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June 5, 2026

GSK's 340B Policy

Please see the update to GSK's 340B Policy regarding claims level data requirements, effective July 1, 2026. This update can be found on page 7.

GSK's 340B Contract Pharmacy Policy, in effect since May 1, 2023 and read in conjunction with GSK's 340B Policy, can be found on page 2.

For 340B covered entities located in the following states, please see Contract Pharmacy Policy Exception A on page 3.

Arkansas	Missouri
Hawaii	New Mexico
Louisiana	North Dakota
Maine	Oregon
Maryland	Rhode Island
Minnesota	Utah
Mississippi	

For 340B covered entities located in the following states, please see Contract Pharmacy Policy Exception B on page 4.

Colorado	Vermont
Nebraska	Washington
Oklahoma	West Virginia
South Dakota	

Contract Pharmacy Frequently Asked Questions can be found on page 5.

GSK Claims Level Data requirements can be found on page 7.

Claims Level Data Frequently Asked Questions can be found on page 8.

GSK Limited Pharmacy Networks can be found on Attachment A.

The list of GSK in-scope products can be found on Attachment B.

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GSK's 340B Contract Pharmacy Policy

Effective May 1, 2023, GSK implemented the following 340B Contract Pharmacy Policy.

- GSK's Contract Pharmacy Policy applies to all GSK 340B products on the PHS contract (Vaccines and ViiV are excluded). A complete list of NDCs can be accessed by downloading GSK's policy document at www.340Besp.com/resources.
- All 340B covered entity types are included in the GSK 340B Contract Pharmacy Policy.
- The GSK 340B Contract Pharmacy Policy does not allow for unlimited contract pharmacies.
- To ensure 340B covered entities can access GSK products at the 340B price, any covered entity that does not have an in-house pharmacy capable of dispensing 340B purchased drugs to its patients may designate a single contract pharmacy location. For GSK specialty/oncology products that are part of a limited pharmacy network, the single contract pharmacy designation must be part of GSK's limited pharmacy network (locations listed in Attachment A). Covered entities not able to dispense GSK specialty/oncology products will need to designate a single specialty pharmacy for each of GSK's limited pharmacy network products. GSK is utilizing the 340B ESP™ platform to support this designation.
- Contract pharmacies that are wholly owned by the covered entity (or have common ownership with the entity) will remain eligible to receive bill to/ship to replenishment orders of 340B priced drugs (inclusive of GSK products subject to a limited pharmacy network). These pharmacies must be registered with HRSA as a contract pharmacy. To apply for a wholly owned contract pharmacy exemption, please visit www.340besp.com/wholly_owned_application.

340B covered entities that do not have an in-house pharmacy and haven't already registered an account with 340B ESP™ can make their designations by visiting www.340besp.com/designations. Users that have registered an account with 340B ESP™ can designate a contract pharmacy by navigating to the Entity Profile tab.

If you have questions regarding the changes to GSK's Contract Pharmacy Policy, please contact GSK at support@340Besp.com.

Subject to the exceptions described above, PHS contracts administered by GSK's wholesalers/distributors will no longer support distribution of 340B purchased drugs to 340B contract pharmacies.

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Contract Pharmacy Policy Exception A

For covered entities located in the states listed below, the following GSK 340B Contract Pharmacy Policy exceptions are in place.

- Covered entities located in these states may place “Bill to/Ship to” replenishment orders through all their HRSA designated contract pharmacies located within the state for products not part of a GSK limited pharmacy network.
- For GSK specialty/oncology products part of a limited pharmacy network, covered entities located in these states may designate unlimited contract pharmacies that are part of GSK’s limited pharmacy network. Specialty/oncology designated contract pharmacies must be listed on the HRSA OPA database as a covered entity contract pharmacy. (See the GSK Limited Pharmacy Network list in Attachment A).
- GSK will allow covered entities’ “Bill to/Ship to” replenishment orders on or after the effective date associated with the above policy exceptions.

GSK continues to monitor state level 340B contract pharmacy requirements and may make additional modifications to the above requirements, including re-instituting its May 1, 2023 Policy.

If you have questions regarding the changes to GSK’s 340B Contract Pharmacy Policy, please contact GSK at support@340Besp.com.

