringe (18 gauge x 1-1/2" needle)	10	24	60793-702-04	\$6,249.72
The equivalent of 2,400,000 units of penicillin G as the benzathine salt per 4 mL. Refrigerated Gluten Free, Latex Free, Allergens Present, Non-DEHP, Refrigerated					
Bleomycin Injection ⓘ					
61703-332-18	15 Units Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$50.46
Latex Free, Preservative Free, Refrigerated, Non-DEHP					
61703-323-22	30 Units Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$93.62
Latex Free, Preservative Free, Refrigerated, Non-DEHP					
Bortezomib Injection ⓘ					
0409-1704-01	1 mg per Single Dose Vial	1	40		\$81.17
Latex free, Preservative free, Non-DEHP, Gluten free					
0409-1703-01	2.5 mg per Single Dose Vial	1	135		\$192.01
Latex free, Preservative free, Non-DEHP, Gluten free					
0409-1700-01	3.5 mg per Single Dose Vial	1	135		\$75.00
Latex free, Gluten free, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Bupivacaine Hydrochloride Injection					
0409-1159-01	2.5 mg/mL (25 mg/10 mL) Single Dose Glass Teartop Vial Latex Free, Preservative Free, Non-DEHP	25	2	0409-1159-18	\$49.43
0409-1159-02	2.5 mg/mL (75 mg/30 mL) Single Dose Glass Teartop Vial Latex Free, Preservative Free, Non-DEHP	25	2	0409-1159-19	\$50.67
0409-1160-01	2.5 mg/mL (125 mg/50 mL) Multiple Dose Glass Fliptop Vial Latex Free, Non-DEHP, Allergens Present	25	2	0409-1160-18	\$88.74
0409-1162-01	5 mg/mL (50 mg/10 mL) Single Dose Glass Teartop Vial Latex Free, Preservative Free, Non-DEHP	25	2	0409-1162-18	\$57.73
0409-1162-02	5 mg/mL (150 mg/30 mL) Single Dose Glass Teartop Vial Latex Free, Preservative Free, Non-DEHP	25	2	0409-1162-19	\$55.89
0409-1163-01	5 mg/mL (250 mg/50 mL) Multiple Dose Glass Fliptop Vial Latex Free, Non-DEHP, Allergens Present	25	2	0409-1163-18	\$74.31
0409-1165-01	7.5 mg/mL (75 mg/10 mL) Single Dose Glass Teartop Vial Latex Free, Preservative Free, Non-DEHP	25	2	0409-1165-18	\$61.41
0409-1165-02	7.5 mg/mL (225 mg/30 mL) Single Dose Glass Teartop Vial Latex Free, Preservative Free, Non-DEHP	25	2	0409-1165-19	\$100.41
Bupivacaine Hydrochloride & Epinephrine (bupivacaine hydrochloride and epinephrine 1:200,000 as the bitartrate) Injection					
0409-9042-01	2.5 mg/mL (75 mg/30 mL) Single Dose Glass Teartop Vial Latex Free, Non-DEHP, Allergens Present	10	5	0409-9042-11	\$44.55
0409-9042-17	2.5 mg/mL (75 mg/30 mL) Single Dose Glass Teartop Vial Latex Free, Non-DEHP, Preservative free	25	4	0409-9042-16	\$86.72
0409-9043-01	2.5 mg/mL (125 mg/50 mL) Multiple Dose Glass Fliptop Vial Latex Free, Non-DEHP, Allergens Present	25	1	0409-9043-11	\$149.34
0409-9045-01	5 mg/mL (50 mg/10 mL) Single Dose Glass Teartop Vial Latex Free, Non-DEHP, Preservative free	10	5	0409-9045-11	\$26.47
0409-9045-17	5 mg/mL (150 mg/30 mL) Single Dose Glass Teartop Vial Latex Free, Non-DEHP, Preservative free	25	4	0409-9045-16	\$68.88
0409-9046-01	5 mg/mL (250 mg/50 mL) Multiple Dose Glass Fliptop Vial Latex Free, Non-DEHP, Allergens Present	25	1	0409-9046-11	\$161.61
Bupivacaine Spinal (bupivacaine in dextrose) Injection					
0409-3613-01	7.5 mg/mL (15 mg/2 mL) Glass Ampul Latex Free, Preservative free, Non-DEHP	10	10	0409-3613-11	\$28.50
Buprenorphine Hydrochloride Injection - Controlled Substance - SCHEDULE III					
0409-2012-32	0.3 mg/mL (0.3 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle) Latex Free, Preservative Free, Non-DEHP, Opioid	10	100	0409-2012-03	\$123.07



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Busulfan Injection					
0409-1112-01	60 mg/10 mL (6 mg/mL) Single Dose Vial	8	16	0409-1112-10	\$3,161.27
Latex Free, Preservative Free, Refrigerated, Non-DEHP					
Butorphanol Tartrate Injection - Controlled Substance - SCHEDULE IV					
◆ 0409-1623-01	1 mg/mL (1 mg/mL) Single Dose Glass Fliptop Vial	10	3	0409-1623-21	\$74.18
Latex Free, Preservative Free, Non-DEHP, Opioid					
◆ 0409-1626-01	2 mg/mL (2 mg/mL) Single Dose Glass Fliptop Vial	10	3	0409-1626-21	\$90.74
Latex Free, Preservative Free, Non-DEHP, Opioid					
◆ 0409-1626-02	2 mg/mL (4 mg/2 mL) Single Dose Glass Fliptop Vial	10	3	0409-1626-42	\$127.75
Latex Free, Preservative Free, Non-DEHP, Opioid					
Calcium Chloride Injection					
◆ 0409-1631-10	100 mg/mL (1 g/10 mL) Ansyrtm Plastic Syringe	10	5	0409-1631-40	\$126.20
Latex Free, Non-DEHP, Preservative free					
◆ 0409-4928-34	100 mg/mL (1 g/10 mL) LifeShieldtm Abbojecttm Glass Syringe (20 G x 1 1/2")	10	5	0409-4928-11	\$170.97
Latex Free, Preservative free, Non-DEHP					
Camptosar® (irinotecan hydrochloride) Injection					
⊕ 0009-0082-02	300 mg/15 mL (20 mg/mL) per Single-dose vial	1	112		\$113.69
Latex free, Gluten free, Preservative free, Non-DEHP					
0009-7529-04	20 mg/mL 2 mL Cytosafe Vial	1	48	0009-7529-04	\$27.64
Gluten Free, Latex Free, Preservative Free, Non-DEHP					
0009-7529-03	20 mg/mL 5 mL Cytosafe Vial	1	48	0009-7529-03	\$41.27
Gluten Free, Latex Free, Preservative Free, Allergens Present, Non-DEHP					
0009-7529-05	20 mg/mL 15 mL Cytosafe Vial	1	48	0009-7529-05	\$113.69
Gluten Free, Latex Free, Preservative Free, Non-DEHP					
Carboplatin Injection					
61703-339-18	10 mg/mL (50 mg/5 mL) Multiple Dose Onco-Taintm Glass Fliptop Vial	1	160		\$13.40
Latex Free, Preservative free, Non-DEHP					
61703-339-22	10 mg/mL (150 mg/15 mL) Multiple Dose Onco-Taintm Glass Fliptop Vial	1	160		\$23.24
Latex Free, Preservative free, Non-DEHP					
61703-339-50	10 mg/mL (450 mg/45 mL) Multiple Dose Onco-Taintm Glass Fliptop Vial	1	120		\$47.14
Latex Free, Preservative free, Non-DEHP					
61703-339-56	10 mg/mL (600 mg/60 mL) Multiple Dose Onco-Taintm Glass Fliptop Vial	1	32		\$59.13
Latex Free, Preservative free, Non-DEHP					
Carboprost Tromethamine Injection					
0409-0064-10	250 mcg/mL per Single dose Vial	10	24	0409-0064-01	\$1,056.00
Refrigerated, Allergens Present, Latex free, Gluten free, Non-DEHP					

◆ Product with price change

⊕ Product not available for sale in PR

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NDC

DACO Products pricing is communicated via separate notification to applicable customers

National Drug Code

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Restricted Products



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Carpject Syringe System™					
Holder - Carpject Cartridge Unit sold separately					
0409-2049-02	2 ml/5 ml Sterile Cartridge Unit	1	50		\$0.01
Latex Free, Preservative Free, Non-DEHP					
Cefazolin Injection ⓘ					
0409-2585-01	1 g Single Dose ADD-Vantage® Vial	25	18	0409-2585-11	\$68.30
Latex Free, Preservative Free, Non-DEHP					
Cefepime for Injection ⓘ					
Orders for Cefepime have terms of 2% 75, net 76 from the date of invoice.					
0409-9735-10	2 g Single Dose Glass Vial	10	10	0409-9735-01	\$100.50
Orders for Cefepime have terms of 2% 75, net 76 from the date of invoice Preservative Free, Non-DEHP, Latex free, Gluten free					
0409-9566-10	1 g Single Dose Glass Vial	10	10	0409-9566-01	\$60.90
Orders for Cefepime have terms of 2% 75, net 76 from the date of invoice Preservative Free, Non-DEHP, Latex free, Gluten free					
Ceftriaxone Injection ⓘ					
0409-7337-01	250 mg Single Dose Glass Fliptop Vial	10	36	0409-7337-11	\$7.62
Latex Free, Preservative Free, Non-DEHP					
0409-7338-01	500 mg Single Dose Glass Fliptop Vial	10	36	0409-7338-11	\$9.65
Latex Free, Preservative Free, Non-DEHP					
0409-7333-04	1 g Single Dose ADD-Vantage® Vial	10	36	0409-7333-11	\$41.42
Latex Free, Preservative Free, Non-DEHP					
0409-7332-01	1 g Single Dose Glass Fliptop Vial	10	36	0409-7332-11	\$15.23
Latex Free, Preservative Free, Non-DEHP					
0409-7336-04	2 g Single Dose ADD-Vantage® Vial	10	36	0409-7336-11	\$79.73
Latex Free, Preservative Free, Non-DEHP					
0409-7335-03	2 g Single Dose Glass Fliptop Vial	10	30	0409-7335-13	\$28.93
Latex Free, Preservative Free, Non-DEHP					
0409-7334-10	10 g Pharmacy Bulk Package Glass Fliptop Vial	1	60		\$17.32
Latex Free, Preservative Free, Non-DEHP					
Cerebyx® (fosphenytoin sodium) Injection ⓘ					
0069-6001-25	100 mg PE/2 mL Vial	25	12	0069-6001-02	\$1,010.79
Refrigerated, Latex Free, Preservative Free, Allergens Present, Orphan drug					
0069-6001-21	500 mg PE/10 mL Vial	10	12	0069-6001-10	\$1,212.95
Refrigerated, Latex Free, Preservative Free, Allergens Present, Orphan drug					
Chromium (chromic chloride) Injection ⓘ					
0409-4093-01	4 mcg/mL (40 mcg/10 mL) Single Dose Plastic Fliptop Vial	25	1	0409-4093-11	\$495.85
Latex Free, Preservative free, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Ciprofloxacin in 5% Dextrose Injection					
◆ 0409-2300-24	200 mg/100 mL (2mg/mL) per Single Dose Flexible Container Latex free, Gluten free, Preservative free, Non-DEHP	24	1	0409-2300-01	\$70.31
◆ 0409-3300-24	400 mg/200 mL (2 mg/mL) per Single Dose Flexible Container Latex free, Gluten free, Preservative free, Non-DEHP	24	1	0409-3300-01	\$86.77
Cisatracurium Besylate Injection					
≠ 0409-1098-02	10 mg/5 mL Single Dose Vial Preservative Free, Refrigerated, Restricted Product, Non-DEHP, Limited Distribution, Latex free	10	10	0409-1098-12	\$141.40
≠ 0409-1103-01	200 mg/20 mL Single Dose Vial Preservative Free, Refrigerated, Restricted Product, Limited Distribution, Latex free, Non-DEHP	10	6	0409-1103-11	\$2,732.05
≠ 0409-1208-01	20 mg/10 mL Single Dose Vial Refrigerated, Restricted Product, Non-DEHP, Allergens Present, Limited Distribution, Latex free	10	18	0409-1208-11	\$232.30
Cleocin Phosphate® (clindamycin phosphate)					
0009-0870-26	300 mg/2 mL Sterile Solution Vial Gluten Free, Latex Free, Allergens Present, Non-DEHP, Orphan drug	25	12	0009-0870-21	\$62.18
0009-0775-26	600 mg/4 mL Sterile Solution Vial Gluten Free, Latex Free, Allergens Present, Non-DEHP, Orphan drug	25	12	0009-0775-20	\$73.59
0009-0902-18	900 mg/6 mL Sterile Solution Vial Gluten Free, Latex Free, Allergens Present, Non-DEHP, Orphan drug	25	12	0009-0902-11	\$106.59
0009-0728-09	9 gm/60 mL Sterile Solution Pharm Bulk Package Gluten Free, Latex Free, Allergens Present, Non-DEHP, Orphan drug	5	6	0009-0728-05	\$116.68
Copper (cupric chloride) Injection					
◆ 0409-4092-01	0.4 mg/mL (4 mg/10 mL) Single Dose Plastic Fliptop Vial Latex Free, Preservative free, Non-DEHP	25	1	0409-4092-11	\$792.81
Corvert® (ibutilide fumarate) Injection					
0009-3794-01	0.1 mg/mL 10 mL Vial Gluten Free, Latex Free, Preservative Free, Allergens Present	1	48	0009-3794-01	\$548.85
Cutaquig® (Immune Globulin Subcutaneous (Human) - hipp) Solution					
0069-1061-02	1 g/6 mL Vial Refrigerated, Latex Free, Preservative Free, Non-DEHP, Limited Distribution	1	84	0069-1061-01	\$205.18
0069-1476-02	2 g/12 mL Vial Refrigerated, Preservative Free, Latex Free, Non-DEHP, Limited Distribution	1	84	0069-1476-01	\$410.36
0069-1509-02	4 g/24 mL Vial Refrigerated, Preservative Free, Latex Free, Non-DEHP, Limited Distribution	1	84	0069-1509-01	\$820.72
0069-1965-02	8 g/48 mL Vial Refrigerated, Preservative Free, Latex Free, Non-DEHP, Limited Distribution	1	100	0069-1965-01	\$1,641.44

