



# Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type:

Final Version

Date:

**PRODUCT INFORMATION**

Company Name:  Application:   
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):   
 DUNS:   
 Proprietary Name (If Applicable) and Established Name:   
 Selling Unit NDC:  Individual Unit NDC:  UPC:   
 UDI:  CVX Code:  MVX Code:   
 Description:   
 Active Ingredient(s):   
 URL for Additional Product Information:   
 Address:  Address 2:   
 City:  State:  Zip:   
 Key Contact:  Email:   
 Phone Number:  Fax:   
 Product Therapeutic Classification:

**SPECIAL HANDLING AND STORAGE REQUIREMENTS\***

a. Temperature – Indicate the USP temperature range for this product.  
 Temperature Range:   
 Other Temperature Range Requirement (write in):   
 Is this product to be shipped to customers on ice?   
 Is this product to be shipped to customers on dry ice?

b. Contact for temperature excursion questions:  
 Name:   
 Number:   
 Group E-mail:

c. Special regulations for product in any states?  
 Special returns requirements for this product?

d. Store product (unit of sale) upright?   
 Protect product (unit of sale) from light?

e. Shelf life:  
 Initial shelf life at launch (if different):  Months

**ADDITIONAL PRODUCT INFORMATION**

Is the Product...  
 a legend device?   
 reverse numbered?   
 co-licensed?   
 Is the Product...  
 Direct-Ship Only   
 Is the Product...  
 Unit of Use   
 If Unit Dose, is item bar coded to unit dose for hospital scanning?   
 If Unit Dose NDC, indicate NDC here:   
 Country of Origin   
 Is this product covered under the Trade Agreements Act (TAA)?

**PRODUCT DESCRIPTION INFORMATION**

Size:   
 Strength:   
 Dosage Form:   
 Product Shape:   
 Product Color:   
 Product Imprint:

**ORDER INFORMATION**

Unit of Sale  
 yes Bottle  
 Box/Carton  
 Ampule  
 Glass  
 Tube  
 Vial Liquid Sgl  
 Vial Liquid Multi  
 Vial Powder Sgl  
 Vial Power Multi  
 Other: Write In

What is the NDC selling unit?  
  
 (Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity?

If Yes, how many of which package type?  
 Each  
 Inner/ Carton/Pack  
 Case

**FOR GENERIC DRUG PRODUCTS**

I. Orange Book Rating:   Authorized Generic \*If Authorized Generic, other section fields are not applicable  
 II. Generic Equivalent to What Brand?:

**PHARMACY ORDER / BILL UNIT**

Rec. sell unit to customer?   
 (Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy:  
 Each  
 Gram  
 Milliliter

**DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION**

Does supplier meet DSCSA definition of manufacturer?  GLN:   
 Is product exempt from DSCSA?   
 If yes, select exemption:  
 Other exemption - Write in:   
 Is product repackaged?   
 Is product sold by manufacturer's exclusive distributor?   
 Has FDA granted waiver/exception/exemption for product?   
 If Yes, was original product purchased direct from mfr?   
 If yes, attach documentation from FDA.

**ITEM AND PACKING INFORMATION**

Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Item:	1.32	NA	7.8	4.4	#VALUE!	1000 Tablets per
Box/Carton/Bundle/Inner Pack:	NA	NA	NA	NA	#VALUE!	NA
Case:	15	15	8	10	1200	6 Bottles per Case
Pallet:	1120	48	48	40	92160	72 Cases per Pallet
UPC:	Case:	350228107109				
	Carton:					

**GTIN PRODUCT INFORMATION**

Serialized? If not, when? Items aggregated?	Yes <input type="text"/> No <input type="text"/>	Level	Saleable Unit	Quantity	GTIN-14
	<input checked="" type="checkbox"/>	Item	<input checked="" type="checkbox"/>	1	00350228107105
	<input checked="" type="checkbox"/>	Box/Carton/Bundle/Inner Pack			
	<input checked="" type="checkbox"/>	Case		6	20350228107109
		Pallet			

**COST INFORMATION**

Regular Cost   
 Invoice Cost (WAC) (\$)   
 Federal Excise Tax Per Unit of Sale   
 As of date:

**WHOLESALE USE ONLY:**  
 Vendor #:   
 Whsl. Code #:   
 Finline Code:

For Designated Drop Ship Only Products, Please Use Page 3  
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?  
 Is the product a CA Prop 65 carcinogen? No  
 Is the product a CA Prop 65 reproductive toxicant? No  
 Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions?  
 (If yes, attach SDS with special instructions.)   

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT or IATA?  
 (if yes, answer a-e below and provide SDS)

a. UN/Identification Number   

b. Proper Shipping Name   

c. DOT Hazard Class   

d. Packing Group   

e. Inhalation Hazard? No

Is the product restricted for air shipment? If so, indicate restriction:

Passenger

Cargo

Passenger & Cargo

Is this a reportable quantity?  
 RQ Threshold:   

Is this a marine pollutant? No

Is this product shipped utilizing an authorized DOT exception or Special Permit?  
No (if yes, identify method below)

Limited Quantity

Consumer Commodity, ORM-D

Small Quantity (49 CFR 173.4)

Special Permit; DOT-SP

Special Provision (listed in Column 7 of 49 CFR 172.101);  
 SP#   

### ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? No

Controlled by State(s)? No

ARCOS Reportable?   

Schedule No. (inc. N for non-narcotic)   

Controlled Substance Code   

Listed Chemical (List I or II)   

If yes, indicate which:  
 Is it a scheduled listed chemical product?   

### CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices   

Restricted to retail pharmacy only:   

Restricted to hospital, clinics, and physician offices only:   

Restricted from US territories? (explain in comments)   

Comments:   

### SDS Hazard Classification

Organic

Inorganic

Steroid/Androgen

Corrosive

Oxidizer

Contact Hazard

Aerosol Class; Identify NFPA Storage Level:   

Is the product a NIOSH hazardous drug? No  
 If yes, indicate which:   

### Hazardous Waste Identification

EPA Hazardous Waste Code:   

### REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?   

Website URL:   

Comments / Details: (For example, iPledge program?)  
  

**REMS:**   

REMS Program Manager Name:    Phone:   

Supplier Manages REMS registry exclusively:   

Wholesale distributor support:  
 Provider Name:   

Site Enrollment Number assigned by Supplier:    DEA #:   

PCPDP #:   

NPI #:   

Comments   

**Registry:**   

Registry Program Contact Name:    Phone:   

Comments   

### RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 1877-671-6307

Is product returnable for credit:   

URL/Link to returns policy:   

Special regulations or returns requirements for this product in certain states? No

If so, which states? Other requirements? Comments?  
  

### MISCELLANEOUS NOTES and/or Image of Product Barcode:



# Standard Pharmaceutical Product Information (Page 3)

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #:</p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p>	<p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input type="text"/></p>	<p><b>Return Instructions</b></p> <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Miscellaneous Notes:	
<p><input type="text"/></p>	