

Material Number	Description	NDC	Vendor	Days shipped	Cut-off time (All times CT)	Special instructions	Letter of Affiliation
5003038	ADCETRIS 50MG SDV LYO PWD	51144-0050-01	Seattle Genetics	Mon-Fri	5:00 PM	First orders require state and DEA license of the facility. If a pharmacy license will be used, then no other information will be needed. If the license of a physician will be used, then a Letter of Affiliation or Declaration of Intention (FL only). If there is a change in physician or address, a new LOA will need to be completed and faxed back to 1.800.653.5457	Seattle Genetics
5001836	ALDURAZYME 2.9MG/5ML SDV DPSH 1/EA	58468-0070-01	GENZYME	Mon-Thu	4:00 PM	Customer must be registered with vendor. Customer must have a valid DEA that matches the shipping address.	
5008280	ARRANON 5MG/ML 50ML SDV DPSH 6/PAC	00007-4401-06	NOVARTIS (ASD)	Mon-Fri	2:00 PM	Vendor requires a valid DEA	
5000021	BOTOX 100IU SDV PWD NR DPSH 1/EA	00023-1145-01	ALLERGAN PHARMACEUTICALS	Mon-Thu	5:00 PM	Vendor requires a valid state and DEA license	
5005202	BOTOX 50IU SDV PWD NR DPSH 1/EA	00023-3919-50	ALLERGAN PHARMACEUTICALS	Mon-Fri	5:00 PM	Vendor requires a valid state and DEA license	
5002889	BUSULFEX 6MG/ML 10ML SDV 8/PAC DPSH	59148-0070-91	OTSUKA	Mon-Thu	1:30 PM	Vendor requires a valid state license	
5000023	CEREZYME 400IU SDV PWD DPSH 1/EA	58468-4663-01	GENZYME	Mon-Thu	4:00 PM	Customer be registered with vendor. Customer must have a valid DEA that matches the shipping address.	
5004808	CLOLAR 1MG/ML 20ML SDV PF DPSH 1/EA	00024-5860-01	SANOVI AVENTIS	Mon-Thu	4:00 PM	Vendor requires a valid state license	
5004201	COSMEGAN 500MCG/3ML DPSH 1/EA	55292-0811-55	ASD	Mon-Fri	6:00 PM	Customers without existing accounts through ASD will require set-up. Accounts may take 2-3 business days to be created before initial orders ship.	
5005650	CUBICIN 500MG SDV LYO PWD DPSH 10/PAC	67919-0011-01	MERCK HUMAN HEALTH DIVISION	Mon-Thu	3:00 PM	First orders require state and DEA license of the facility. If a pharmacy license will be used, then no other information will be needed. If the license of a physician will be used, then a Letter of Affiliation or Declaration of Intention (FL only), will need to be submitted along with a supporting document (letterhead/business card)	
5003918	DAUNOXOME 2MG/ML 25ML SDV DPSH 1/EA	10885-0001-01	GALEN	Mon-Thu	5:00 PM	Vendor requires a valid state and DEA license	
5001340	ELAPRASE 2MG/ML 3ML VL	54092-0700-01	THERACOM INC.	Mon-Wed	2:30 PM	First orders require a valid state license for the facility. If a physician license is used and does not match the shipping address, a letter of affiliation is faxed to the customer to complete before order is shipped. Supporting documents (letterhead or business card) will also be required. Orders placed on Thursday will ship for Friday delivery ONLY if the customer declares that they are open on Saturday in case of shipping issues.	
5004743	ELLIOTTS B SOL 10ML AMPPF DPSH 10/PAC	55792-0007-10	LUKARE	Mon-Fri	5:00 PM	First orders require a valid state license for the facility. If a physician license is used and does not match the shipping address, a letter of affiliation is faxed to the customer to complete before order is shipped. Supporting documents (letterhead or business card) will also be required. Orders placed on Thursday will ship for Friday delivery ONLY if the customer declares that they are open on Saturday in case of shipping issues.	
5008740	ELZONRIS 1000MCG/ML 1ML SDV DPSH 1/EA	72187-0401-01	Stemline	Mon-Thu	2:00pm	Shipping: Orders received Monday – Thursday prior to cutoff @ 2:00pm CST will ship for next day delivery. Orders received on Friday will ship the following Monday for Tuesday delivery. ICS advises that product is stored in the freezer between -25°C and -15°C (-13°F and 5°F), so make sure someone is available to store appropriately once delivered.	
5000028	FABRAZYME 35MG SDV PWD PF DPSH 1/EA	58468-0040-01	GENZYME	Mon-Thu	4:00 PM	Customer be registered with vendor. Customer must have a valid DEA that matches the shipping address.	