◆ Product with price change

⊕ Product not available for sale in PR



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Restricted Products



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Cyklokapron® (tranexamic acid) Injection ⓘ					
0013-1114-15	1,000 mg/10 mL (100 mg/mL) Ampule	1	192	0013-1114-01	\$20.40
Preservative Free, Latex Free, Gluten Free, Allergens Present					
0013-1114-21	1,000 mg/10 mL (100 mg/mL) Vial	10	12	0013-1114-20	\$200.00
Gluten Free, Latex Free, Preservative Free, Allergens Present					
Cytarabine Injection ⓘ					
61703-305-38	20 mg/mL (100 mg/5 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	5	180	61703-305-58	\$31.72
Latex Free, Preservative Free, Non-DEHP					
61703-304-36	20 mg/mL (500 mg/25 mL) Multiple Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$16.04
Latex Free, Non-DEHP, Allergens Present					
61703-303-46	20 mg/mL (1,000 mg/50 mL) Pharmacy Bulk Package Onco-Tain™ Glass Vial	1	126		\$28.34
Latex Free, Preservative Free, Non-DEHP					
61703-319-22	100 mg/mL (2 g/20 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$20.32
Latex Free, Preservative Free, Non-DEHP					
Daptomycin (Daptomycin for Inj) Powder ⓘ					
0409-0120-01	350 mg per Single Dose Vial	1	160		\$50.00
Non-DEHP, Preservative Free, Latex Free					
0409-0122-01	500 mg per Single Dose Vial	1	160		\$79.00
Non-DEHP, Preservative Free, Latex Free					
Deferoxamine Mesylate Injection ⓘ					
0409-2337-25	2 g Single Dose Glass Fliptop Vial	4	20	0409-2337-15	\$141.04
Latex Free, Preservative Free, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Demerol™ (meperidine hydrochloride) Injection - Controlled Substance - SCHEDULE II [Ⓡ]					
0409-1362-01	25mg/mL per NexJect™ Single Dose Syringe	10	10	0409-1362-11	\$97.36
Non-DEHP, Preservative Free, Latex Free, Opioid					
0409-1418-01	50mg/mL per NexJect™ Single Dose Syringe	10	10	0409-1418-11	\$107.97
Non-DEHP, Preservative Free, Latex Free, Opioid					
0409-1176-30	25 mg/mL (25 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle)	10	100	0409-1176-03	\$60.40
Latex Free, Preservative Free, Non-DEHP, Opioid					
0409-1178-30	50 mg/mL (50 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle)	10	100	0409-1178-03	\$75.54
Latex Free, Preservative Free, Non-DEHP, Opioid					
◆ 0409-1181-30	50 mg/mL (1,500 mg/30 mL) Multiple Dose Glass Flip Top Vial	1	100	0409-1181-30	\$124.92
Latex Free, Non-DEHP, Allergens Present, Opioid					
0409-1179-30	75 mg/mL (75 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle)	10	100	0409-1179-03	\$63.96
Latex Free, Preservative Free, Non-DEHP, Opioid					
0409-1180-69	100 mg/mL (100 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle)	10	100	0409-1180-59	\$63.96
Latex Free, Preservative Free, Non-DEHP, Opioid					
Depo Testosterone® (testosterone cypionate) Injection - Controlled Substance - SCHEDULE IIIN [Ⓡ]					
◆ 0009-0347-02	100 mg/mL 10 mL Vial	1	48		\$87.42
Gluten Free, Latex Free, Allergens Present, Non-DEHP					
◆ 0009-0417-01	200 mg/mL 1 mL Vial	1	48	0009-0417-01	\$23.79
Gluten Free, Latex Free, Allergens Present, Non-DEHP					
◆ 0009-0417-02	200 mg/mL 10 mL Vial	1	48	0009-0417-02	\$138.17
Gluten Free, Latex Free, Allergens Present, Non-DEHP					
Depo-Estradiol® (estradiol cypionate) Sterile Solution [Ⓡ]					
◆ 0009-0271-01	5 mg/mL 5 mL Vial	1	48	0009-0271-01	\$203.03
Gluten Free, Latex Free, Allergens Present, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Depo-Medrol® (methylprednisolone acetate) Sterile Aqueous Suspension Rx					
0009-0274-01	20 mg/mL 5 mL Vial Gluten Free, Allergens Present	1	48	0009-0274-01	\$35.56
0009-3073-01	40 mg/mL 1 mL Vial Gluten Free, Latex free, Non-DEHP, Allergens Present	1	48	0009-3073-01	\$11.36
0009-3073-03	40 mg/mL 1 mL Vial Gluten Free, Latex free, Non-DEHP, Allergens Present	25	12	0009-3073-01	\$284.21
0009-0280-02	40 mg/mL 5 mL Vial Gluten Free, Allergens Present	1	48	0009-0280-02	\$49.29
0009-0280-51	40 mg/mL 5 mL Vial Gluten Free, Allergens Present	25	12	0009-0280-02	\$1,232.47
0009-0280-03	40 mg/mL 10 mL Vial Gluten Free, Allergens Present	1	48	0009-0280-03	\$98.69
0009-0280-52	40 mg/mL 10 mL Vial Gluten Free, Allergens Present	25	12	0009-0280-03	\$2,467.00
0009-3475-01	80 mg/mL 1 mL Vial Gluten Free, Latex Free, Non-DEHP, Allergens Present	1	48	0009-3475-01	\$19.72
0009-3475-03	80 mg/mL 1 mL Vial Gluten Free, Latex Free, Non-DEHP, Allergens Present	25	12	0009-3475-01	\$493.10
0009-0306-02	80 mg/mL 5 mL Vial Gluten Free, Allergens Present	1	48	0009-0306-02	\$98.69
0009-0306-12	80 mg/mL 5 mL Vial Gluten Free, Allergens Present	25	12	0009-0306-02	\$2,467.00
Dextran (dextran) Injection Rx					
0409-7418-03	500 mL (10% LMD in 5% Dextrose) Flexible Container Latex Free, Preservative Free, Allergens Present	12	1	0409-7418-13	\$468.46
0409-7419-03	500 mL (10% LMD in 0.9% Sodium Chloride) Flexible Container Latex Free, Preservative Free, Allergens Present	12	1	0409-7419-14	\$482.22



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Dextrose Injection					
◆ 0409-7517-16	0.5 g/mL (25 g/50 mL) (50%) Ansyrt™ II Plastic Syringe (side/side) Latex Free, Preservative Free, Non-DEHP	10	5	0409-7517-66	\$163.01
◆ 0409-4902-34	0.5 g/mL (25 g/50 mL) (50%) LifeShield™ Abboject™ Glass Syringe (18 G x 1 1/2") Latex Free, Preservative Free, Non-DEHP	10	5	0409-4902-64	\$166.66
◆ 0409-6648-02	0.5 g/mL (25 g/50 mL) (50%) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	25	2	0409-6648-16	\$107.75
◆ 0409-7100-66	50 mL (5%) ADD-Vantage™ Flexible Container *ADD-Vantage is a registered trademark of Abbott Laboratories, Inc Latex Free, Preservative Free, Allergens Present	50	1	0409-7100-68	\$216.71
◆ 0409-7100-67	100 mL (5%) ADD-Vantage™ Flexible Container *ADD-Vantage is a registered trademark of Abbott Laboratories, Inc Latex Free, Preservative Free, Allergens Present	50	1	0409-7100-69	\$219.49
◆ 0409-1775-10	250 mg/mL (2.5 g/10 mL) (25%) Ansyrt™ Plastic Syringe Latex Free, Preservative Free, Non-DEHP	10	5	0409-1775-40	\$170.13
◆ 0409-7100-02	250 mL (5%) ADD-Vantage™ Flexible Container *ADD-Vantage is a registered trademark of Abbott Laboratories, Inc Latex Free, Preservative Free, Allergens Present	24	1	0409-7100-04	\$139.76
Diazepam Injection - Controlled Substance - SCHEDULE IV					
≠ 0409-1273-32	5 mg/mL (10 mg/2 mL) Carpuject™ Luer Lock Glass Syringe (no needle) Latex Free, Restricted Product, Non-DEHP, Allergens Present, Limited Distribution	10	100	0409-1273-03	\$336.61
◆ ≠ 0409-3213-12	5 mg/mL (50 mg/10 mL) Multiple Dose Glass Fliptop Vial Restricted Product, Non-DEHP, Allergens Present, Limited Distribution	10	5	0409-3213-11	\$501.06
Diltiazem Hydrochloride Injection					
0409-4350-03	100 mg Single-dose ADD-Vantage® Vial Latex Free, Preservative free, Non-DEHP	10	10	0409-4350-13	\$114.11
Dobutamine Injection					
0409-2344-02	12.5 mg/mL (250 mg/20 mL) Single Dose Glass Fliptop Vial Non-DEHP, Allergens Present	10	6	0409-2344-62	\$69.31
0409-2344-01	12.5 mg/mL (250 mg/20 mL) Single Dose Glass Fliptop Vial Non-DEHP, Allergens Present	1	60		\$7.36
Dobutamine in 5% Dextrose Injection					
◆ 0409-2346-32	1 mg/mL (250 mg/250 mL) Flexible Container Latex Free, Non-DEHP, Allergens Present	12	1	0409-2346-31	\$120.86
◆ 0409-2347-32	2 mg/mL (500 mg/250 mL) Flexible Container Latex Free, Non-DEHP, Allergens Present	12	1	0409-2347-31	\$184.53
◆ 0409-3724-32	4 mg/mL (1,000 mg/250 mL) Flexible Container Latex Free, Allergens Present, Non-DEHP	12	1	0409-3724-11	\$243.19



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Docetaxel Injection					
0409-0201-02	10 mg/mL (20 mg/2 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$69.78
Latex Free, Non-DEHP, Allergens Present					
0409-0201-10	10 mg/mL (80 mg/8 mL) Multiple Dose Onco-Tain™ Glass Fliptop Vial	1	126		\$252.06
Latex Free, Non-DEHP, Allergens Present					
0409-0201-20	10 mg/mL (160 mg/16 mL) Multiple Dose Onco-Tain™ Glass Fliptop Vial	1	126		\$503.44
Latex Free, Non-DEHP, Allergens Present					
0409-0366-01	20 mg/mL (20 mg/mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$69.78
Latex Free, Non-DEHP, Allergens Present					
0409-0367-01	20 mg/mL (80 mg/4 mL) Multiple Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$279.14
Latex Free, Non-DEHP, Allergens Present					
0409-0368-01	160 mg/8 mL Multi Use Vial	1	126		\$558.28
Latex Free, Allergens Present, Non-DEHP					
Dopamine Hydrochloride Injection					
◆ 0409-5820-01	40 mg/mL (200 mg/5 mL) Single Dose Glass Fliptop Vial	25	2	0409-5820-11	\$100.14
Latex Free, Non-DEHP, Allergens Present					
Dopamine Hydrochloride in 5% Dextrose Injection					
◆ 0409-9104-20	40 mg/mL (400 mg/10 mL) Single Dose Glass Fliptop Vial	25	2	0409-9104-21	\$80.67
Latex Free, Non-DEHP, Allergens Present					
0409-7809-22	1,600 mcg/mL (400 mg/250 mL) Flexible Container	12	1	0409-7809-11	\$165.63
Latex Free, Non-DEHP, Allergens Present					
0409-7809-24	1,600 mcg/mL (800 mg/500 mL) Flexible Container	12	1	0409-7809-31	\$228.68
Latex Free, Non-DEHP, Allergens Present					
0409-7810-22	3,200 mcg/mL (800 mg/250 mL) Flexible Container	12	1	0409-7810-11	\$247.10
Latex Free, Non-DEHP, Allergens Present					
Doxorubicin Hydrochloride Injection					
0069-3030-20	10 mg/5 mL Vial	1	48	0069-3030-20	\$10.15
Refrigerated, Gluten Free, Latex Free, Preservative Free, Non-DEHP					
0069-3031-20	20 mg/10 mL Vial	1	48	0069-3031-20	\$20.30
Refrigerated, Gluten Free, Latex Free, Preservative Free, Non-DEHP					
0069-3032-20	50 mg/25 mL Vial	1	48	0069-3032-20	\$24.57
Refrigerated, Gluten Free, Latex Free, Preservative Free, Non-DEHP					
0069-3034-20	200 mg/100 mL Vial	1	48	0069-3034-20	\$65.37
Refrigerated, Gluten Free, Latex Free, Preservative Free, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Ellence® (epirubicin hydrochloride) Injection					
0009-5091-01	2 mg/mL 25 mL Vial	1	48	0009-5091-01	\$46.69
Refrigerated, Gluten Free, Latex Free, Preservative Free, Allergens Present, Orphan drug					
0009-5093-01	2 mg/mL 100 mL Vial	1	48	0009-5093-01	\$227.37
Refrigerated, Gluten Free, Latex Free, Preservative Free, Allergens Present, Orphan drug					
Epinephrine Injection					
◆ 0409-4933-01	1mg/10mL (0.1 mg/mL) ABBOJECT® Single Dose syringe	10	5	0409-4933-11	\$92.80
Non-DEHP, Latex Free, Preservative free					
Eraxis® (anidulafungin IV) Injection					
0049-0114-28	50 mg Vial	1	48	0049-0114-28	\$95.45
Refrigerated, Latex Free, Preservative Free, Gluten free, Non-DEHP					
0049-0116-28	100 mg Vial	1	48	0049-0116-28	\$190.89
Refrigerated, Latex Free, Preservative Free, Gluten free, Non-DEHP					
Ertapenem for Injection Powder					
0409-3510-22	1 gm Single Dose Glass Vial	10	12	0409-3510-21	\$900.00
Non-DEHP, Preservative Free, Allergens Present					
Erythrocine™ (lactobionate) IV					
0409-6482-01	500 mg Single Dose Glass Fliptop Vial	10	10	0409-6482-11	\$908.84
Latex Free, Preservative Free, Non-DEHP					
0409-6476-44	500 mg Single Dose ADD-Vantage® Vial	10	10	0409-6476-54	\$845.35
Latex Free, Preservative Free, Non-DEHP					
Fentanyl Citrate Injection - Controlled Substance - SCHEDULE II					
≠ 0409-9093-32	50 mcg/mL (100 mcg/2 mL) Glass Ampul	10	10	0409-9093-37	\$17.85
Latex Free, Preservative Free, Restricted Product, Non-DEHP, Opioid, Limited Distribution					
≠ 0409-9094-22	50 mcg/mL (100 mcg/2 mL) Single Dose Glass Fliptop Vial	25	4	0409-9094-12	\$38.50
Preservative Free, Restricted Product, Non-DEHP, Allergens Present, Opioid, Limited Distribution					
≠ 0409-9093-35	50 mcg/mL (250 mcg/5 mL) Glass Ampul	10	5	0409-9093-45	\$23.84
Latex Free, Preservative Free, Restricted Product, Non-DEHP, Opioid, Limited Distribution					
≠ 0409-9094-25	50 mcg/mL (250 mcg/5 mL) Single Dose Glass Fliptop Vial	25	2	0409-9094-18	\$57.74
Preservative Free, Restricted Product, Non-DEHP, Allergens Present, Opioid, Limited Distribution					
≠ 0409-9094-28	50 mcg/mL (500 mcg/10 mL) Single Dose Glass Fliptop Vial	25	4	0409-9094-17	\$93.40
Preservative Free, Restricted Product, Non-DEHP, Allergens Present, Opioid, Limited Distribution					
≠ 0409-9094-31	50 mcg/mL (1000 mcg/20 mL) Single Dose Glass Fliptop Vial	25	4	0409-9094-16	\$194.01
Preservative Free, Restricted Product, Non-DEHP, Allergens Present, Opioid, Limited Distribution					
≠ 0409-9094-61	50 mcg/mL (2500 mcg/50 mL) Single Dose Glass Fliptop Vial	25	2	0409-9094-41	\$544.14
Preservative Free, Restricted Product, Non-DEHP, Allergens Present, Opioid, Limited Distribution					

