



Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2021 Introduction Type: New Item Final Version Date: 6/14/2024

PRODUCT INFORMATION **SPECIAL HANDLING AND STORAGE REQUIREMENTS***

Company Name: Application:
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):
 Medical Device Class, if applicable:
 DUNS:
 Proprietary Name (If Applicable) and Established Name:
 Selling Unit NDC: Unit of Use 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:

a. Temperature - Indicate the USP temperature range for this product.
 Temperature Range:
 Other Temperature Range Requirement (write in):
 Notes:
 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 **PRODUCT DESCRIPTION INFORMATION**

The product is?
 a legend device?
 if yes, enter class #
 a product kit?
 if yes, list NDCs of component parts reverse numbered?
 co-licensed?
 latex-free?
 preservative-free?
 correctional institution block?
 opioid?
 Cannabinoid?
 If Unit Dose, is item bar coded to unit dose for hospital scanning?
 If Unit Dose, indicate NDC here:
 Is the Product...
 Is the Product...
 Orphan Drug Status
 FDA Approval Status
 Allergens Present
 Country of Origin
 Is this product covered under the Trade Agreements Act (TAA)?
 Size:
 Strength:
 Dosage Form:
 Product Shape:
 Product Color:
 Product Imprint:

ORDER INFORMATION

Unit of Sale: Bottle, Box/Carton, Ampule, Glass, Tube, Vial Liquid Sgl, Vial Liquid Multi, Vial Powder Sgl, Vial Powder 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?
 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, attach documentation from FDA.
 GLN:
 GCP:
 If yes, was original product purchased direct from mfr?
 Provide source manufacturer for repackaged product

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:	0.197	1.96	1.96	4.72	18.13	1
Case:	NA	NA	NA	NA	NA	NA
Pallet:	10.51	13.38	9.44	11.22	1417.17	48
	468.27	47.24	39.37	39.57	73593.82	1,872

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
Yes Item/Each	1		00372205202603	00372205202603
Yes Box/ Carton/ Bundle/ Inner Pack				
Yes Case	48		30372205202604	
Yes Pallet	1872		50372205202608	

COST INFORMATION **WHOLESALE USE ONLY:**

Regular Cost
 Invoice Cost (WAC) (\$)
 As of date:
 Vendor #:
 Whsl. Code #:
 Finline Code:

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature:



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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.) No
- e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT? (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 this product regulated for shipment by 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 No
- Cargo No
- Passenger & Cargo No

Is this a reportable quantity? No

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 Yes Controlled Substance Code
- Controlled by State(s)? No Yes Listed Chemical (List I or II) No Yes
- ARCOS Reportable? No Yes If yes, indicate which:
- Schedule No. Is it a scheduled listed chemical product?: No Yes

CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes No
- Restricted to retail pharmacy only: No Yes
- Restricted to hospital, clinics, and physician offices only: No Yes
- Restricted from US territories? (explain in comments) No Yes

Comments:

SDS Hazard Classification

- Organic Corrosive
- Inorganic Oxidizer
- Steroid/Androgen Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No

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

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No Yes

If Yes, is it managed with a pharmacy registry? Website URL:

Med Guide Required No Yes

Limited Distribution Requirement No Yes

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

REMS: No Yes

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively: No Yes

Wholesale distributor support:

Provider Name: DEA #:

Site Enrollment Number assigned by Supplier: NCPDP#:

Comments

Registry: No Yes

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit: No Yes

URL/Link to returns policy:

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

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:



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