Eligible States:

State	Effective Date
Arkansas	08/01/2023
Hawaii	07/01/2025
Louisiana	08/01/2023
Maine	09/23/2025
Maryland	07/01/2024
Minnesota	08/01/2024
Mississippi	07/01/2024
Missouri	08/28/2024
New Mexico*	01/01/2026
North Dakota	08/01/2025
Oregon	09/28/2025
Rhode Island	10/01/2025
Utah	05/07/2025

*For covered entities located in New Mexico, this policy exception applies to HRSA-Funded Health Center (CH), Federally Qualified Health Center Look-Alike (FQHCLA), and Federally Qualified Health Center Tribal Contract/Compact with IHS (FQHC638) covered entity types. All other covered entity types in New Mexico fall under the 05/01/2023 policy.

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Contract Pharmacy Policy Exception B

For covered entities located in the states listed below, the following GSK 340B Contract Pharmacy Policy exceptions are in place.

- Covered entities located in these states may place "Bill to/Ship to" replenishment orders through all their HRSA designated contract pharmacies for products not part of a GSK limited pharmacy network.
- For GSK specialty/oncology products part of a limited pharmacy network, covered entities located in these states may designate unlimited contract pharmacies that are part of GSK's limited pharmacy network. Specialty/oncology designated contract pharmacies must be listed on the HRSA OPA database as a covered entity contract pharmacy. (See the GSK Limited Pharmacy Network list in Attachment B).
- GSK will allow covered entities' "Bill to/Ship to" replenishment orders on or after the effective date associated with the above policy exceptions.

GSK continues to monitor state level 340B contract pharmacy requirements and may make additional modifications to the above requirements, including re-instituting its May 1, 2023 Policy.

If you have questions regarding the changes to GSK's 340B Contract Pharmacy Policy, please contact GSK at support@340Besp.com.

Eligible States:

State	Effective Date
Colorado	08/06/2025
Nebraska	04/09/2025
Oklahoma	11/01/2025
South Dakota	07/01/2025
Vermont	06/11/2025
Washington*	06/11/2026
West Virginia	06/06/2024

*All HRSA designated Contract Pharmacies in Washington will be able to receive "Bill to/Ship to" replenishment orders for products not part of a GSK limited pharmacy network.

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GSK's Contract Pharmacy Policy Frequently Asked Questions

Frequently Asked Questions

The GSK Contract Pharmacy Policy applies to all states except those listed in Policy Exception A or B.

Q: Which products are subject to GSK's Contract Pharmacy Policy?

A: GSK's Contract Pharmacy Policy applies to all of GSK's 340B contracted products. Covered entities may access the complete list of NDCs by downloading GSK's Contract Pharmacy Policy document at www.340Besp.com/resources.

Q: Will GSK allow covered entities to submit claims data for an unlimited number of contract pharmacies?

A: No. Neither the GSK 340B Policy nor the GSK Contract Pharmacy Policy allow for unlimited contract pharmacies.

Q: Are Federal Grantees exempt from GSK's policy?

A: No. All 340B covered entity types are included in GSK's Contract Pharmacy Policy.

Q: My covered entity has a contract pharmacy relationship with a pharmacy that is owned by the covered entity. Is this pharmacy subject to GSK's policy?

A: No. Contract pharmacies that are wholly owned by the covered entity are not subject to GSK's Contract Pharmacy Policy. Covered entities can ship 340B purchased drugs to all of their wholly owned contract pharmacies without limitation. To apply for a wholly owned contract pharmacy exemption, visit www.340besp.com/wholly_owned_application. Covered entities that are granted a wholly owned contract pharmacy exception may not also designate a single contract pharmacy under GSK's Contract Pharmacy Policy.

Q: My covered entity has an in-house pharmacy that is capable of purchasing and dispensing GSK drugs, but my entity doesn't use it to dispense GSK drugs. Can my covered entity designate one contract pharmacy instead?

A: No. Under GSK's revised Contract Pharmacy Policy, if a covered entity has an in-house pharmacy capable of dispensing GSK's 340B products to eligible patients, then the covered entity must use that pharmacy and cannot designate a contract pharmacy instead.

Q: My covered entity has an in-house pharmacy that is not capable of purchasing and dispensing all of GSK 340B drugs. Can my entity designate a contract pharmacy to dispense GSK drugs that they are not capable of being dispensed in-house?

A: Yes. Under GSK's Contract Pharmacy Policy, if a covered entity has an in-house pharmacy not capable of dispensing all of GSK's 340B products to eligible patients, then the covered entity may designate a contract pharmacy instead. In some instances, a covered entity may need to designate separate contract pharmacies for GSK products, subject to a limited pharmacy network. For example, if a covered entity cannot dispense specialty/oncology products at its in-house pharmacy but can dispense GSK retail products, this covered entity may designate a single contract pharmacy that is part of GSK's limited pharmacy network to dispense the specialty/oncology products. A complete list of GSK's limited pharmacy network is below.

