



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Item Final VersionDate: **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:** **MXV 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:

Months

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

<input type="checkbox"/>	Bottle
<input checked="" type="checkbox"/>	Box/Carton
<input type="checkbox"/>	Ampule
<input type="checkbox"/>	Glass
<input type="checkbox"/>	Tube
<input type="checkbox"/>	Vial Liquid Sgl
<input type="checkbox"/>	Vial Liquid Multi
<input type="checkbox"/>	Vial Powder Sgl
<input type="checkbox"/>	Vial Power Multi
<input type="checkbox"/>	Other: Write In

What is the NDC selling unit?

Minimum order quantity?

If Yes, how many of which package type?

<input type="text"/>	Each
<input type="text"/>	Inner/Carton/Pack
<input type="text" value="1"/>	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:

<input checked="" type="checkbox"/>	Each
<input type="checkbox"/>	Gram
<input type="checkbox"/>	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? **If Yes, was original product purchased direct from mfr?**

Is product sold by manufacturer's exclusive distributor? **If yes, attach documentation from FDA.**

Has FDA granted waiver/exception/exemption for product?

ITEM AND PACKING INFORMATION

Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Item:	0.035	4.724	1.181	0.984	5.4897793	1
Box/Carton/Bundle/Inner Pack:	0.6523	4.921	4.016	4.252	84.0311535	12
Case:	9.722	15.157	8.622	9.21	1203.59645	144
Pallet:	510.55	46.88	42.67	38.58	77174.2592	6912
UPC:	Case: <input type="text"/>					
	Carton: <input type="text" value="321922031041"/>					

GTIN PRODUCT INFORMATION

Serialized? If not, when? Items aggregated?	Yes <input type="text"/>	Level	Item	Saleable Unit	Quantity	GTIN-14
	<input checked="" type="checkbox"/>	Box/Carton/Bundle/Inner Pack				00321922031041
	<input checked="" type="checkbox"/>	Case				10321922031048
	<input checked="" type="checkbox"/>	Pallet				30321922031042
						50321922031046

COST INFORMATION

Regular Cost

Invoice Cost (WAC) (\$)

Federal Excise Tax Per Unit of Sale

As of date:

Wholesaler Use Only:

Vendor #:

Whsl. Code #:

Fineline 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? No

(If yes, attach SDS with special instructions.)

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT or IATA? No

(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?

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?

Is this product shipped utilizing an authorized DOT exception or Special Permit?

(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? No

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	
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard
<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 100%;" type="text"/>	
Is the product a NIOSH hazardous drug? No If yes, indicate which: <input style="width: 100%;" type="text"/>	

Hazardous Waste Identification
EPA Hazardous Waste Code: <input style="width: 100%;" type="text"/>

REMS or REGISTRY RESTRICTIONS
Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? <input style="width: 100%;" type="text"/> Website URL: <input style="width: 100%;" type="text"/>
Comments / Details: (For example, iPledge program?) <input style="width: 100%; height: 20px;" type="text"/>
REMS: <input style="width: 100%;" type="text"/> REMS Program Manager Name: <input style="width: 100%;" type="text"/> Phone: <input style="width: 100%;" type="text"/> Supplier Manages REMS registry exclusively: <input style="width: 100%;" type="text"/> Wholesale distributor support: Provider Name: <input style="width: 100%;" type="text"/> Site Enrollment Number assigned by Supplier: <input style="width: 100%;" type="text"/>
DEA #: <input style="width: 100%;" type="text"/> PCPDP #: <input style="width: 100%;" type="text"/> NPI #: <input style="width: 100%;" type="text"/>

Comments <input style="width: 100%;" type="text"/>
Registry: <input style="width: 100%;" type="text"/>
Registry Program Contact Name: <input style="width: 100%;" type="text"/> Phone: <input style="width: 100%;" type="text"/>
Comments <input style="width: 100%;" type="text"/>

RETURN INSTRUCTIONS
Contact tel. # if product received damaged: <input style="width: 100%; text-align: center; border: 1px solid black;" type="text" value="919-767-3292"/>
Is product returnable for credit: Yes
URL/Link to returns policy: <input style="width: 100%;" type="text"/>
Special regulations or returns requirements for this product in certain states? <input style="width: 100%;" type="text"/>
If so, which states? Other requirements? Comments? <input style="width: 100%; height: 40px;" type="text"/>

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
Purchase orders may be accepted by: a. EDI <input type="checkbox"/> Yes b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Yes Fax Number: 984-439-2761 d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/>	Purchase order daily receipt cut off time by supplier Cut off time: <input type="text" value="2:00 PM"/> Eastern 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="checkbox"/> Yes Drop Ship service fee billed with each order: <input type="checkbox"/> Yes Drop Ship miscellaneous fees billed: <input type="checkbox"/> Yes 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: 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"/>