5000029	FABRAZYME 5MG SDV PWD PF DPSH 1/EA	58468-0041-01	GENZYME	Mon-Thu	4:00 PM	Customer be registered with vendor. Customer must have a valid DEA that matches the shipping address.	
5003390	FIRAZYR 10MG/ML 3ML SYR DPSH 1/EA	54092-0702-02	THERACOM INC	Mon-Wed	2:30 PM	All orders require authorization from manufacturer Shire before Theracom can ship. Multi-Specialty pharmacies and research facilities must declare intended use of product before approval can be granted. Supporting documents (letterhead or business card) will also be required. Orders placed on Thursday will ship for Friday delivery ONLY if the customer declares that they are open on Saturday in case of shipping issues.	
5003391	FIRAZYR 10MG/ML 3ML SYR DPSH 3/PAC	54092-0702-03	THERACOM INC	Mon- Wed	2:30 PM	All orders require authorization from manufacturer Shire before Theracom can ship. Multi-Specialty pharmacies and research facilities must declare intended use of product before approval can be granted. Supporting documents (letterhead or business card) will also be required. Orders placed on Thursday will ship for Friday delivery ONLY if the customer declares that they are open on Saturday in case of shipping issues.	
5007230	IDHIFA 50MG TAB DPSH 30/EA	59572-0705-30	CELGENE CORPORATION	Mon-Fri	3:30 PM	Pharmacy and/or physician must be registered with vendor to order. State and DEA license must be up to date.	
5007231	IDHIFA 100MG TAB DPSH 30/EA	59572-0710-30	CELGENE CORPORATION	Mon-Fri	3:30 PM	Pharmacy and/or physician must be registered with vendor to order. State and DEA license must be up to date.	
5005710	IMLYGIC 10*6 (1M) PFU/ML SDV DPSH 1/EA	55513-0078-01	AMGEN	Mon-Thu	6:00 AM	Orders received by Amgen by 7 AM (eastern) on Monday, Tuesday, Wednesday, and Thursday will be delivered the next day by 10:30am. Orders received by Amgen after 7 AM on Thursday and/or Friday will be shipped on Monday for a Tuesday 10:30am delivery.	
5005711	IMLYGIC 10*8 (100M) PFU/ML SDV DPSH 1/EA	55513-0079-01	AMGEN	Mon-Thu	6:00 AM	Orders received by Amgen by 7 am ET on Monday, Tuesday, Wednesday, and Thursday will be delivered the next day by 10:30 am. Orders received by Amgen after 7 am on Thursday and/or Friday will be shipped on Monday for Tuesday 10:30 am delivery.	
5002205	ISTODAX KIT FOR INJ 10MG SDV DPSH 1/EA	59572-0983-01	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy and/or physician must be registered with vendor to order. State and DEA license must be up to date.	
5007411	JETREA 1.25MG/ML 0.3ML SDV DPSH 1/EA	24856-0002-01	THROMBOGENICS / ICS	Mon-Thu	2:00 PM	First orders require a valid state license. If a pharmacy license is used, then no further information is needed. If the license of a physician is used, the a Letter of Affiliation will be required along with supporting documentation (letterhead or business card) with the license of the signing physician. Customer must obtain freezer to maintain product at 20 Degrees Celcius(+/-5 degrees). Available through ThromboGenics. If there is a change in physician or address, a new LOA will need to be completed and faxed back to 1.800.653.5457	Thrombogenics
5004918	KEPIVANCE 6.25MG SDV DPSH 3/PAC	66658-0112-03	SOBI, INC	Mon-Thu	2:00 PM	Vendor requires a valid state and/or DEA	
5002294	KEPIVANCE 6.25MG SDV DPSH 6/PAC	66658-0112-06	SOBI, INC	Mon-Thu	2:00 PM	Vendor requires a valid state and/or DEA	
5006211	KINERET 100MG/0.67ML SYR DPSH 7/PAC	66658-0234-07	SOBI, INC	Mon-Thu	2:00 PM	Vendor requires a valid state and/or DEA. Retail pharmacies are not eligible to receive Kineret. The pharmacy will need to call RXCrossroads Pharmacy at 866-547-0644	
5002037	LUMIZYME 50MG SDV PF DPSH 1/EA	58468-0160-01	GENZYME CORP	Mon-Thu	4:00 PM	Customer must be registered with vendor to place an order. Customer must have a valid DEA that matches the shipping address. Patient Initials and Infusion date are required.	