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Contract Pharmacy Frequently Asked Questions, continued

Q. My 340B covered entity has contract pharmacy arrangements with multiple locations of the same pharmacy (e.g. six different Accredo pharmacy locations). Can my entity designate all locations of the same pharmacy?

A. No. GSK's Contract Pharmacy Policy allows qualifying 340B covered entities (i.e., covered entities without an in-house pharmacy) to designate a single contract pharmacy location. Contract pharmacy locations are registered individually on the HRSA database and 340B covered entities are permitted to designate only a single contract pharmacy location which corresponds to a single contract pharmacy registration with HRSA. The only exceptions to the above are contract pharmacies wholly owned by a covered entity or that have common ownership with the covered entity.

Q. How often can my covered entity change its contract pharmacy designation?

A. Covered entities may change their contract pharmacy designation once every twelve (12) months (from the date of first designation) or more often if the designated contract pharmacy relationship is terminated from the HRSA OPAIS database.

Q. How does my covered entity change its contract pharmacy designation?

A. 340B covered entities can elect a single contract pharmacy every twelve (12) months. Changes to the single contract pharmacy can only be made by visiting www.340Besp.com/designations. Users that have registered an account with 340B ESP™ can navigate to the Entity Profile tab to make their contract pharmacy designation.

Q. Is GSK requiring covered entities to have a HIN registered for the contract pharmacy that they designate?

A. Yes. A contract pharmacy must have a HIN assigned to it in order for a covered entity to designate it as its single contract pharmacy or to be approved for a wholly owned contract pharmacy exemption. This information is important for GSK to manage its process with its wholesalers.

Q. If the contract pharmacy my covered entity wants to designate doesn't have a HIN, how does my entity get one?

A. GSK will not register a HIN on your behalf, however if you need guidance or more information on how to get a HIN assigned to your contract pharmacy, please reach out to support@340Besp.com. If you try to designate a contract pharmacy without a HIN in 340B ESP™, the system will notify you of this requirement and provide instructions for how to obtain a HIN.

Q. How long does it take for my covered entity's eligible contract pharmacy locations to take effect after designation?

A. Please allow a minimum of 10 business days for the eligible contract pharmacy locations to take effect.

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GSK 340B Claims Level Data Requirements

Effective July 1, 2026, GSK's 340B Policy will include the following claims level data requirements:

- All covered entity types will be required to provide in-house and contract pharmacy claims level data for all dispensed GSK products.
- Claims must be submitted through the 340B ESP platform. Covered entities that currently do not submit claims can do so by registering an account at www.340BESP.com and navigating to the Entity Profiles Tab.
    - To get started with Second Sight Solutions' 340B ESP™ platform, follow these simple steps:
        - Go to www.340BESP.com to register your account. Upon initial registration you will be prompted with an onboarding tutorial that will walk you through the account set up process step by step. This process takes about 15 minutes.
        - Once your account is activated, you will be able to securely upload data to 340B ESP™. You will receive periodic notifications of pending data submissions. Once your account is set up, the claims upload process takes about 5 minutes.
- The 340B ESP platform is the only way to submit claims level data to GSK.
- Claims level data must be submitted to GSK within 45 days of product dispense.
- Failure to provide complete, timely, and accurate claims data may result in delayed access to 340B pricing for the applicable products, until the required data is received and validated.
- Covered entities in certain States are exempted from the claims level data requirement. See details in the attached FAQ document.

For information on GSK's 340B Contract Pharmacy Policy, please access policy documents posted on www.340BESP.com. GSK has also updated our contract pharmacy designation and wholly owned contract pharmacy exemption terms published on the 340B ESP website to reflect the claims requirement. These updated terms apply to all current designations and wholly owned exceptions.

If you have any questions or concerns associated with these updated terms or the above defined claims data requirements, please contact GSK at support@340Besp.com.

In addition to the frequently asked questions below, you can visit www.340BESP.com/FAQs to learn more about 340B ESP™. For further help with the registration, account setup, and data submission process, please call Second Sight Solutions at 888-398-5520.

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GSK Claims Level Data Requirement Frequently Asked Questions

Q: Which products are subject to GSK's claims collection policy?

A: GSK's claims pharmacy policy applies to all of GSK's 340B products. A complete list of products can be found below in Attachment B.