◆ Product with price change

⊕ Product not available for sale in PR



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UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Fluconazole (sodium chloride diluent) Injection ⓘ					
0409-4688-18	2 mg/mL (200 mg/100 mL) Flexible Container	24	1	0409-4688-22	\$179.05
Latex Free, Preservative Free, Allergens Present					
0409-4688-12	2 mg/mL (400 mg/200 mL) Flexible Container	24	1	0409-4688-16	\$170.04
Latex Free, Preservative Free, Allergens Present					
Foscavir® (foscarnet sodium) Injection ⓘ					
76310-024-45	6000 mg/250mL per Single Dose Infusion Bag	10	1	76310-024-41	\$4,798.90
Non-DEHP, Preservative Free, Latex Free					
76310-024-25	24 mg/mL (6,000 mg/250 mL) Glass Bottle	10	1	76310-024-15	\$4,798.85
Latex Free, Preservative Free, Non-DEHP					
Fragmin® (dalteparin sodium) Injection ⓘ					
0069-0195-02	2,500 IU/0.2 mL Single-dose Prefilled Syringe Pre-assembled w/Needle Guards	10	12	0069-0195-01	\$372.19
Gluten Free, Preservative Free, Allergens Present					
⊕ 0069-0253-10	10,000 IU/4mL (2,500 IU/mL) per Single Dose Vial	10	12	0069-0253-01	\$279.60
Latex free, Gluten free, Preservative free, Non-DEHP					
0069-0196-02	5,000 IU/0.2 mL Single-dose Prefilled Syringe Pre-assembled w/Needle Guards	10	12	0069-0196-01	\$603.83
Gluten Free, Preservative Free, Allergens Present					
0069-0206-02	7,500 IU/0.3 mL Single-dose Prefilled Syringe Pre-assembled w/Needle Guards	10	12	0069-0206-01	\$905.85
Gluten Free, Preservative Free, Allergens Present, Non-DEHP					
0069-0217-02	10,000 IU/1 mL Single-dose Prefilled Syringe Pre-assembled w/Needle Guards	10	12	0069-0217-01	\$1,207.67
Gluten Free, Preservative Free, Allergens Present					
0069-0220-02	12,500 IU/0.5 mL Single-dose Prefilled Syringe Pre-assembled w/Needle Guards	10	12	0069-0220-01	\$1,509.70
Gluten Free, Preservative Free, Allergens Present					
0069-0223-02	15,000 IU/0.6 mL Single-dose Prefilled Syringe Pre-assembled w/Needle Guards	10	12	0069-0223-01	\$1,811.52
Gluten Free, Preservative Free, Allergens Present					
0069-0228-02	18,000 IU/0.72 mL Single-dose Prefilled Syringe Pre-assembled w/Needle Guards test potency	10	12	0069-0228-01	\$2,173.83
Gluten Free, Preservative Free, Allergens Present					
0069-0232-01	95,000 IU/3.8 mL Multidose Vial	1	192		\$1,038.05
Gluten Free, Allergens Present, Latex free					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Furosemide Injection ⓘ					
0409-6102-02	10 mg/mL (20 mg/2 mL) Single Dose Glass Fliptop Vial Preservative Free, Non-DEHP, Allergens Present, Gluten free	25	16	0409-6102-19	\$104.56
0409-6102-04	10 mg/mL (40 mg/4 mL) Single Dose Glass Fliptop Vial Preservative Free, Non-DEHP, Allergens Present, Gluten free	25	16	0409-6102-18	\$73.34
0409-6102-10	10 mg/mL (100 mg/10 mL) Single Dose Glass Fliptop Vial Preservative Free, Non-DEHP, Allergens Present	25	4	0409-6102-20	\$145.91
Gelfilm® (absorbable gelatin film)					
◆ 0009-0297-03	Ophthalmic film Latex Free, Preservative Free, Allergens Present	6	48	0009-0297-01	\$1,487.70
◆ 0009-0283-01	Sterile film Latex Free, Preservative Free, Allergens Present	1	48	0009-0283-01	\$2,243.57
Gel-Flow NT™ (absorbable gelatin powder) Hemostatic Matrix for flowable applications ⓘ					
◆ 0009-1040-06	6 mL/.55 g Powder Latex Free, Kit, Preservative free, Non-DEHP	6	13	0009-1040-01	\$732.15
Gel-Flow™ (Gel-Flow™ NT absorbable gelatin powder and thrombin, topical (bovine) Thrombin-J®) Spray Kit ⓘ					
◆ 0009-2250-01	5,0000 IU Syringe Spray Kit Latex Free, Kit, Preservative free, Non-DEHP	1	6		\$207.14
Gelfoam® (absorbable gelatin powder) Sterile Powder					
◆ 0009-0433-04	1 gm Envelope Gluten Free, Latex Free, Preservative Free, Allergens Present	6	24	0009-0433-04	\$503.40
Gelfoam® (absorbable gelatin sponge)					
◆ 0009-0396-05	Size 4, 2 Dental Sponges Gluten Free, Latex Free, Preservative Free, Allergens Present	6	24		\$178.20
◆ 0009-0315-08	Size 12-7 mm Sponge Gluten Free, Latex Free, Preservative Free, Allergens Present	12	24	0009-0315-08	\$114.28
◆ 0009-0323-01	Size 50 Sponge Gluten Free, Latex Free, Preservative Free, Allergens Present	4	24	0009-0323-01	\$123.51
◆ 0009-0342-01	Size 100 Sponge Gluten Free, Latex Free, Preservative Free, Allergens Present	6	24	0009-0342-01	\$276.94
◆ 0009-0349-03	Size 200 Sponge Gluten Free, Latex Free, Preservative Free, Allergens Present	6	12	0009-0349-03	\$531.01
Gelfoam® (absorbable gelatin sponge) Sterile Sponge Compressed					
◆ 0009-0353-01	Size 100 Sponge Latex Free, Preservative Free , Non-DEHP	6	24	0009-0353-01	\$276.38
Gelfoam-JMI® (gelfoam absorbable gelatin powder and thrombin, topical (bovine) Thrombin-JMI®) Powder Kit ⓘ					
◆ 60793-410-10	5,000 IU Vial, Absorbable gelatin powder and Thrombin-JMI® Latex Free, Preservative Free, Kit, Non-DEHP	1	6		\$163.42

◆ Product with price change

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Gelfoam-JMI® (gelfoam absorbable gelatin sponge and thrombin, topical (bovine) Thrombin-JMI®) Sponge Kit					
◆ 60793-310-10	5,000 IU Vial and Absorbable Gelatin Sponge	1	6		\$125.69
Latex free, Preservative free, Non-DEHP, Kit					
Gemcitabine Injection (Lyophilized)					
0409-0185-01	200 mg Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$11.12
Latex Free, Preservative Free, Non-DEHP					
0409-0186-01	1 g Single Dose Onco-Tain™ Glass Fliptop Vial	1	60		\$50.78
Latex Free, Preservative Free, Non-DEHP					
0409-0187-01	2 g Single Dose Onco-Tain™ Glass Fliptop Vial	1	60		\$113.48
Latex Free, Non-DEHP, Preservative free					
Gemcitabine Injection (Solution)					
0409-0183-01	38 mg/mL (200 mg/5.26 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$9.33
Latex Free, Preservative Free, Refrigerated, Non-DEHP					
0409-0181-01	38 mg/mL (1 g/26.3 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	126		\$45.30
Latex Free, Preservative Free, Refrigerated, Non-DEHP					
0409-0182-01	38 mg/mL (2 g/52.6 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	60		\$90.60
Latex Free, Preservative Free, Refrigerated, Non-DEHP					
Gentamicin Sulfate Injection					
◆ 0409-1207-03	40 mg/mL (80 mg/2 mL) Single Dose Glass Fliptop Vial	25	4	0409-1207-13	\$85.95
Non-DEHP, Allergens Present					
Hemabate® (carboprost tromethamine) Sterile Solution					
0009-0856-08	250 mcg /1 mL Ampule	10	12	0009-0856-05	\$1,400.00
Refrigerated, Gluten Free, Latex Free, Allergens Present, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Heparin Sodium Injection ⓘ					
0409-2720-01	1,000 Units/mL (1,000 Units/mL) Single Dose Glass Fliptop Vial	25	16	0409-2720-30	\$46.40
Latex Free, Non-DEHP, Allergens Present, Gluten free					
0409-2720-02	1,000 Units/mL (10,000 Units/10 mL) Multiple Dose Glass Fliptop Vial	25	4	0409-2720-31	\$84.35
Latex Free, Non-DEHP, Allergens Present					
0409-2720-03	1,000 Units/mL (30,000 Units/30 mL) Multiple Dose Glass Fliptop Vial	25	4	0409-2720-32	\$194.31
Latex Free, Non-DEHP, Allergens Present					
0069-0043-01	2,000 USP units/2 mL (1,000 USP units/mL) Single Dose Vial	25	12	0069-0043-02	\$299.44
Preservative Free, Latex Free, Non-DEHP					
0069-0059-03	5,000 USP units/1 mL (5,000 USP units/mL) Multi Dose Vial	25	12	0069-0059-04	\$105.06
Latex Free, Non-DEHP, Allergens Present					
0409-1402-12	5,000 Units/mL (5,000 Units/mL) Carpuject™ Luer Lock Glass Syringe (no needle)	50	20	0409-1402-27	\$175.13
Latex Free, Non-DEHP, Allergens Present					
0409-2723-01	5,000 Units/mL (5,000 Units/mL) Single Dose Glass Fliptop Vial	25	16	0409-2723-30	\$50.49
Latex Free, Non-DEHP, Allergens Present, Gluten free					
0409-2723-02	5,000 Units/mL (50,000 Units/10 mL) Multiple Dose Glass Fliptop Vial	25	4	0409-2723-31	\$291.24
Latex Free, Non-DEHP, Allergens Present					
0069-0058-01	10,000 USP units/10 mL (1,000 USP Units/mL) Multi Dose Vial	25	12	0069-0058-02	\$84.35
Latex Free, Allergens Present					
0409-1316-32	10,000 Units/mL (5,000 Units/0.5 mL) Carpuject™ Luer Lock Glass Syringe (no needle)	50	20	0409-1316-11	\$206.71
Preservative Free, Latex Free, Non-DEHP					
0409-2721-01	10,000 Units/mL (10,000 Units/mL) Single Dose Glass Fliptop Vial	25	4	0409-2721-30	\$82.30
Latex Free, Non-DEHP, Allergens Present					
0069-0137-03	30,000 USP units/30 mL (1,000 USP units/mL) Multi Dose Vial	10	12	0069-0137-01	\$77.74
Latex Free, Allergens Present					
0069-0059-01	50,000 USP units/10mL (5,000 USP units/mL) Multi Dose Vial	25	12	0069-0059-02	\$291.24
Latex Free, Allergens Present					
Heparin Sodium (0.9% Sodium Chloride) Injection ⓘ					
0409-1005-20	1,000 Units/500 mL (2 Units/mL) Single Dose Container	20	1	0409-1005-01	\$120.89
Latex free, Gluten free, Preservative free, Non-DEHP					
0409-2222-12	2,000 Units/1,000 mL (2 Units/mL) Single Dose Container	12	1	0409-2222-01	\$93.30
Latex free, Gluten free, Preservative free, Non-DEHP					
0409-7620-03	2 Units/mL (1,000 Units/500 mL) Flexible Container (2 port)	18	1	0409-7620-13	\$98.91
Latex Free, Preservative Free, Allergens Present					
0409-7620-59	2 Units/mL (2,000 Units/1,000 mL) Flexible Container (2 port)	12	1	0409-7620-49	\$84.82
Latex Free, Preservative Free, Allergens Present					