5004351	LUMIZYME 50MG SDV PF DPSH 10/PAC	58468-0160-02	GENZYME CORP	Mon-Thu	4:00 PM	Customer must be registered with vendor to place an order. Customer must have a valid DEA that matches the shipping address. Patient Initials and Infusion date are required.	

Material Number	Description	NDC	Vendor	Days shipped	Cut-off time (All times CT)	Special instructions	Letter of Affiliation
5004310	MOZOBIL 20MG/ML 1.2ML SDV DPSH 1/EA	00024-5862-01	GENZYME CORP	Mon-Thu	4:00 PM	Customer must be registered with vendor to place an order. Customer must have a valid DEA that matches the shipping address. Patient Initials and Infusion date are required.	
5005770	NINLARO 4MG CAP BLSTR DPSH 3/PAC	63020-0080-02	Ninlaro Direct	Mon-Fri	5:00PM	New Orders require completed Letter of Affiliation -Required: PIR DATA - Name of Prescriber, Prescriber's address and DEA number - Orders placed before 5:00 PM Central Time will be prepared and shipped that day for delivery the next business day by 10:30 AM local time. Orders placed on Fridays will be delivered on Monday morning. If there is a change in physician or address, a new LOA will need to be completed and faxed back to 1.800.653.5457	Ninlaro
5005800	NINLARO 2.3MG CAP BLSTR DPSH 3/PAC	63020-0078-02	Ninlaro Direct	Mon-Fri	5:00PM	New Orders require completed Letter of Affiliation - Required: PIR DATA - Name of Prescriber, Prescriber's address and DEA number - Orders placed before 5:00 PM Central Time will be prepared and shipped that day for delivery the next business day by 10:30 AM local time. Orders placed on Fridays will be delivered on Monday morning. If there is a change in physician or address, a new LOA will need to be completed and faxed back to 1.800.653.5457	Ninlaro
5005801	NINLARO 3MG CAP BLSTR DPSH 3/PAC	63020-0079-02	Ninlaro Direct	Mon-Fri	5:00PM	New Orders require completed Letter of Affiliation -Required: PIR DATA - Name of Prescriber, Prescriber's address and DEA number - Orders placed before 5:00 PM Central Time will be prepared and shipped that day for delivery the next business day by 10:30 AM local time. Orders placed on Fridays will be delivered on Monday morning. If there is a change in physician or address, a new LOA will need to be completed and faxed back to 1.800.653.5457	Ninlaro
5006230	ONCASPAR 750U/ML 5ML VL DPSH 1/EA	00944-3810-01	BAXALTA	Mon-Thu	4:00 PM	First time orders require a state and DEA license of the physician that the product is being shipped to . Monday delivery can be requested.	
5003542	OZURDEX IMPLANT 0.7MG KIT DPSH 1/EA	00023-3348-07	ALLERGAN PHARMACEUTICALS	Mon-Fri	5:00 PM	Vendor requires a valid state and DEA license	
5004204	PANHEMATIN 313 43ML SDV DPSH 1/EA	55292-0701-55	ASD	Mon-Fri	6:00 PM	Customers without existing accounts through ASD will require set-up. Accounts may take 2-3 business days to be created before initial orders ship. Additional information such as facility type, Dr DEA, patient gender, and dosage cycle may be requested.	
5003656	POMALYST 1MG CAP DPSH 21/EA	59572-0501-21	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5003657	POMALYST 1MG CAP DPSH 100/EA	59572-0501-00	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5003658	POMALYST 2MG CAP DPSH 21/EA	59572-0502-21	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5003659	POMALYST 2MG CAP DPSH 100/EA	59572-0502-00	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5003670	POMALYST 3MG CAP DPSH 21/EA	59572-0503-21	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5003671	POMALYST 3MG CAP DPSH 100/EA	59572-0503-00	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5003672	POMALYST 4MG CAP DPSH 21/EA	59572-0504-21	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5003673	POMALYST 4MG CAP DPSH 100/EA	59572-0504-00	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5001522	PREZISTA 75MG TABLET DPSH 480/EA	59676-0563-01	ORTHO BIOTECH	Mon-Thu	3:00 PM	Customer must have a valid state and DEA license. DEA license must match the shipping address.	