Q: How will GSK use the claims level data provided?

A: GSK will use the data to monitor and help eliminate duplicate discounts and to ensure pharmacy eligibility of 340B replenishment orders.

Q: My covered entity dispenses exclusively through in-house dispensing and does not use contract pharmacies. Am I impacted by this notice?

A: Yes. Beginning with dispenses on or after July 1, 2026, in-house dispensing claims data are required to be submitted in order to maintain access to GSK products at 340B ceiling prices.

Q: What are the requirements for submitting 340B claims data?

A: The claims data submission requirement applies to all Covered Entities and all eligible dispensing pharmacy locations. The required claims data is routinely used by covered entities to facilitate the "bill to/ship to" replacement orders of 340B drugs.

All specified claims data must be submitted within 45 days of the date of dispense to your Covered Entity's patient.

Please see www.340BESP.com for additional details on submitting claims data, including the limited set of required data fields.

Q: Does this notice apply to covered entities in every state?

A: As of June 2026, Covered Entities located in Oklahoma, Colorado, Maine, Nebraska, North Dakota, Oregon, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Washington, and West Virginia are exempted from the claims level data requirement and no action is required at this time. For New Mexico, this exemption applies only to Federally Qualified Health Centers (FQHC) or FQHC "look-alikes" located within New Mexico.

Q: Where do I direct communications related to GSK's 340B program?

A: Communications related to GSK's 340B policies (including the GSK Contract Pharmacy Policy, the GSK 340B Policy and GSK's claims level data requirements) should be sent to US.340B@GSK.com.

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ATTACHMENT A

GSK Limited Pharmacy Networks (as of June 2026)

GSK Limited Pharmacy Network	Benlysta	Nucala	Zejula	Ojjaara	Exdensur
AcariaHealth, Inc.	X	X			
Accredo Health Group, Inc.	X	X	X		
Amber Specialty Pharmacy	X				
Biologics, Inc.			X	X	
BioPlus Specialty Pharmacy Services, LLC	X	X			
Caremark, LLC	X	X	X		X
CareMed					X
CenterWell Pharmacy	X	X			
Meijer Specialty Pharmacy	X				
Onco360				X	
Optum Rx	X	X	X		
Prime Therapeutics	X				
Reliance Rx	X				
Senderra Rx	X				
Walgreens Specialty Pharmacy	X	X			X