◆ Product with price change

⊕ Product not available for sale in PR

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Heparin Sodium (0.45% Sodium Chloride) Injection Rx					
0409-7650-30	25,000 Units/250 mL (100 USP Units/mL) Single Dose Container	30	1	0409-7650-05	\$426.77
Latex free, Gluten free, Preservative free, Non-DEHP					
0409-3150-20	25,000 Units/500 mL (50 Units/mL) Single Dose Container	20	1	0409-3150-05	\$214.41
Latex free, Gluten free, Preservative free, Non-DEHP					
0409-0012-30	12,500 Units/250 mL (50 Units/mL) Single Dose Container	30	1	0409-0012-02	\$369.15
Latex free, Gluten free, Preservative free, Non-DEHP					
0409-7650-62	100 Units/mL (25,000 Units/250 mL) Flexible Container	24	1	0409-7650-52	\$341.42
Latex Free, Preservative Free, Allergens Present					
Heparin Sodium in 5% Dextrose Injection Rx					
0409-4520-30	25,000 Units/250 mL (100 Units/mL) Single Dose Container	30	1	0409-4520-02	\$317.61
Allergens Present, Latex free, Gluten free, Non-DEHP					
Hetastarch in Sodium Chloride (6% hetastarch in 0.9% Sodium Chloride) Injection Rx					
◆ 0409-7248-03	500 mL Flexible Container	12	1	0409-7248-13	\$274.25
Latex Free, Preservative Free, Allergens Present					
Hextend[®] (6% hetastarch in lactated electrolyte) Injection Rx					
0409-1555-54	500 mL Flexible Container	12	1	0409-1555-64	\$1,150.36
Latex Free, Allergens Present					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Hydromorphone Hydrochloride Injection - Controlled Substance - SCHEDULE II Ⓡ					
≠ 0409-1304-31	4 mg/mL (4 mg/1 mL) Carpuject™ Luer Lock Glass Syringe (no needle) Latex Free, Restricted Product, Non-DEHP, Allergens Present, Opioid, Limited Distribution	10	100	0409-1304-03	\$31.45
≠ 0409-4264-01	0.5 mg/0.5 mL per NexJect™ Single Dose Syringe Restricted Product, Allergens Present, Opioid, Limited Distribution, Latex free, Non-DEHP	10	10	0409-4264-11	\$31.80
≠ 0409-1805-01	0.25 mg/0.5 mL per NexJect™ Single Dose Syringe Restricted Product, Allergens Present, Opioid, Limited Distribution, Latex free, Gluten free, Non-DE, Non-DEHP	10	10	0409-1805-10	\$31.80
≠ 0409-1283-31	1 mg/mL (1 mg/1 mL) Carpuject™ Luer Lock Glass Syringe (no needle) Latex Free, Restricted Product, Non-DEHP, Allergens Present, Opioid, Limited Distribution	10	100	0409-1283-03	\$25.99
≠ 0409-2552-01	1 mg/mL (1 mg/1 mL) Glass Ampul Latex Free, Restricted Product, Non-DEHP, Allergens Present, Opioid, Limited Distribution	10	40	0409-2552-11	\$27.07
≠ 0409-1283-37	1mg/1mL per NexJect™ Single Dose Syringe Restricted Product, Non-DEHP, Latex Free, Allergens Present, Opioid, Limited Distribution	10	10	0409-1283-17	\$49.03
≠ 0409-1312-30	2 mg/mL (2 mg/1 mL) Carpuject™ Luer Lock Glass Syringe (no needle) Latex Free, Restricted Product, Non-DEHP, Allergens Present, Opioid, Limited Distribution	10	100	0409-1312-03	\$33.66
≠ 0409-1312-36	2mg/mL per NexJect™ Single Dose Syringe Restricted Product, Non-DEHP, Allergens Present, Opioid, Limited Distribution, Latex free, Gluten free	10	10	0409-1312-16	\$65.70
≠ 0409-3365-10	2 mg/ml per Single-Dose vial Restricted Product, Non-DEHP, Latex Free, Allergens Present, Opioid, Limited Distribution	10	10	0409-3365-11	\$19.16
≠ 0409-2634-01	10 mg/mL (10 mg/mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Opioid, Limited Distribution	10	20	0409-2634-10	\$42.86
≠ 0409-2634-05	10 mg/mL (50 mg/5 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Opioid, Limited Distribution	10	18	0409-2634-25	\$108.92
≠ 0409-2634-50	10 mg/mL (500 mg/50 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Opioid, Limited Distribution	1	100	0409-2634-50	\$122.49
Idamycin PFS® (idarubicin hydrochloride) Sterile, Isotonic Solution Injection Ⓡ					
⊕ 0013-2586-10	10 mg/10mL per Single dose Vial Refrigerated, Latex free, Gluten free, Preservative free, Non-DEHP	1	112		\$107.78
⊕ 0013-2596-20	20 mg/20mL per Single dose Vial Refrigerated, Latex free, Gluten free, Preservative free, Non-DEHP	1	112		\$206.95
0013-2576-91	5 mg/5 mL CYTOSAFE™ Vial Refrigerated, Gluten Free, Latex Free, Preservative Free, Allergens Present, Orphan drug	1	48	0013-2576-91	\$53.90
0013-2586-91	10 mg/10 mL CYTOSAFE™ Vial Refrigerated, Gluten Free, Latex Free, Preservative Free, Allergens Present, Orphan drug	1	48	0013-2586-91	\$107.78
0013-2596-91	20 mg/20 mL CYTOSAFE™ Vial Refrigerated, Gluten Free, Latex Free, Preservative Free, Allergens Present, Orphan drug	1	48	0013-2596-91	\$206.95

◆ Product with price change

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Irinotecan Hydrochloride Injection Rx					
61703-349-16	20 mg/mL (40 mg/2 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$14.26
Latex Free, Preservative free, Non-DEHP					
61703-349-09	20 mg/mL (100 mg/5 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$21.97
Latex Free, Preservative free, Non-DEHP					
61703-349-36	20 mg/mL (500 mg/25 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	126		\$161.11
Latex Free, Preservative free, Non-DEHP					
Ketamine Hydrochloride Injection - Controlled Substance - SCHEDULE IIIN Rx					
≠ 0409-2053-10	50 mg/mL (500 mg/10 mL) Multiple Dose Glass Fliptop Vial	10	10	0409-2053-20	\$36.24
Latex Free, Non-DEHP, Restricted Product, Allergens Present, Limited Distribution, Gluten free					
≠ 0409-2051-05	100 mg/mL (500 mg/5 mL) Multiple Dose Glass Fliptop Vial	10	18	0409-2051-15	\$83.13
Latex Free, Non-DEHP, Restricted Product, Allergens Present, Limited Distribution, Gluten free					
Ketorolac Tromethamine Injection Rx					
0409-3793-01	15 mg/mL (15 mg/mL) Single Dose Glass Fliptop Vial	25	4	0409-3793-19	\$75.23
Latex Free, Preservative free, Non-DEHP					
0409-3795-01	30 mg/mL (30 mg/mL) Single Dose Glass Fliptop Vial	25	4	0409-3795-19	\$163.24
Latex Free, Preservative free, Non-DEHP					
0409-3796-01	30 mg/mL (60 mg/2 mL) Single Dose Glass Fliptop Vial	25	4	0409-3796-19	\$81.76
Latex Free, Preservative free, Non-DEHP					
Labetalol Hydrochloride Injection Rx					
0409-0125-25	100 mg/20mL (5mg/mL) per Multiple-dose Vial	25	4	0409-0125-01	\$99.00
Allergens Present, Latex free, Gluten free, Non-DEHP					
0409-2339-34	5 mg/mL (20 mg/4 mL) Carpuject™ Luer Lock Glass Syringe (no needle)	10	10	0409-2339-24	\$90.83
Latex Free, Non-DEHP, Allergens Present					
0409-2267-20	5 mg/mL (100 mg/20 mL) Multiple Dose Glass Fliptop Vial	1	50		\$3.96
Latex Free, Non-DEHP, Allergens Present					
0409-2267-54	5 mg/mL (200 mg/40 mL) Multiple Dose Glass Fliptop Vial	1	50		\$10.35
Latex Free, Non-DEHP, Allergens Present					
Levetiracetam Injection Rx					
0409-1886-02	100 mg/mL (500 mg/ 5 mL) Single Dose Glass Fliptop Vial	1	12	0409-1886-22	\$97.19
Latex Free, Non-DEHP, Allergens Present					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Levofloxacin in 5% Dextrose Injection					
⊕ 0409-2220-24	250 mg/50mL (5 mg/mL) Single-dose Flexible Container Latex free, Gluten free, Preservative free, Non-DEHP	24	1	0409-2220-01	\$102.31
⊕ 0409-3330-24	500 mg/100mL (5 mg/mL) Single-dose Flexible Container Latex free, Gluten free, Preservative free, Non-DEHP	24	1	0409-3330-01	\$141.30
⊕ 0409-4444-24	750 mg/150 mL (5mg/mL) Single-dose Flexible Container Latex free, Gluten free, Preservative free, Non-DEHP	24	1	0409-4444-01	\$86.24
0409-0528-15	250 mg/50 mL (5 mg/mL) Single Use PVC bags Latex Free, Preservative Free, Gluten Free, Allergens Present	24	1	0409-0528-13	\$102.31
0409-0528-25	500 mg/100 mL (5 mg/mL) Single Use PVC bags Latex Free, Preservative Free, Gluten Free, Allergens Present	24	1	0409-0528-23	\$141.30
0409-0528-35	750mg/150mL (5mg/mL) Single Use PVC bags Latex Free, Preservative Free, Gluten Free, Allergens Present	24	1	0409-0528-31	\$86.24
Lidocaine Hydrochloride Injection					
0409-4278-01	0.5% (5 mg/mL) 250 mg/50 mL Single Dose Glass Teartop Vial Latex Free, Preservative free, Non-DEHP	25	2	0409-4278-16	\$108.02
0409-4275-01	0.5% (5 mg/mL) 250 mg/50 mL Multiple Dose Plastic Fliptop Vial Latex Free, Allergens Present, Non-DEHP	25	2	0409-4275-16	\$118.43
0409-4713-32	1% (10 mg/mL) 10 mg/2 mL Single Dose Glass Ampul Latex Free, Preservative Free, Non-DEHP	50	8	0409-4713-42	\$64.21
◆ 0409-9137-05	1% (10 mg/mL) 50 mg/5 mL Ansy TM Plastic Syringe Latex Free, Preservative Free, Non-DEHP	10	5	0409-9137-11	\$123.86
◆ 0409-4904-34	1% (10 mg/mL) 50 mg/5 mL LifeShield TM Abboject TM Glass Syringe (20 G x 1 1/2") Latex Free, Preservative Free, Non-DEHP	10	5	0409-4904-11	\$179.93
0409-4713-02	1% (10 mg/mL) 50mg/5 mL Single Dose Glass Ampul Latex Free, Preservative Free, Non-DEHP	25	16	0409-4713-12	\$42.70
0409-4276-01	1% (10 mg/mL) 200 mg/20 mL Multiple Dose Plastic Fliptop Vial Latex Free, Allergens Present, Non-DEHP	25	4	0409-4276-16	\$39.64
0409-4279-02	1% (10 mg/mL) 300 mg/30 mL Single Dose Glass Teartop Vial Latex Free, Preservative free, Non-DEHP	25	2	0409-4279-16	\$81.86
0409-4276-02	1% (10 mg/mL) 500 mg/50 mL Multiple Dose Plastic Fliptop Vial Latex Free, Allergens Present, Non-DEHP, Gluten free	25	4	0409-4276-17	\$79.55
0409-4776-01	1.5% (15 mg/mL) 300 mg/20 mL Single Dose Glass Ampul Latex Free, Preservative Free, Non-DEHP	25	4	0409-4776-10	\$253.74
0409-4282-01	2% (20 mg/mL) 40 mg/2 mL Single Dose Glass Ampul Latex Free, Preservative free, Non-DEHP	25	16	0409-4282-11	\$53.32

◆ Product with price change

⊕ Product not available for sale in PR



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◆ 0409-1323-05 Latex Free, Preservative Free, Non-DEHP	2% (20 mg/mL) 100 mg/5 mL Ansy TM Plastic Syringe	10	5	0409-1323-15	\$60.08
◆ 0409-4903-34 Latex Free, Preservative Free, Non-DEHP	2% (20 mg/mL) 100 mg/5 mL LifeShield TM Abboject TM Glass Syringe (20 G x 1 1/2")	10	5	0409-4903-11	\$62.69
0409-2066-05 Latex Free, Preservative Free, Non-DEHP	2% (20 mg/mL) 100 mg/5 mL Single Dose Glass Fliptop Vial	10	18	0409-2066-10	\$27.36
0409-4282-02 Latex Free, Preservative free, Non-DEHP	2% (20 mg/mL) 200 mg/10 mL Single Dose Glass Ampul	25	4	0409-4282-12	\$106.36
0409-4277-01 Latex Free, Allergens Present, Non-DEHP	2% (20 mg/mL) 400 mg/20 mL Multiple Dose Plastic Fliptop Vial	25	4	0409-4277-16	\$58.43
0409-4277-02 Latex Free, Allergens Present, Non-DEHP	2% (20 mg/mL) 1,000 mg/50 mL Multiple Dose Plastic Fliptop Vial	25	2	0409-4277-17	\$104.75
0409-4283-01 Latex Free, Preservative free, Non-DEHP	4% (40 mg/mL) 200 mg/5 mL Single Dose Glass Ampul	25	16	0409-4283-11	\$120.87