5006093	PROQUAD VACCINE DPSH 10/PAC	00006-4171-00	MERCK HUMAN HEALTH DIVISION	Mon-Thu	2:00 PM	Product is on backorder until 2012	
5002732	REVLIMID 10MG CAP DPSH 100/EA	59572-0410-00	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5001582	REVLIMID 10MG CAP DPSH 28/EA	59572-0410-28	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5001976	REVLIMID 15MG CAP DPSH 21/EA	59572-0415-21	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5000036	REVLIMID 15MG CAP DPSH 100/EA	59572-0415-00	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5000037	REVLIMID 25MG CAP DPSH 100/EA	59572-0425-00	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5001583	REVLIMID 25MG CAP DPSH 21/EA	59572-0425-21	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5002733	REVLIMID 5MG CAP DPSH 100/EA	59572-0405-00	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5001581	REVLIMID 5MG CAP DPSH 28/EA	59572-0405-28	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5003536	SODIUM THIOSULFATE 25% 50ML SDV PF 1/EA	60267-0705-50	HOPE PHARMACEUTICALS	Mon-Fri	3:00PM	Orders are processed Monday-Friday until 3PM CT. Orders will ship UPS ground delivery service. Upgraded delivery service is available for additional fees TBD. All product orders under \$200.00 will be assess a \$10.00 freight charge. First order requires a state and or DEA license that match the shipping address.	
5000040	SOLIRIS 10MG/ML 30ML VIAL DPSH 1/EA	25682-0001-01	ALEXION PHARMACEUTICALS	Mon-Thu	4:00PM	Product ships out 24-48 hours before patient's appointment. Patient must be registered with Alexion in order for orders to ship.	
5000043	THALOMID 100MG CAP BLSTPK DPSH 28/PAC	59572-0210-15	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5000044	THALOMID 150MG CAP BLSTPK DPSH 28/PAC	59572-0215-13	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	

Material Number	Description	NDC	Vendor	Days shipped	Cut-off time (All times CT)	Special instructions	Letter of Affiliation
5000045	THALOMID 200MG CAP BLSTPK DPSH 28/PAC	59572-0220-16	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5000046	THALOMID 200MG CAP BLSTPK DPSH 84/PAC	59572-0220-96	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5002085	THALOMID 50MG CAP BLSCARD DPSH 1/EA	59572-0205-17	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5002089	THALOMID 50MG CAP BLSCARD DPSH 10/PAC	59572-0205-97	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5000047	THALOMID 50MG CAP BLSTPK DPSH 28/PAC	59572-0205-14	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5000048	THALOMID 50MG CAP BLSTPK DPSH 280/PA	59572-0205-94	CELGENE CORPORATION	Mon-Fri	4:30 AM	Pharmacy must be registered with vendor to order	
5003453	THYMOGLOBULIN 25MG PWD DPSH 1/PAC	58468-0080-01	SANOFI AVENTIS	Mon-Thu	4:00 PM	Vendor requires a valid state license	
5006105	THYROGEN 1.1MG PWD DPSH 2/PAC	58468-0030-02	GENZYME	Mon-Thu	4:00 PM	Vendor requires a valid DEA# with expiration date and fax number for first time orders. Orders released upon Sanofi-Genzyme management approval. Order can be shipped Friday for Saturday delivery.	
5004103	TYSABRI 20MG/ML 15ML SDV DPSH 1/EA	64406-0008-01	TYSABRI DIRECT	Mon-Fri (East Coast) Tue-Thu (West Coast)	5:00 PM	Customer must have a valid site authorization provided by the TOUCH program. Customer must declare with Tysabri that they intend to use McKesson Specialty as their wholesaler to place orders. If patients/facility are not registered, contact TOUCH @ 1-800-456-2255 opt 2. If the customer needs to update their wholesaler, contact Tysabri @ 1-877-507-9676 opt 3.	
5008680	ULTOMIRIS 10MG/ML 30ML VIAL DPSH 1/EA	25682-0022-01	ALEXION PHARMACEUTICALS	Mon-Thu	3:00 PM	Product ships out 24-48 hours before patient's appointment. Patient must be registered with Alexion and REMS certified before orders will ship.	
