



Version 2021

Introduction Type:

New Item

Final Version

Date:

9/3/2026

*Please provide any additional information on page 2.

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

See new p. 3 for Designated Drop Ship Only.

Signature:



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

Version 2021

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			
☐ Cargo			
☐ Passenger & Cargo			
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?	☐ Yes	Controlled Substance Code	9780
Controlled by State(s)?	☐ Yes	Listed Chemical (List I or II)	☐ No
ARCOS Reportable?	☐ Yes	If yes, indicate which:	
Schedule No.	2	Is it a scheduled listed chemical product?	☐ No
CLASS OF TRADE RESTRICTION:			
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices		☐ Yes	
Restricted to retail pharmacy only:		☐ No	
Restricted to hospital, clinics, and physician offices only:		☐ No	
Restricted from US territories? (explain in comments)		☐ No	
Comments:			
MISCELLANEOUS NOTES and/or Image of Product Barcode:			

SDS Hazard Classification	
☐ Organic	☐ Corrosive
☐ Inorganic	☐ Oxidizer
☐ Steroid/Androgen	☐ Contact Hazard
Does the product have an Aerosol class? If yes, identify No	
NFPA Storage Level:	
NFPA Storage Level:	
Is the product a NIOSH hazardous drug? ☐ No	
If yes, indicate which:	

Hazardous Waste Identification	
EPA Hazardous Waste Code:	Waste Characteristics

REMS or REGISTRY RESTRICTIONS	
Is there a REMS on this product? ☐ Yes	
If Yes, is it managed with a pharmacy registry? ☐ No	
Website URL: https://www.opioidanalgesicrems.com/home.html	
Med Guide Required ☐ Yes	
Limited Distribution Requirement ☐ No	
Comments / Details: (For example, iPledge program?) Covered under FDA Opioid Analgesic REMS Program	
REMS: ☐ No	
REMS Program Manager Name: Phone:	
Supplier Manages REMS registry exclusively:	
Wholesale distributor support:	
Provider Name: DEA #:	
Site Enrollment Number assigned by Supplier: NCPDP#:	
NPI #:	
Comments	
Registry: ☐ No	
Registry Program Contact Name: Phone:	
Comments	

RETURN INSTRUCTIONS	
Contact tel. # if product received damaged:	
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?	

Release DATE



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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 b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone: Fax Number: Fax Number: Phone No.: Site Address:	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight receipt available: PO Receipt cut off time: Days of week overnight is available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Priority Overnight receipt available: PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: Order receipt method: Phone: Phone #: Fax: Fax #: EDI: Overnight Fees apply: Other fees apply:
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:	
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone #: Physician State License #: Physician/Clinic DEA #: Physician/Clinic Specialty:	Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?
Miscellaneous Notes:	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? Is product order for restocking purposes?