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Lidocaine Hydrochloride and Epinephrine Injection ⓘ					
0409-3177-01	0.5% (1:200,000) 5 mg/mL (250 mg/50 mL) Multiple Dose Glass Fliptop Vial	25	4	0409-3177-16	\$96.62
Latex Free, Non-DEHP, Allergens Present					
0409-3178-01	1% (1:100,000) 10 mg/mL (200 mg/20 mL) Multiple Dose Glass Fliptop Vial	25	4	0409-3178-16	\$59.39
Latex Free, Non-DEHP, Allergens Present					
0409-3178-02	1% (1:100,000) 10 mg/mL (300 mg/30 mL) Multiple Dose Glass Fliptop Vial	25	4	0409-3178-17	\$141.81
Latex Free, Non-DEHP, Allergens Present					
0409-3178-03	1% (1:100,000) 10 mg/mL (500 mg/50 mL) Multiple Dose Glass Fliptop Vial	25	4	0409-3178-18	\$99.53
Latex Free, Non-DEHP, Allergens Present					
0409-1209-01	1.5% (1:200,000) 5 mL Single Dose Glass Ampul	10	5	0409-1209-10	\$54.25
Latex Free, Preservative Free, Non-DEHP					
0409-3181-01	1.5% (1:200,000) 15 mg/mL (30 mL) Single Dose Glass Fliptop Vial	5	5	0409-3181-11	\$46.30
Latex Free, Preservative Free, Non-DEHP					
0409-3182-01	2% (1:100,000) 20 mg/mL (400 mg/20 mL) Multiple Dose Glass Fliptop Vial	25	4	0409-3182-11	\$83.46
Latex Free, Non-DEHP, Allergens Present					
0409-3182-02	2% (1:100,000) 20 mg/mL (600 mg/30 mL) Multiple Dose Glass Fliptop Vial	25	4	0409-3182-21	\$131.00
Latex Free, Non-DEHP, Allergens Present					
0409-3182-03	2% (1:100,000) 20 mg/mL (1,000 mg/50 mL) Multiple Dose Glass Fliptop Vial	25	4	0409-3182-31	\$124.22
Latex Free, Non-DEHP, Allergens Present					
0409-3183-01	2% (1:200,000) 20 mL Single Dose Glass Fliptop Vial	5	5	0409-3183-11	\$25.23
Latex Free, Non-DEHP, Preservative free					
Linezolid in 0.9% Sodium Chloride Injection ⓘ					
0409-4883-10	600 mg/300mL (2 mg/mL) Single-dose Container	10	1	0409-4883-03	\$697.85
Allergens Present, Latex free, Gluten free, Non-DEHP					
0409-4883-01	2 mg/mL (600 mg/300 mL) VisiV™ Flexible Container	10	1	0409-4883-11	\$697.85
Latex Free, Non-DEHP, Allergens Present, Gluten free					
Lorazepam Injection - Controlled Substance - SCHEDULE IVN ⓘ					
0409-1985-30	2 mg/mL (2 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle)	10	100	0409-1985-03	\$35.88
Latex Free, Refrigerated, Non-DEHP, Allergens Present					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Lucira®					
To order Lucira by Pfizer please call Lucira Customer Support at 1-888-814-0299.					
0069-9701-31	COVID-19 and Flu Test Point of Care Single Use Kit	1	24		\$83.90
Kit, Latex free, Gluten free, Preservative free, Non-DEHP					
0069-9701-48	COVID-19 and Flu Test Over the Counter (OTC) Single Use Kit	1	24		\$40.50
Kit, Latex free, Gluten free, Preservative free, Non-DEHP					
Magnesium Sulfate (Magnesium sulfate solution) Injection Ⓡ					
◆ 0409-1754-10	500 mg/mL (5 g/10 mL) Ansyr™ Plastic Syringe	10	5	0409-1754-15	\$336.78
Latex Free, Preservative Free, Non-DEHP					
◆ 0409-2168-77	10g/20mL (0.5g/mL) Single-use Fliptop Vial	25	4	0409-2168-17	\$120.58
Non-DEHP, Preservative Free, Latex Free					
Magnesium Sulfate in 5% Dextrose Injection Ⓡ					
0409-6727-50	1 g/100 mL (10 mg/mL) Single Dose Container	50	1	0409-6727-55	\$410.95
Latex free, Gluten free, Preservative free, Non-DEHP					
0409-6727-23	10 mg/mL (1 g/100 mL) Flexible Container	24	1	0409-6727-11	\$197.29
Latex Free, Preservative Free, Allergens Present					
Magnesium Sulfate in Water for Injection Ⓡ					
0409-6729-23	40 mg/mL (4 g/100 mL) Flexible Container	24	1	0409-6729-41	\$192.76
Latex Free, Preservative Free, Allergens Present					
0409-5239-60	2 g/50 mL (40 mg/mL) Single Dose Container	60	1	0409-5239-01	\$971.83
Latex free, Gluten free, Preservative free, Non-DEHP					
0409-3164-12	40 g/1000 mL (40 mg/mL) Single Dose container	12	1	0409-3164-01	\$101.10
Latex free, Gluten free, Preservative free, Non-DEHP					
0409-4121-50	4 g/100 mL (40 mg/mL) Single Dose Container	50	1	0409-4121-01	\$401.64
Latex free, Gluten free, Preservative free, Non-DEHP					
0409-6730-60	4 g/50 mL (40 mg/mL) Single Dose Container	60	1	0409-6730-50	\$491.17
Latex free, Gluten free, Preservative free, Non-DEHP					
0409-6729-24	40 mg/mL (2 g/50 mL) Flexible Container	24	1	0409-6729-11	\$388.72
Latex Free, Preservative Free, Allergens Present					
0409-2050-20	20 g/500 mL (40mg/mL) Single Dose Container	20	1	0409-2050-01	\$124.96
Latex free, Gluten free, Preservative free, Non-DEHP					
Manganese Chloride Injection Ⓡ					
◆ 0409-4091-01	0.1 mg/mL (1 mg/10 mL) Single Dose Plastic Fliptop Vial	25	1	0409-4091-11	\$931.98
Latex Free, Preservative free, Non-DEHP					
Mannitol Injection Ⓡ					
0409-4031-01	25% (12.5 g/50 mL) Single Dose Glass Fliptop Vial	25	4	0409-4031-16	\$73.48
Latex Free, Preservative free, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Marcaine with Epinephrine 1:200,000 as the bitartrate™ (bupivacaine hydrochloride & epinephrine) Injection ⓘ					
0409-1746-10	2.5 mg/mL (25 mg/10 mL) Single Dose Glass Fliptop Vial Non-DEHP, Allergens Present, Preservative free, Gluten free	10	10	0409-1746-70	\$46.35
0409-1746-30	2.5 mg/mL (75 mg/30 mL) Single Dose Glass Fliptop Vial Non-DEHP, Allergens Present, Preservative free, Gluten free	10	10	0409-1746-71	\$116.01
0409-1752-50	2.5 mg/mL (125 mg/50 mL) Multiple Dose Glass Fliptop Vial Non-DEHP, Allergens Present, Gluten free	1	100	0409-1752-50	\$12.23
0409-1749-10	5 mg/mL (50 mg/10 mL) Single Dose Glass Fliptop Vial Non-DEHP, Allergens Present, Preservative free, Gluten free	10	10	0409-1749-70	\$50.13
0409-1749-29	5 mg/mL (150 mg/30 mL) Single Dose Glass Fliptop Vial Non-DEHP, Allergens Present, Preservative free, Gluten free	10	10	0409-1749-71	\$59.11
0409-1755-50	5 mg/mL (250 mg/50 mL) Multiple Dose Glass Fliptop Vial Non-DEHP, Allergens Present, Gluten free	1	100	0409-1755-50	\$16.34
Marcaine™ (bupivacaine hydrochloride) Injection ⓘ					
0409-1559-10	2.5 mg/mL (25 mg/10 mL) Single Dose Glass Fliptop Vial Preservative Free, Non-DEHP, Allergens Present, Gluten free	10	10	0409-1559-18	\$40.32
0409-1559-30	2.5 mg/mL (75 mg/30 mL) Single Dose Glass Fliptop Vial Preservative Free, Non-DEHP, Allergens Present, Gluten free	10	10	0409-1559-19	\$46.65
0409-1587-50	2.5 mg/mL (125 mg/50 mL) Multiple Dose Glass Fliptop Vial Non-DEHP, Allergens Present, Gluten free	1	100	0409-1587-50	\$7.17
0409-1560-10	5 mg/mL (50 mg/10 mL) Single Dose Glass Fliptop Vial Preservative Free, Non-DEHP, Allergens Present, Gluten free	10	10	0409-1560-18	\$47.44
0409-1560-29	5 mg/mL (150 mg/30 mL) Single Dose Glass Fliptop Vial Preservative Free, Non-DEHP, Allergens Present, Gluten free	10	10	0409-1560-19	\$49.20
0409-1610-50	5 mg/mL (250 mg/50 mL) Multiple Dose Glass Fliptop Vial Non-DEHP, Allergens Present, Gluten free	1	100	0409-1610-50	\$6.20
0409-1582-10	7.5 mg/mL (75 mg/10 mL) Single Dose Glass Fliptop Vial Preservative Free, Non-DEHP, Allergens Present, Gluten free	10	10	0409-1582-18	\$47.71
0409-1582-29	7.5 mg/mL (225 mg/30 mL) Single Dose Glass Fliptop Vial Preservative Free, Non-DEHP, Allergens Present, Gluten free	10	10	0409-1582-19	\$76.21
Marcaine™ Spinal (bupivacaine hydrochloride in dextrose) Injection ⓘ					
0409-1761-10	0.75% 15 mg/2mL (7.5 mg/mL) Single Dose Ampule Latex free, Gluten free, Preservative free, Non-DEHP	10	100	0409-1761-18	\$54.84
Meropenem Injection ⓘ					
0409-1390-51	500 mg Powder Latex Free, Preservative Free, Non-DEHP	10	12	0409-1390-21	\$103.03
0409-1391-22	1 gm Powder Latex Free, Preservative Free, Non-DEHP	10	12	0409-1391-21	\$207.05



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Methotrexate Injection					
61703-350-38	25 mg/mL (50 mg/2 mL) Glass Fliptop Vial Latex Free, Allergens Present, Non-DEHP	5	180	61703-350-37	\$36.34
61703-408-41	25 mg/mL (1 g/40 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative free, Non-DEHP	1	120		\$36.73
Metoclopramide Injection					
0409-3414-01	5 mg/mL (10 mg/2 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP, Gluten free	25	16	0409-3414-18	\$31.06
Metoprolol Tartrate Injection					
0409-1778-05	1 mg/mL (5 mg/5 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	10	10	0409-1778-15	\$12.34
Metronidazole Injection					
0409-0152-24	500 mg/100 mL (5mg/mL) Single dose Flexible Container Bag Non-DEHP, Preservative Free, Latex Free	24	1	0409-0152-01	\$50.68
Midazolam Injection - Controlled Substance - SCHEDULE IV					
0409-2305-17	1 mg/mL (2 mg/2 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Limited Distribution, Orphan drug	25	4	0409-2305-16	\$26.81
0409-2305-05	1 mg/mL (5 mg/5 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Limited Distribution, Orphan drug	10	5	0409-2305-04	\$11.36
0409-2587-05	1 mg/mL (10 mg/10 mL) Multiple Dose Glass Fliptop Vial Latex Free, Restricted Product, Non-DEHP, Allergens Present, Limited Distribution, Orphan drug	10	5	0409-2587-04	\$22.74
0409-2308-01	5 mg/mL (5 mg/mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Limited Distribution, Orphan drug, Non-DEHP	10	5	0409-2308-21	\$11.61
0409-2308-02	5 mg/mL (10 mg/2 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Limited Distribution, Orphan drug, Non-DEHP	10	5	0409-2308-22	\$13.56
0409-2596-03	5 mg/mL (25 mg/5 mL) Multiple Dose Glass Fliptop Vial Latex Free, Restricted Product, Non-DEHP, Allergens Present, Limited Distribution, Orphan drug	10	5	0409-2596-13	\$48.88
0409-2596-05	5 mg/mL (50 mg/10 mL) Multiple Dose Glass Fliptop Vial Latex Free, Restricted Product, Non-DEHP, Allergens Present, Limited Distribution, Orphan drug	10	5	0409-2596-15	\$75.17
Milrinone Lactate Injection					
0409-0212-01	1 mg/mL (10 mg/10 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	10	50	0409-0212-10	\$71.90
0409-0212-02	1 mg/mL (20 mg/20 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	10	8	0409-0212-11	\$113.48
0409-0212-03	1 mg/mL (50 mg/50 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	1	40		\$30.04



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Milrinone Lactate in 5% Dextrose Injection ⓘ					
0409-2045-10	20 mg/100 mL (200 mcg (0.2 mg) per mL) Bag	10	3	0409-2045-01	\$160.28
Latex free, Preservative free, Non-DEHP					
0409-1983-10	40 mg/200 mL (200 mcg (0.2 mg) per mL) Bag	10	2	0409-1983-01	\$320.55
Non-DEHP, Preservative Free, Latex Free					
Mitoxantrone Injection ⓘ					
61703-343-18	2 mg/mL (20 mg/10 mL) Multiple Dose Onco-Tain™ Glass Flip-top Vial	1	112		\$172.56
Latex Free, Non-DEHP, Preservative free, Orphan drug					
61703-343-65	2 mg/mL (25 mg/12.5 mL) Multiple Dose Onco-Tain™ Glass Flip-top Vial	1	112		\$215.70
Latex Free, Non-DEHP, Preservative free, Orphan drug					
61703-343-66	2 mg/mL (30 mg/15 mL) Multiple Dose Onco-Tain™ Glass Flip-top Vial	1	112		\$258.84
Latex Free, Non-DEHP, Preservative free, Orphan drug					