X indicates the GSK product eligible to be dispensed from the given pharmacy

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ATTACHMENT B

GSK PHS NDC List
As of June 2026

NDC	Brand	Product Description
00173-0695-00	ADVAIR DISKUS	ADVAIR DISKUS INH PWDR 100/50MCG 60 ACTN
00173-0696-00	ADVAIR DISKUS	ADVAIR DISKUS INH PWDR 250/50MCG 60 ACTN
00173-0697-00	ADVAIR DISKUS	ADVAIR DISKUS INH PWDR 500/50MCG 60 ACTN
00173-0716-20	ADVAIR HFA	ADVAIR HFA 115MCG/21MCG INH AER DC 120 ACTN TRD
00173-0716-22	ADVAIR HFA	ADVAIR HFA 115MCG/21MCG INH AER DC 60 ACTN INST
00173-0717-20	ADVAIR HFA	ADVAIR HFA 230MCG/21MCG INH AER DC 120 ACTN TRD
00173-0717-22	ADVAIR HFA	ADVAIR HFA 230MCG/21MCG INH AER DC 60 ACTN INST
00173-0715-20	ADVAIR HFA	ADVAIR HFA 45MCG/21MCG INH AER DC 120 ACTN TRD
00173-0715-22	ADVAIR HFA	ADVAIR HFA 45MCG/21MCG INH AER DC 60 ACTN INST
00173-0869-10	ANORO	ANORO ELLIPTA 62.5/25 MCG INH PWDR 1X30 DS
00173-0869-06	ANORO	ANORO ELLIPTA 62.5/25 MCG INH PWDR 1X7 DS INST
00173-0888-10	ARNUITY	ARNUITY (FF) ELLIPTA INH PWDR 50MCG 1X30 DOSE TRD
00173-0874-14	ARNUITY	ARNUITY ELLIPTA 100MCG DRY PWD INH 1X 14D INST
00173-0874-10	ARNUITY	ARNUITY ELLIPTA 100MCG DRY PWD INH 1X 30D TRD
00173-0876-14	ARNUITY	ARNUITY ELLIPTA 200MCG DRY PWD INH 1X 14D INST
00173-0876-10	ARNUITY	ARNUITY ELLIPTA 200MCG DRY PWD INH 1X 30D TRD
49401-0102-01	BENLYSTA	BENLYSTA LYOPHILIZED 20ML VL (400MG/VL)1
49401-0101-01	BENLYSTA	BENLYSTA LYOPHILIZED 5ML VL (120MG/VL) 1
49401-0088-35	BENLYSTA	BENLYSTA SC 200MG/ML AUTOINJ 4S TRD CTN 4X1.0ML 1DS PF
49401-0088-47	BENLYSTA	BENLYSTA SC 200MG/ML SYRI 4S TRD CTN 4X1.0ML 1DS PF
00173-0913-01	BLENREP	BLENREP 70MG PWDR FOR INJ 1X1 VIAL
00173-0922-45	BLUJEPA	BLUJEPA TABLET 750MG 1X20
00173-0922-38	BLUJEPA	BLUJEPA TABLET 750MG 1X8
00173-0859-14	BREO	BREO ELLIPTA 100/25 MCG INH PWDR 14 DOSE NDPI INST PAC X 1
00173-0859-10	BREO	BREO ELLIPTA 100/25 MCG INH PWDR 30 DS NDPI TRD PACK X 1
00173-0882-14	BREO	BREO ELLIPTA 200/25 MCG INH PWDR 1X 14D INST
00173-0882-10	BREO	BREO ELLIPTA 200/25 MCG INH PWDR 1X 30D
00173-0916-10	BREO	BREO ELLIPTA 50/25 MCG
00173-0927-42	EXDENSUR	EXDENSUR SS 100MG/ML 1X1ML
00173-0739-02	IMITREX	IMITREX INJ STATDOSE REFILL 4MG/0.5ML 2S
00173-0478-00	IMITREX	IMITREX INJ STATDOSE REFILL 6MG/0.5ML 2S
00173-0739-00	IMITREX	IMITREX INJ STATDOSE SYSTEM 4MG/0.5ML 1S
00173-0479-00	IMITREX	IMITREX INJ STATDOSE SYSTEM 6MG/0.5ML 1S
00173-0737-01	IMITREX	IMITREX TAB 100MG 9'S FDT
00173-0735-00	IMITREX	IMITREX TAB 25MG 9S RRT
00173-0736-01	IMITREX	IMITREX TAB 50MG 9S RRT
00173-0873-10	INCRUSE	INCRUSE ELLIPTA INH PWDR 62.5MCG 1X30 DOSE TRD
00173-0873-06	INCRUSE	INCRUSE ELLIPTA INH PWDR 62.5MCG 1X7 DOSE INST