5001758	VALSTAR 40MG/ML 5ML SDV DPSH 4/PAC	67979-0001-01	ENDO PHARMACEUTICALS VALERA INC	Mon-Thu	4:00 PM	Vendor requires a valid state and/or DEA license	
5003180	VANTAS IMPLANT 50MG KIT DPSH 1/EA	67979-0500-01	ENDO PHARMACEUTICALS VALERA INC	Mon-Thu	4:00PM	Vendor requires a valid state and/or DEA license	
5000055	VARIVAX 1350PFU SDV W/DIL DPSH 10/PAC	00006-4827-00	MERCK HUMAN HEALTH DIVISION	Mon-Thu	1:00 PM	Ships out in 2-5 business days. NEXT DAY AND SATURDAY DELIVERY ARE AVAILABLE AT AN ADDITONAL CHARGE	
5004690	VARITHENA FOAM 1% 18ML DPSH 1/EA	60635-0118-01	BTG INTERNATIONAL/ICS	Mon-Fri	2:00 PM	All order s ship UPS ground. Delivery is 3-5 business days. Orders require a valid physician license and will need a signed Letter of Affiliation for new account setups. If there is a change in physician or address, a new LOA will need to be completed and faxed back to 1.800.653.5457	Varithena
5000056	VELCADE 3.5MG/10ML VL DPSH 1/EA	63020-0049-01	MILLENNIUM DIRECT	Mon-Fri	6:00PM	First orders require state and DEA license of the facility. If a pharmacy license will be used, then no other information will be needed. If the license of a physician will be used, then a Letter of Affiliation or Declaration of Intention (FL only), will need to be submitted along with a supporting document (letterhead/business card.) If there is a change in physician or address, a new LOA will need to be completed and faxed back to 1.800.653.5457	Millennium
5006423	VISTOGARD 10G ORL GRAN SACH DPSH 20/PAC	69468-0151-20	CARDINAL HEALTH	Mon-Fri	5:30 PM	Must designate if the order is for stock or immediate patient need. Need physician and BTG case manager names for patient orders. Customer placing order to provide name, email, phone, and title. Same day and after hours orders available at additional charge.	
5006424	VISTOGARD 10G ORL GRAN SACH DPSH 4/PAC	69468-0151-04	CARDINAL HEALTH	Mon-Fri	5:30 PM	Must designate if the order is for stock or immediate patient need. Need physician and BTG case manager names for patient orders. Customer placing order to provide name, email, phone, and title. Same day and after hours orders available at additional charge.	
5003101	VPRIV	54092-0701-04	TheraCom	Mon-Thu	2:00 PM	First orders require a valid state license for the facility. If a physician license is used and does not match the shipping address, a letter of affiliation is faxed to the customer to complete before order is shipped. Supporting documents (letterhead or business card) will also be required. Orders placed on Thursday will ship for Friday delivery ONLY if the customer declares that they are open on Saturday in case of shipping issues.	
5004064	XOFIGO SDV INJ DPSH 1/EA	50419-0208-01	CARDINAL HEALTH	Mon-Thu	3:00 PM	First orders require additional physician, practice, and patient information to be submitted to the LASH group before order can ship. Contact customer care for more information	
5008780	YUTIQ IMPLANT 0.18MG INJECTION DPSH 1/EA	71879-0136-01	Eyepoint Pharmaceuticals	Mon-Thu	2:00 PM	Shipping: Orders received Monday – Thursday prior to cutoff @ 2:00pm CST will ship for next day delivery. Orders received on Friday will ship the following Monday for Tuesday delivery.	
5000057	ZOLINZA 100MG CAPS DPSH 120/EA	00006-0568-40	MERCK HUMAN HEALTH DIVISION	Mon-Thu	12:00 PM	Vendor needs to know if there is a patient waiting for this product. Customer must be aware that product is non-returnable.	
5000058	ZOSTAVAX VACCINE SDV DPSH 1/EA	00006-4963-00	MERCK HUMAN HEALTH DIVISION	Mon-Thu	4:00 PM	Ships out in 2-5 business days. Extra charge for next day delivery NEXT DAY AND SATURDAY DELIVERY ARE AVAILABLE AT AN ADDITONAL CHARGE.	
5000059	ZOSTAVAX VACCINE SDV DPSH 10/PA	00006-4963-41	MERCK HUMAN HEALTH DIVISION	Mon-Thu	4:00 PM	Ships out in 2-5 business days. Extra charge for next day delivery NEXT DAY AND SATURDAY DELIVERY ARE AVAILABLE AT AN ADDITONAL CHARGE.	
5002808	ZYPREXA RELPREVV 210MG SDV KIT DPSH 1/EA	00002-7635-11	ELI LILLY AND CO.	Mon-Fri	1:00 PM	Customer must first register through vendor. Customer will need to call 1-877-772-9390	
5002809	ZYPREXA RELPREVV 300MG SDV KIT DPSH 1/EA	00002-7636-11	ELI LILLY AND CO.	Mon-Fri	1:00 PM	Customer must first register through vendor. Customer will need to call 1-877-772-9391	
5002807	ZYPREXA RELPREVV 405MG SDV KIT DPSH 1/EA	00002-7637-11	ELI LILLY AND CO.	Mon-Fri	1:00 PM	Customer must first register through vendor. Customer will need to call 1-877-772-9392	