◆ Product with price change

⊕ Product not available for sale in PR

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UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Morphine Sulfate Injection - Controlled Substance - SCHEDULE II Ⓡ					
0409-1134-05	50 mg/mL (2,500 mg/50 mL) Single Dose Glass Fliptop Vial Latex Free, Non-DEHP, Opioid, Preservative free	1	25		\$33.04
0409-3814-12	0.5 mg/mL (5 mg/10 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP, Opioid	5	5	0409-3814-11	\$41.13
0409-3815-12	1 mg/mL (10 mg/10 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP, Opioid	5	5	0409-3815-11	\$45.41
0409-1890-01	2 mg/mL (2 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle) Latex Free, Preservative Free, Non-DEHP, Opioid	10	100	0409-1890-03	\$21.29
0409-1890-23	2 mg/1mL per NexJect™ Single Dose Syringe with Luer Lock Non-DEHP, Preservative Free, Latex Free, Opioid	10	10	0409-1890-13	\$42.86
0409-1891-01	4 mg/mL (4 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle) Latex Free, Preservative Free, Non-DEHP, Opioid	10	100	0409-1891-03	\$19.46
0409-1891-23	4 mg/1mL per NexJect™ Single Dose Syringe Non-DEHP, Preservative Free, Latex Free, Opioid	10	10	0409-1891-13	\$43.20
0409-1892-01	8 mg/mL (8 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle) Latex Free, Preservative Free, Non-DEHP, Opioid	10	100	0409-1892-03	\$23.09
0409-1893-01	10 mg/mL (10 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle) Latex Free, Preservative Free, Non-DEHP, Opioid	10	100	0409-1893-03	\$23.09
0409-1893-23	10 mg/1mL per NexJect™ Single Dose Syringe Non-DEHP, Preservative Free, Latex Free, Opioid	10	10	0409-1893-13	\$50.78
0409-1134-03	50 mg/mL (1,000 mg/20 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP, Opioid	1	25		\$15.57
◆ 0409-1896-20	1,000 g/20 mL (50 mg/mL) Single Dose Fliptop Vial Opioid, Latex free, Gluten free, Preservative free, Non-DEHP	1	25		\$18.84
Nalbuphine Hydrochloride Injection Ⓡ					
0409-1463-01	10 mg/mL (10 mg/mL) Glass Ampul Latex Free, Preservative Free, Non-DEHP	10	40	0409-1463-71	\$44.58
0409-1464-01	10 mg/mL (100 mg/10 mL) Multiple Dose Glass Fliptop Vial Latex Free, Non-DEHP, Allergens Present	25	1	0409-1464-61	\$980.63
0409-1465-01	20 mg/mL (20 mg/mL) Glass Ampul Latex Free, Preservative Free, Non-DEHP	10	40	0409-1465-71	\$76.66
0409-1467-01	20 mg/mL (200 mg/10 mL) Multiple Dose Glass Fliptop Vial Latex Free, Non-DEHP, Allergens Present	25	1	0409-1467-61	\$1,456.57

◆ Product with price change

⊕ Product not available for sale in PR



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Restricted Products



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Naloxone Hydrochloride Injection					
0409-1782-69	0.4 mg/mL (0.4 mg/mL) Carpuject™ Luer Lock Glass Syringe (no needle)	10	100	0409-1782-03	\$154.40
Latex Free, Preservative Free, Non-DEHP					
0409-1215-01	0.4 mg/mL (0.4 mg/mL) Single Dose Glass Fliptop Vial	10	5	0409-1215-21	\$158.30
Latex Free, Preservative Free, Non-DEHP					
0409-1219-01	0.4 mg/mL (4 mg/10 mL) Multiple Dose Glass Fliptop Vial	25	1	0409-1219-41	\$2,968.50
Latex Free, Non-DEHP, Allergens Present					
Nipent™ (pentostatin) Injection					
◆ 0409-0801-01	10 mg Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$2,951.28
Latex Free, Preservative Free, Refrigerated, Non-DEHP					
Octagam® (Immune Globulin Intravenous (Human) - 10%) Liquid Solution					
0069-6002-02	2 g/20 mL per Single use Bottle	1	84	0069-6002-01	\$388.52
Refrigerated, Limited Distribution, Orphan drug, Latex free, Gluten free, Preservative free, Non-DEH, Non-DEHP					
0069-6550-02	5 g/50 mL per Single use Bottle	1	100	0069-6550-01	\$971.30
Refrigerated, Limited Distribution, Orphan drug, Latex free, Gluten free, Preservative free, Non-DEH, Non-DEHP					
0069-6111-02	10 g/100 mL per Single use Bottle	1	60	0069-6111-01	\$1,942.60
Refrigerated, Limited Distribution, Orphan drug, Latex free, Gluten free, Preservative free, Non-DEH, Non-DEHP					
0069-6237-02	20 g/200 mL per Single use Bottle	1	20	0069-6237-01	\$3,885.20
Refrigerated, Limited Distribution, Orphan drug, Latex free, Gluten free, Preservative free, Non-DEH, Non-DEHP					
0069-6339-02	30 g/300 mL per Single use Bottle	1	20	0069-6339-01	\$5,827.80
Refrigerated, Limited Distribution, Orphan drug, Latex free, Gluten free, Preservative free, Non-DEH, Non-DEHP					
Octagam® (Immune Globulin Intravenous (Human) - 5%) Liquid Solution					
0069-8400-02	1 g/20 mL per Single use Bottle	1	84	0069-8400-01	\$194.26
Refrigerated, Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
0069-8425-02	2.5 g/50 mL per Single use Bottle	1	100	0069-8425-01	\$485.65
Refrigerated, Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
0069-8451-02	5 g/100 mL per Single use Bottle	1	60	0069-8451-01	\$971.30
Refrigerated, Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
0069-8476-02	10 g/200 mL per Single use Bottle	1	20	0069-8476-01	\$1,942.60
Refrigerated, Limited Distribution, Latex free, Gluten free, Preservative free, Non-DEHP					
Ondansetron Injection					
0409-4755-03	2 mg/mL (4 mg/2 mL) Single Dose Glass Fliptop Vial	25	16		\$32.10
Latex Free, Preservative Free, Non-DEHP, Gluten free					
0409-4759-01	2 mg/mL (40 mg/20 mL) Multiple Dose Glass Fliptop Vial	1	60		\$7.19
Latex Free, Non-DEHP, Allergens Present					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Oxaliplatin Injection ⓘ					
61703-363-18	5 mg/mL (50 mg/10 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	112		\$48.00
Latex Free, Preservative free, Non-DEHP					
61703-363-22	5 mg/mL (100 mg/20 mL) Single Dose Onco-Tain™ Glass Fliptop Vial	1	126		\$96.00
Latex Free, Preservative free, Non-DEHP					
Paclitaxel Injection ⓘ					
61703-342-09	6 mg/mL (30 mg/5 mL) Multiple Dose Onco-Tain™ Glass Fliptop Vial	1	336		\$9.31
Latex Free, Preservative Free, Non-DEHP					
61703-342-22	6 mg/mL (100 mg/16.7 mL) Multiple Dose Onco-Tain™ Glass Fliptop Vial	1	160		\$28.19
Latex Free, Preservative free, Non-DEHP					
61703-342-50	6 mg/mL (300 mg/50 mL) Multiple Dose Onco-Tain™ Glass Fliptop Vial	1	80		\$71.30
Latex Free, Preservative free, Non-DEHP					
Pamidronate Disodium Injection ⓘ					
61703-324-18	3 mg/mL (30 mg/10 mL) Single Dose Glass Fliptop Vial	1	160		\$14.02
Latex Free, Preservative Free, Non-DEHP					
◆ 61703-325-18	6 mg/mL (60 mg/10 mL) Single Dose Glass Fliptop Vial	1	160		\$41.26
Latex Free, Preservative Free, Non-DEHP					
61703-326-18	9 mg/mL (90 mg/10 mL) Single Dose Glass Fliptop Vial	1	160		\$36.39
Latex Free, Preservative Free, Non-DEHP					
Panzyga® (immune globulin intravenous, human - ifas) Solution ⓘ					
0069-1011-02	1 g/10 mL Vial	1	84	0069-1011-01	\$198.84
Refrigerated, Latex Free, Preservative Free, Limited Distribution, Non-DEHP					
0069-1109-02	2.5 g/25 mL Vial	1	84	0069-1109-01	\$532.50
Refrigerated, Latex Free, Preservative Free, Limited Distribution, Non-DEHP					
0069-1224-02	5 g/50 mL Vial	1	100	0069-1224-01	\$1,065.00
Refrigerated, Latex Free, Preservative Free, Limited Distribution, Non-DEHP					
0069-1312-02	10 g/100 mL Vial	1	60	0069-1312-01	\$2,130.00
Refrigerated, Latex Free, Preservative Free, Limited Distribution, Non-DEHP					
0069-1415-02	20 g/200 mL Vial	1	20	0069-1415-01	\$4,260.00
Refrigerated, Latex Free, Preservative Free, Limited Distribution, Non-DEHP					
0069-1558-02	30 g/300 mL Vial	1	20	0069-1558-01	\$6,390.00
Refrigerated, Latex Free, Preservative Free, Limited Distribution, Non-DEHP					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Pemetrexed Injection					
0409-1060-01	100 mg per Single-dose Vial Latex free, Gluten free, Preservative free, Non-DEHP	1	112	0409-1060-01	\$110.00
0409-1045-01	100 mg/4 mL Single-dose Vial Refrigerated, Latex free, Preservative free, Non-DEHP	1	112	0409-1045-01	\$110.00
0409-1061-01	500 mg Single-dose Vial Latex free, Gluten free, Preservative free, Non-DEHP	1	126	0409-1061-01	\$497.84
0409-2188-01	500 mg/20 mL Single-dose Vial Refrigerated, Latex free, Preservative free, Non-DEHP	1	112	0409-2188-01	\$497.84
0409-3532-01	1 g/40 mL Single-dose Vial Refrigerated, Latex free, Preservative free, Non-DEHP	1	126	0409-3532-01	\$900.00
Pfizerpen® (penicillin G potassium) Injection					
0049-0520-83	5 mU Vial Gluten Free, Latex Free, Preservative Free, Allergens Present	10	16	0049-0520-84	\$127.21
0049-0530-28	20 mU Vial Gluten Free, Latex Free, Preservative Free, Allergens Present	1	80	0049-0530-28	\$50.88
Piperacillin and Tazobactam for Injection					
0409-3374-02	2.25 g Single Dose ADD-Vantage® Vial Latex Free, Preservative Free, Non-DEHP	10	36	0409-3374-11	\$86.30
0409-3383-02	2.25 g Single Dose Glass Fliptop Vial Latex Free, Preservative free, Non-DEHP	10	24	0409-3383-11	\$69.70
0409-3378-13	3.375 g Single Dose ADD-Vantage® Vial Latex Free, Preservative Free, Non-DEHP	10	44	0409-3378-11	\$121.16
0409-3385-13	3.375 g Single Dose Glass Fliptop Vial Latex Free, Preservative free, Non-DEHP	10	24	0409-3385-11	\$104.57
0409-3379-04	4.5 g Single Dose ADD-Vantage® Vial Latex Free, Preservative Free, Non-DEHP	10	44	0409-3379-11	\$156.00
0409-3390-04	4.5 g Single Dose Glass Fliptop Vial Latex Free, Preservative free, Non-DEHP	10	12	0409-3390-11	\$139.41
0409-2999-14	13.5 g Vial Gluten Free, Latex Free, Preservative Free, Non-DEHP	1	60		\$65.66
Plegisol® (cardioplegic) Solution					
◆ 0409-7969-05	1,000 mL Flexible Container Latex Free, Allergens Present, Preservative free	12	1	0409-7969-11	\$1,023.28



UNIT OF SALE	NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Potassium Acetate Injection						
◆ ≠	0409-8183-01	2 mEq/mL (40 mEq/20 mL) Single Dose Plastic Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Limited Distribution	25	4	0409-8183-11	\$94.91
◆ ≠	0409-3294-51	2 mEq/mL (100 mEq/50 mL) Pharmacy Bulk Package Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Limited Distribution	25	2	0409-3294-61	\$279.77
Potassium Chloride Concentrate Injection						
≠	0409-6635-01	2 mEq/mL (10 mEq/5 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Limited Distribution	25	4	0409-6635-18	\$124.08
≠	0409-6651-06	2 mEq/mL (20 mEq/10 mL) Single Dose Plastic Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Limited Distribution	25	16	0409-6651-19	\$95.25
≠	0409-6653-05	2 mEq/mL (40 mEq/20 mL) Single Dose Plastic Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Limited Distribution	25	4	0409-6653-18	\$126.41
Potassium Phosphates Injection						
≠	0409-7295-01	3 mL P/ml (45 mM P/15 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Restricted Product, Non-DEHP, Limited Distribution	25	2	0409-7295-11	\$369.73
Precedex™ (dexmedetomidine HCl) Injection						
	0409-1596-10	400 mcg/100 mL (4mcg/mL) in 0.9% Sodium Chloride Inj per Single Dose Bottle Latex free, Gluten free, Preservative free, Non-DEHP	10	1	0409-1596-01	\$500.00
	0409-1660-20	4 mcg/mL (80 mcg/20 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP, Gluten free	10	6	0409-1660-22	\$265.13
	0409-1660-50	4 mcg/mL (200 mcg/50 mL) Glass Bottle Latex Free, Preservative Free, Non-DEHP, Gluten free	20	1	0409-1660-55	\$559.94
	0409-1660-10	4 mcg/mL (400 mcg/100 mL) Glass Bottle Latex Free, Preservative Free, Non-DEHP, Gluten free	10	1	0409-1660-35	\$500.00
	0409-1638-02	100 mcg/mL (200 mcg/2 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP, Gluten free	25	8	0409-1638-32	\$150.00
⊕	0409-1434-01	1000 mcg/250 mL (4 mcg/mL) Single Dose Bottle Preservative Free, Latex Free, Non-DEHP, Gluten free	1	15		\$212.10
Prepidil® (dinoprostone) Cervical Gel						
◆	0009-3359-01	0.5mg Gel Refrigerated, Gluten Free, Latex Free, Preservative Free , Non-DEHP	1	24		\$795.90
Procainamide Hydrochloride Injection						
	0409-1902-01	100 mg/mL (1,000 mg/10 mL) Multiple Dose Glass Fliptop Vial Latex Free, Non-DEHP, Allergens Present	25	1	0409-1902-11	\$2,301.62