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NDC	Brand	Product Description
00173-0898-03	JEMPERLI	JEMPERLI IV, 500MG/10ML (50MG/ML) X1 SINGLE DOSE VIAL/CARTON
00173-0889-39	KRINTAFEL	KRINTAFEL TABLET 150MG 1X2
00173-0527-00	LAMICTAL	LAMICTAL CHW. DISP. TABLETS 25MG 100'S
00173-0526-00	LAMICTAL	LAMICTAL CHW. DISP. TABLETS 5MG 100'S
00173-0778-00	LAMICTAL ODT	LAMICTAL ODT 25MG/50MG/100MG STR KIT35S
00173-0779-00	LAMICTAL ODT	LAMICTAL ODT TABLET 25MG/50MG ST KIT 28S
00173-0780-00	LAMICTAL ODT	LAMICTAL ODT TABLET 50MG/100MG ST KIT56S
00173-0776-02	LAMICTAL ODT	LAMICTAL ODT TABLETS 100MG MAINT 30'S
00173-0777-02	LAMICTAL ODT	LAMICTAL ODT TABLETS 200MG MAINT 30'S
00173-0772-02	LAMICTAL ODT	LAMICTAL ODT TABLETS 25MG MAINT 30'S
00173-0774-02	LAMICTAL ODT	LAMICTAL ODT TABLETS 50MG MAINT 30'S
00173-0633-10	LAMICTAL	LAMICTAL TAB 25MG DOSE ESCALATION PACK
00173-0642-55	LAMICTAL	LAMICTAL TABLETS 100MG 100'S
00173-0643-60	LAMICTAL	LAMICTAL TABLETS 150MG 60'S
00173-0644-60	LAMICTAL	LAMICTAL TABLETS 200MG 60'S
00173-0817-28	LAMICTAL	LAMICTAL TABLETS 25MG &100MG STARTER KIT
00173-0633-02	LAMICTAL	LAMICTAL TABLETS 25MG 100'S
00173-0594-02	LAMICTAL	LAMICTAL TABLETS 25MG/100MG BIPOLAR STARTER KIT
00173-0756-00	LAMICTAL XR	LAMICTAL XR TABLETS 100MG 30'S
00173-0757-00	LAMICTAL XR	LAMICTAL XR TABLETS 200MG 30'S
00173-0781-00	LAMICTAL XR	LAMICTAL XR TABLETS 250MG 30'S
00173-0754-00	LAMICTAL XR	LAMICTAL XR TABLETS 25MG 30'S
00173-0758-00	LAMICTAL XR	LAMICTAL XR TABLETS 25MG/50MG STARTER KT
00173-0760-00	LAMICTAL XR	LAMICTAL XR TABLETS 25MG/50MG/100MG KIT
00173-0761-00	LAMICTAL XR	LAMICTAL XR TABLETS 300MG 30'S BOTTLE
00173-0755-00	LAMICTAL XR	LAMICTAL XR TABLETS 50MG 30'S
00173-0759-00	LAMICTAL XR	LAMICTAL XR TABLETS 50MG/100MG/200MG KIT
00173-0676-01	MALARONE	MALARONE PED. TABLETS 62.5MG/25MG 100'S
00173-0675-01	MALARONE	MALARONE TABLETS 250MG/100MG 100'S
00173-0675-02	MALARONE	MALARONE TABLETS 250MG/100MG UD 24'S
00173-0547-00	MEPRON	MEPRON SUSP UD 5ML 42'S
00173-0665-18	MEPRON	MEPRON SUSPENSION 750MG/5ML 210ML
00173-0881-01	NUCALA LYO	NUCALA (MEPOLIZUMAB) INJ 100MG 1 VIAL/CARTON
00173-0892-01	NUCALA SA	NUCALA SOLUTION INJECT AI 100MG/ML 1X1ML
00173-0892-42	NUCALA SA	NUCALA SOLUTION INJECT SS 100MG/ML 1X1ML
00173-0904-42	NUCALA SA	NUCALA SOLUTION INJECT SS 40MG/0.4ML 1X1
81864-0102-30	OJJAARA	OJJAARA TABLET 150MG 1X 30
81864-0101-30	OJJAARA	OJJAARA TABLET 200MG 1X 30
81864-0103-30	OJJAARA	OJJAARA TABLET 100MG 1X 30
00173-0681-01	RELENZA	RELENZA DISKHLR & 5X4 ROTADISKS 5MG 1'S
00173-0521-00	SEREVENT DISKUS	SEREVENT DISKUS 50MCG/ACTN 60 ACTN 1'S

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NDC	Brand	Product Description
00173-0887-10	TRELEGY	TRELEGY ELLIPTA 1X30D TRD 100/62.5/25MCG PK/CA
00173-0893-14	TRELEGY	TRELEGY ELLIPTA 200/62.5/25MCG 1X14D INST PACK
00173-0893-10	TRELEGY	TRELEGY ELLIPTA 200/62.5/25MCG 1X30D TRADE PACK
00173-0887-14	TRELEGY	TRELEGY ELLIPTA INH PWDR 100/62.5/25MCG 1X14 DOSE INST
00173-0565-04	VALTREX	VALTREX CAPLETS 1G 30'S
00173-0565-10	VALTREX	VALTREX CAPLETS 1GM 90'S
00173-0933-08	VALTREX	VALTREX CAPLETS 500MG 30'S
00173-0933-10	VALTREX	VALTREX CAPLETS 500MG 90'S
00173-0682-24	VENTOLIN	VENTOLIN HFA 90MCG INH AER 60 ACTN
00173-0682-20	VENTOLIN	VENTOLIN HFA DC INH.AER. 18G 200INHL 1S
00173-0947-55	WELLBUTRIN	WELLBUTRIN SR TABLETS 100MG 60'S
00173-0135-55	WELLBUTRIN	WELLBUTRIN SR TABLETS 150MG 60'S
00173-0722-00	WELLBUTRIN	WELLBUTRIN SR TABLETS 200MG 60'S
00173-0909-13	ZEJULA	ZEJULA TABLET 100MG 1X30
00173-0912-13	ZEJULA	ZEJULA TABLET 200MG 1X30
00173-0915-13	ZEJULA	ZEJULA TABLET 300MG 1X30