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Propofol Injectable Emulsion with Benzyl Alcohol					
Treated as a controlled substance in select states.					
≠ 0409-6010-25	200 mg/20mL (10mg/mL) Single Patient Use Fliptop Vial Restricted Product, Allergens Present, Limited Distribution, Latex free, Non-DEHP	25	4	0409-6010-02	\$108.05
≠ 0409-4699-24	1 g/100 mL (10 mg/mL) Single Patient Use Fliptop Vial Latex Free, Non-DEHP, Restricted Product, Allergens Present, Limited Distribution	10	1	0409-4699-54	\$215.94
≠ 0409-4699-33	500 mg/50 mL (10 mg/mL) Single Patient Use Fliptop Vial Latex Free, Non-DEHP, Restricted Product, Allergens Present, Limited Distribution	20	1	0409-4699-53	\$215.94
Propofol Injectable Emulsion with Edetate Disodium					
≠ 0069-0209-10	200mg/20 mL (10 mg/mL) Single Patient Use Vial Non-DEHP, Preservative Free, Restricted Product, Allergens Present, Limited Distribution	10	9	0069-0209-01	\$43.23
≠ 0069-0234-20	500 mg/50 mL (10mg/mL) Single Patient Use Vial Non-DEHP, Preservative Free, Restricted Product, Allergens Present, Limited Distribution	20	2	0069-0234-01	\$215.94
≠ 0069-0248-10	1000 mg/100 mL (10mg/mL) Single Patient Use Vial Non-DEHP, Preservative Free, Restricted Product, Allergens Present, Limited Distribution	10	3	0069-0248-01	\$215.94
Prostin VR Pediatric® (alprostadil) Sterile Solution for Injection					
◆ 0009-3169-06	500 mcg/mL Ampul Refrigerated, Gluten Free, Latex Free, Allergens Present, Non-DEHP	5	48	0009-3169-01	\$768.00
Protonix I.V.® (pantoprazole sodium) for Injection					
0008-0923-55	40 mg Vial Gluten Free, Latex Free, Preservative Free, Allergens Present	10	36	0008-0923-51	\$50.75
0008-0923-60	40 mg Vial Gluten Free, Latex Free, Preservative Free, Allergens Present	25	12	0008-0923-51	\$126.89
Quelcin® (succinylcholine chloride) Injection					
0409-6629-02	20 mg/mL (200 mg/10 mL) Multiple Dose Glass Fliptop Vial Latex Free, Refrigerated, Non-DEHP, Allergens Present	25	4	0409-6629-12	\$484.30
Regadenoson Solution					
0409-1401-01	0.40mg/5 mL (0.008 mg/mL) Single-dose Ansyr Syringe Latex free, Gluten free, Preservative free, Non-DEHP	10	5	0409-1401-05	\$1,751.75
Rocuronium Bromide Injection					
≠ 0409-3189-10	50 mg/5mL (10mg/mL) Multiple Dose Vial Refrigerated, Restricted Product, Allergens Present, Limited Distribution, Latex free, Gluten free, Non-DEHP	10	48	0409-3189-05	\$37.17
≠ 0409-7037-10	100 mg/10mL(10mg/mL) Multiple Dose Vial Refrigerated, Restricted Product, Allergens Present, Limited Distribution, Latex free, Gluten free, Non-DEHP	10	20	0409-7037-01	\$71.61
≠ 0409-9558-05	10 mg/mL (50 mg/5 mL) Multiple Dose Glass Fliptop Vial Latex Free, Restricted Product, Refrigerated, Non-DEHP, Allergens Present, Limited Distribution, Gluten free	10	10	0409-9558-11	\$37.17
≠ 0409-9558-10	10 mg/mL (100 mg/10 mL) Multiple Dose Glass Fliptop Vial Latex Free, Restricted Product, Refrigerated, Non-DEHP, Allergens Present, Limited Distribution, Gluten free	10	10	0409-9558-31	\$71.61

◆ Product with price change

⊕ Product not available for sale in PR



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UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Silvadene® (silver sulfadiazine) 1% Cream ⓘ					
61570-131-20	20 gm Tube	1	48		\$9.09
Gluten Free, Latex Free, Allergens Present					
61570-131-25	25 gm Tube	1	48		\$7.79
Gluten Free, Latex Free, Allergens Present					
61570-131-55	50 gm Tube	1	48		\$12.91
Gluten Free, Latex Free, Allergens Present					
61570-131-50	50 gm Jar	1	48		\$14.40
Gluten Free, Latex Free, Allergens Present					
61570-131-85	85 gm Tube	1	36		\$25.62
Gluten Free, Latex Free, Allergens Present					
61570-131-40	400 gm Jar	1	6		\$49.23
Gluten Free, Latex Free, Allergens Present					
61570-131-98	1000 gm Jar	1	6		\$125.79
Gluten Free, Latex Free, Allergens Present					
Sodium Acetate Injection ⓘ					
0409-7299-73	2 mEq/mL (40 mEq/20 mL) Single Dose Plastic Fliptop Vial	25	4	0409-7299-83	\$79.93
Latex Free, Non-DEHP, Preservative free					
0409-3299-05	2 mEq/mL (100 mEq/50 mL) Pharmacy Bulk Package Glass Fliptop Vial	25	1	0409-3299-15	\$116.74
Latex Free, Non-DEHP, Preservative free					
0409-3299-06	2 mEq/mL (200 mEq/100 mL) Pharmacy Bulk Package Glass Fliptop Vial	25	1	0409-3299-16	\$159.87
Non-DEHP, Allergens Present, Preservative free, Gluten free					
Sodium Bicarbonate Injection ⓘ					
0409-5555-02	4.2% (0.5% mEq/mL) 2.5 mEq/5 mL Single Use Vial	25	2	0409-5555-12	\$193.62
Latex Free, Preservative Free, Non-DEHP					
◆ 0409-5534-14	4.2% (5mEq/10mL) per glass Abboject® Syringe	10	5	0409-5534-24	\$201.10
Latex Free, Preservative Free, Non-DEHP					
◆ 0409-4916-14	7.5% (44/6 mEq/50mL) Lifeshield® Abboject® Syringe	10	5	0409-4916-24	\$260.47
Latex Free, Preservative Free, Non-DEHP					
0409-6625-14	8.4% 50 mEq/50 mL (1mEq/mL) Fliptop Vial	25	4	0409-6625-22	\$245.89
Non-DEHP, Preservative Free, Latex Free					
◆ 0409-6637-14	8.4% (50mEq/50mL) Lifeshield® Abboject® Syringe	10	5	0409-6637-24	\$191.81
Latex Free, Preservative Free, Non-DEHP					
◆ 0409-4900-14	8.4% (10mEq/10mL) Lifeshield® Abboject® Syringe	10	5	0409-4900-24	\$259.71
Latex Free, Non-DEHP, Preservative Free					



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Sodium Chloride Injection ⓘ					
0409-4888-12	0.9% (10 mL) Single Dose LifeShield™ Plastic Fliptop Vial Latex Free, Preservative Free, Non-DEHP	25	16	0409-4888-01	\$52.73
0409-4888-10	0.9% (10 mL) Single Dose Plastic Fliptop Vial Latex Free, Preservative Free, Non-DEHP	25	16	0409-4888-02	\$23.55
0409-4888-20	0.9% (20 mL) Single Dose Plastic Fliptop Vial Latex Free, Preservative Free, Non-DEHP	25	4	0409-4888-03	\$32.62
◆ 0409-7101-66	0.9% (50 mL) ADD-Vantage™ Flexible Container *ADD-Vantage is a registered trademark of Abbott Laboratories, Inc Latex Free, Preservative Free, Allergens Present	50	1	0409-7101-68	\$225.08
0409-4888-50	0.9% (50 mL) Single Dose Plastic Fliptop Vial Latex Free, Preservative Free, Non-DEHP	25	4	0409-4888-06	\$80.28
◆ 0409-7101-67	0.9% (100 mL) ADD-Vantage™ Flexible Container *ADD-Vantage is a registered trademark of Abbott Laboratories, Inc Latex Free, Preservative Free, Allergens Present	50	1	0409-7101-69	\$222.29
◆ 0409-7101-02	0.9% (250 mL) ADD-Vantage™ Flexible Container *ADD-Vantage is a registered trademark of Abbott Laboratories, Inc Latex Free, Preservative Free, Allergens Present	24	1	0409-7101-04	\$140.64
◆ 0409-6660-75	14.6% 2.5 mEq/mL (100 mEq/40 mL) Single Dose Plastic Fliptop Vial Latex Free, Preservative Free, Non-DEHP	25	4	0409-6660-01	\$167.41
◆ 0409-1141-02	23.4% 4 mEq/mL (400 mEq/100 mL) Pharmacy Bulk Package Glass Fliptop Vial Preservative Free, Non-DEHP, Allergens Present	25	1	0409-1141-12	\$329.39
Sodium Phosphate Injection ⓘ					
0409-7391-72	3 mMol P/mL (45 mMol/15 mL) Single Dose Plastic Fliptop Vial Latex Free, Preservative Free, Non-DEHP	25	4	0409-7391-82	\$456.92
Solu-Cortef® (hydrocortisone sodium succinate) Sterile Powder for Injection ⓘ					
◆ 0009-0825-01	100 mg Vial Gluten Free, Latex Free, Preservative Free, Allergens Present	1	48	0009-0825-01	\$15.86
◆ 0009-0011-03	100 mg/2 mL ACT-O-VIAL® Gluten Free, Latex Free, Preservative Free, Allergens Present	1	48	0009-0011-03	\$21.42
◆ 0009-0011-04	100 mg/2 mL ACT-O-VIAL® Gluten Free, Latex Free, Preservative Free, Allergens Present	25	12	0009-0011-03	\$535.71
◆ 0009-0013-05	250 mg/2 mL ACT-O-VIAL® Gluten Free, Latex Free, Preservative Free, Allergens Present	1	48	0009-0013-05	\$39.64
◆ 0009-0013-06	250 mg/2 mL ACT-O-VIAL® Gluten Free, Latex Free, Preservative Free, Allergens Present	25	12	0009-0013-05	\$990.89
◆ 0009-0016-12	500 mg/4 mL ACT-O-VIAL® Gluten Free, Latex Free, Preservative Free, Allergens Present	1	48	0009-0016-12	\$79.31
◆ 0009-0005-01	1 gm/8 mL ACT-O-VIAL® Gluten Free, Latex Free, Preservative Free, Allergens Present	1	48	0009-0005-01	\$158.57

◆ Product with price change

⊕ Product not available for sale in PR



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Restricted Products



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Solu-Medrol® (methylprednisolone sodium succinate) Sterile Powder for Injection R					
0009-0039-28	40 mg/1 mL ACT-O-VIAL® Preservative Free, Gluten Free, Latex Free, Allergens Present	25	12	0009-0039-30	\$161.72
0009-0047-22	125 mg/2 mL ACT-O-VIAL® Preservative Free, Gluten Free, Latex Free, Non-DEHP	25	12	0009-0047-25	\$260.44
0009-0003-02	500 mg/4 mL ACT-O-VIAL® Preservative Free, Gluten Free, Latex Free, Allergens Present	1	48	0009-0003-02	\$47.38
0009-0758-01	500 mg/8 mL Vial Gluten Free , Latex Free , Allergens Present	1	48	0009-0758-01	\$24.28
0009-0018-20	1 gm/8 mL ACT-O-VIAL® Preservative Free, Gluten Free, Latex Free, Allergens Present	1	48		\$68.92
0009-0698-01	1 gm/16 mL Vial Gluten Free, Latex Free, Allergens Present	1	48		\$43.98
◆ 0009-0850-01	2 g Sterile Powder Latex Free, Allergens Present, Gluten free	1	24		\$108.86
Sterile Empty Vial					
◆ 0409-5816-11	10 mL Vial Latex Free, Non-DEHP, Preservative free	25	2		\$39.68
◆ 0409-5816-31	30 mL Vial Latex Free, Non-DEHP, Preservative free	25	2		\$69.64
Sterile Water for Injection R					
◆ 0409-4887-10	10 mL Single Dose Plastic Flip Top Vial Latex Free, Preservative Free, Non-DEHP	25	16	0409-4887-17	\$25.95
◆ 0409-4887-20	20 mL Single Dose Plastic Flip Top Vial Latex Free, Preservative Free, Non-DEHP	25	4	0409-4887-23	\$36.67
◆ 0409-4887-50	50 mL Single Dose Plastic Flip Top Vial Latex Free, Preservative Free, Non-DEHP	25	4	0409-4887-24	\$66.79
◆ 0409-4887-99	100 mL Single Dose Glass Flip Top Vial Latex Free, Preservative Free, Non-DEHP	25	1	0409-4887-25	\$124.08
Sufentanil Citrate Injection - Controlled Substance - SCHEDULE II R					
◆ 0409-3382-21	50 mcg/mL (50 mcg/mL) Single Dose Glass Flip Top Vial Preservative Free, Non-DEHP, Allergens Present, Opioid	10	5	0409-3382-11	\$85.78



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Tazicef® (ceftazidime) Injection					
0409-5092-16	1 g Single Dose ADD-Vantage® Vial Latex Free, Preservative free, Non-DEHP	25	18	0409-5092-11	\$148.80
0409-5082-16	1 g Single Dose Glass Fliptop Vial Latex Free, Preservative free, Non-DEHP	25	12	0409-5082-11	\$106.59
0409-5093-11	2 g Single Dose ADD-Vantage® Vial Latex Free, Preservative free, Non-DEHP, Gluten free	10	38	0409-5093-14	\$120.94
0409-5084-11	2 g Single Dose Glass Fliptop Vial Latex Free, Preservative free, Non-DEHP	10	12	0409-5084-13	\$95.52
0409-5086-11	6 g Pharmacy Bulk Package Glass Fliptop Vial Latex Free, Preservative free, Non-DEHP	10	12	0409-5086-13	\$305.64
Testosterone Cypionate Injection - Controlled Substance - SCHEDULE IIIN					
◆ 0409-6557-01	100 mg/mL (1,000 mg/10 mL) Multiple Dose Glass Fliptop Vial Latex Free, Non-DEHP, Allergens Present	1	48		\$84.81
◆ 0409-6562-01	200 mg/mL (200 mg/mL) Single Dose Glass Fliptop Vial Latex Free, Non-DEHP, Allergens Present	1	48		\$21.99
◆ 0409-6562-20	200 mg/mL (2,000 mg/10 mL) Multiple Dose Glass Fliptop Vial Latex Free, Non-DEHP, Allergens Present	1	48		\$93.93
Tham (tromethamine) Inj					
0409-1593-04	500 mL Single Dose Container Non-DEHP, Latex Free, Preservative Free	6	1	0409-1593-14	\$2,141.36
Thrombi-Gel® (thrombin/gelatin) Foam Hemostat					
◆ 60793-907-01	10 sq cm Foam Hemostat Latex Free, Preservative Free, Allergens Present	10	28		\$610.71
◆ 60793-908-04	40 sq cm Foam Hemostat Latex Free, Preservative Free, Allergens Present	5	30		\$407.89
◆ 60793-909-10	100 sq cm Foam Hemostat Latex Free, Preservative Free, Allergens Present	5	30		\$740.93



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Thrombin-JMI® (thrombin, topical [bovine origin])					
60793-215-05	5,000 IU Vial w/5 mL diluent Latex Free, Preservative Free, Non-DEHP, Kit	1	48	60793-315-01	\$72.13
60793-205-05	5,000 IU Vial Epistaxis Kit w/5 mL diluent Nasal drug delivery device and syringe Latex Free, Preservative Free, Allergens Present, Kit	1	10	60793-315-01	\$84.20
60793-705-05	5,000 IU Vial Syringe Spray Kit w/5 mL diluent Spray tip and syringe Latex Free, Preservative Free, Allergens Present, Kit	1	10	60793-315-01	\$80.20
60793-217-20	20,000 IU Vial w/20 mL diluent Latex Free, Preservative Free, Allergens Present	1	48	60793-317-01	\$284.46
60793-217-21	20,000 IU Vial Pump spray Kit w/20 mL diluent Spray pump and actuator Latex Free, Preservative Free, Allergens Present, Kit	1	10	60793-315-01	\$325.57
60793-217-22	20,000 IU Vial Syringe Spray Kit w/20 mL diluent Spray tip and syringe Latex Free, Preservative Free, Allergens Present, Kit	1	10	60793-317-01	\$325.57
Thrombi-Pad® Hemostatic Pad					
◆ 60793-916-03	3x3 Hemostatic Pad Latex Free, Preservative Free, Allergens Present	10	30		\$659.19
Tobramycin Injection					
0409-3578-01	40 mg/mL (80 mg/2 mL) Multiple Dose Glass Fliptop Vial Non-DEHP, Allergens Present	25	1	0409-3578-11	\$74.61
Topotecan Injection					
0409-0302-01	1 mg/mL (4 mg/4 mL) Single Dose Onco-Tain™ Glass Fliptop Vial Latex Free, Preservative Free, Refrigerated, Non-DEHP	1	112		\$69.28
TPN Electrolytes (multiple electrolyte additive) Solution					
◆ 0409-5779-01	20 mL Single Dose Plastic Fliptop Vial Latex Free, Non-DEHP, Gluten free, Preservative free	25	2	0409-5779-11	\$257.95
Tygacil® (tigecycline) for Injection					
0008-4990-20	50 mg/10 mL Single Dose Glass Fliptop Vial Preservative Free, Gluten Free, Latex Free, Allergens Present	10	36	0008-4990-19	\$1,000.00
Unasyn® (ampicillin sodium/sulbactam sodium)					
0049-0013-83	1.5 gm IM IV Vial Gluten Free, Latex Free, Preservative Free, Allergens Present	10	24	0049-0013-81	\$77.12
0049-0014-83	3 gm IM IV Vial Gluten Free, Latex Free, Preservative Free, Allergens Present	10	24	0049-0014-81	\$145.62
0049-0024-28	15 gm Pharmacy Bulk Pkg Gluten Free, Latex Free, Preservative Free, Allergens Present	1	48	0049-0024-28	\$72.81



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Vancomycin Hydrochloride Injection					
0409-6535-01	1 mg Single Dose ADD-Vantage® Vial Latex Free, Preservative Free, Non-DEHP	10	10	0409-6535-11	\$83.84
0409-6534-01	500 mg Single Dose ADD-Vantage® Vial Latex Free, Preservative Free, Non-DEHP	10	10	0409-6534-11	\$54.25
0409-4332-01	500 mg Single Dose Glass Fliptop Vial Latex Free, Preservative free, Non-DEHP	10	10	0409-4332-11	\$81.61
0409-6531-01	750 mg Single Dose ADD-Vantage® Vial Latex Free, Preservative Free, Non-DEHP	10	10	0409-6531-11	\$66.81
0409-6531-02	750 mg Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	10	10	0409-6531-12	\$98.35
0409-6533-21	1g/25mL per Fliptop Vial Non-DEHP, Preservative Free, Latex Free	10	10	0409-6533-11	\$162.81
0409-3515-01	1.5g per Fliptop Vial Non-DEHP, Preservative Free, Latex Free	10	10	0409-3515-11	\$243.53
0409-6509-01	5 g Pharmacy Bulk Package Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	1	10	0409-6509-01	\$90.26
0409-1319-01	10 g Pharmacy Bulk Pack Vial Non-DEHP, Preservative Free, Latex Free	1	10	0409-1319-01	\$217.23
Verapamil Hydrochloride Injection					
0409-4011-01	2.5 mg/mL (5 mg/2 mL) Glass Ampul Latex Free, Preservative free, Non-DEHP	5	20	0409-4011-61	\$91.51
0409-1144-05	2.5 mg/mL (5 mg/2 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	25	4	0409-1144-65	\$734.39
◆ 0409-9633-05	2.5 mg/mL (10 mg/4 mL) Ansyrtm Plastic Syringe Latex Free, Preservative Free, Non-DEHP	10	5	0409-9633-65	\$893.81
0409-1144-02	2.5 mg/mL (10 mg/4 mL) Single Dose Glass Fliptop Vial Latex Free, Preservative Free, Non-DEHP	5	5	0409-1144-62	\$161.63
Vfend® (voriconazole) Injection					
0049-3190-28	200 mg Vial Gluten Free, Latex Free, Preservative Free, Allergens Present	1	48		\$60.30
Vincristine Sulfate Injection					
61703-309-06	1 mg/1 mL per Single-dose Vial Preservative Free, Refrigerated, Non-DEHP, Allergens Present	1	336		\$17.75
61703-309-16	2 mg/2 mL per Single-dose Vial Preservative Free, Refrigerated, Non-DEHP, Allergens Present	1	336		\$15.40



UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)	UNIT OF SALE PRICE PER PKG
Vitamin K1 (phytonadione) Injectable Emulsion ⓘ					
0409-9157-01	2 mg/mL (1 mg/0.5 mL) Glass Ampul Latex Free, Non-DEHP, Allergens Present	25	16	0409-9157-31	\$118.64
0409-9158-01	10 mg/mL (10 mg/mL) Glass Ampul Latex Free, Non-DEHP, Allergens Present	25	16	0409-9158-31	\$1,224.18
Zinc Chloride Injection ⓘ					
0409-4090-01	1 mg/mL (10 mg/10 mL) Single Dose Plastic Flip Top Vial Latex Free, Preservative free, Non-DEHP	25	1	0409-4090-11	\$592.30
Zithromax® (azithromycin for injection) IV infusion only ⓘ					
0069-3150-83	500 mg Vial Gluten Free, Latex Free, Preservative Free, Allergens Present	10	10	0069-3150-84	\$60.90
Zyvox® (linezolid) I.V. Injection ⓘ					
0009-5137-04	200 mg/100 mL (2 mg/mL) Bag Gluten Free, Latex Free, Non-DEHP, Allergens Present	10	1	0009-5137-01	\$578.58
0009-5140-04	600 mg/300 mL (2 mg/mL) Bag Gluten Free, Latex Free, Non-DEHP, Allergens Present	10	1	0009-5140-01	\$330.00



UNIT OF SALE	NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)
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The following items are not available for shipping

Vecuronium Bromide Injection

≠	0409-1632-01	10 mg Single Dose Glass Fliptop Vial	10	10	0409-1632-21
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UNIT OF SALE NDC	POTENCY	PKG SIZE	PKGS PER CASE	INNER PACK NDC (if applicable)
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The following items have been discontinued since January 1, 2024 and are no longer offered for sale

ADD-Vantage™ ⓘ

0409-0062-01	Stickers (1 roll of 4,000)	4,000	1	
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Adenosine Injection ⓘ

0409-1932-01	3 mg/mL (60 mg/20 mL) Single Dose Glass Fliptop Vial	1	200	
0409-1932-02	3 mg/mL (90 mg/30 mL) Single Dose Glass Fliptop Vial	1	100	

Ampicillin (ampicillin sodium) Injection ⓘ

0409-3720-01	2 gm Vials	10	51	0409-3720-10
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Bivalirudin Injection ⓘ

0409-8300-15	250 mg Single Dose ADD-Vantage® Vial	10	10	0409-8300-25
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Bumetanide Injection ⓘ

0409-1412-04	0.25 mg/mL (1 mg/4 mL) Single Dose Glass Fliptop Vial	10	18	0409-1412-34
0409-1412-10	0.25 mg/mL (2.5 mg/10 mL) Multiple Dose Glass Fliptop Vial	10	18	0409-1412-40

Ciprofloxacin in 5% Dextrose Injection ⓘ

0409-4777-02	2 mg/mL (400 mg/200 mL) Flexible Container	24	1	0409-4777-21
0409-4777-23	2 mg/mL (200 mg/100 mL) Flexible Container	24	1	0409-4777-11

Corlopan® (fenoldopam mesylate) Injection ⓘ

0409-3373-01	10 mg Single Dose Vial	1	100	0409-3373-01
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Hydromorphone Hydrochloride Injection - Controlled Substance - SCHEDULE II ⓘ

0409-1283-05	1 mg/mL (0.5 mg/0.5 mL) iSecure™ Luer Lock Glass Syringe (no needle)	10	10	0409-1283-04
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Lorazepam Injection - Controlled Substance - SCHEDULE IVN ⓘ

0409-6778-02	2 mg/mL (2 mg/mL) Multiple Dose Glass Fliptop Vial	10	10	0409-6778-11
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Magnesium Sulfate in Water for Injection ⓘ

0409-6729-03	40 mg/mL (20 g/500 mL) Flexible Container	24	1	0409-6729-21
0409-6729-09	40 mg/mL (40 g/1,000 mL) Flexible Container	12	1	0409-6729-31

Metronidazole Injection ⓘ

0409-7811-24	500 mg/100 mL (5 mg/mL) Flexible Container	24	1	0409-7811-31
0409-7811-37	500 mg/100 mL (5 mg/mL) Flexible Container	80	1	0409-7811-11

Ropivacaine Hydrochloride (rocuronium bromide) Injection ⓘ

0409-9300-20	2 mg/mL (40 mg/20 mL) Single Dose Glass Fliptop Vial	10	10	0409-9300-21
0409-9301-30	5 mg/mL (150 mg/30 mL) Single Dose Glass Fliptop Vial	10	10	0409-9301-31
0409-9302-20	7.5 mg/mL (150 mg/20 mL) Single Dose Glass Fliptop Vial	10	10	0409-9302-21

Pfizer Inc.
66 Hudson Blvd,
New York, NY 10001-2192



Important Price Information

Pfizer Pharmaceuticals Product Liability Protection Policy

In the event of a claim or lawsuit arising out of the dispensing of a pharmaceuticals product, it is Pfizer's policy to defend and hold harmless the pharmacist or the pharmacist's employer if the following conditions are met:

- If a prescription product, the prescription was properly filled by the pharmacist;
- the product was not improperly stored or packaged;
- there is no evidence of negligence or any improper or illegal act by the pharmacist or employer;
- the pharmacist has not made express warranties nor provided information inconsistent with the approved product labelling;
- the pharmacist and the pharmacist's employer, if any, provide Pfizer with prompt notice of the claim or lawsuit and fully cooperates with Pfizer in the defense of the claim or lawsuit.