



Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type: New Item

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:
 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 Dose
 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
 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? 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?
 Has FDA granted waiver/exception/exemption for product? If yes, attach documentation from FDA.

ITEM AND PACKING INFORMATION

Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/ Carton/ Bundle/ Inner Pack:	0.05		3	1.5		
Case:	1.95	9.5	4.5	6.5	0.16	24
Pallet:						
UPC:	Case:					
	Carton:					

GTIN PRODUCT INFORMATION

Serialized?	Yes	Level	Saleable Unit	Quantity	GTIN-14
If not, when?	<input type="text"/>	<input checked="" type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack	<input type="text"/>	1	00331722635301
Items aggregated?	<input type="text" value="No"/>	<input checked="" type="checkbox"/> Case	<input checked="" type="checkbox"/>	24	30331722635302
		<input type="checkbox"/> Pallet	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

COST INFORMATION

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

WHOLESALE USE ONLY:
 Vendor #:
 Whsl. Code #:
 Fine Line 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? No

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? 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

Controlled by State(s)? No

ARCOS Reportable? No

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

Controlled Substance Code

Listed Chemical (List I or II) No

If yes, indicate which:

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 No

Restricted to retail pharmacy only: Yes

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

SDS Hazard Classification

Organic Corrosive

Inorganic Oxidizer

Steroid/Androgen Contact Hazard

Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug?

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: No

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively: No

Wholesale distributor support: No

Provider Name:

Site Enrollment Number assigned by Supplier:

DEA #: No

PCPDP #: No

NPI #: No

Comments:

Registry: No

Registry Program Contact Name: Phone:

Comments:

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit: Yes

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:

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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. EDI</td> <td style="width: 10%; text-align: center;"><u>Yes</u></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>b. Autofax</td> <td style="text-align: center;"><u>No</u></td> <td>Fax Number:</td> <td colspan="3"></td> </tr> <tr> <td>c. Fax</td> <td style="text-align: center;"><u>Yes</u></td> <td>Fax Number:</td> <td colspan="3">732-562-8788</td> </tr> <tr> <td>d. Phone only</td> <td style="text-align: center;"><u>No</u></td> <td>Phone No.:</td> <td colspan="3"></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td style="text-align: center;"><u>No</u></td> <td>Site Address:</td> <td colspan="3"></td> </tr> </table> <p>Minimum Order Quantity: <u>case pack</u></p> <p>Supplier's Customer Service Number: <u>732-529-0430 x466 x465 x467 x470</u></p> <p>Contracted 3PL company / contact #:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td colspan="5"></td> </tr> <tr> <td>Phone:</td> <td colspan="5"></td> </tr> </table>	a. EDI	<u>Yes</u>					b. Autofax	<u>No</u>	Fax Number:				c. Fax	<u>Yes</u>	Fax Number:	732-562-8788			d. Phone only	<u>No</u>	Phone No.:				e. Supplier Web Site only	<u>No</u>	Site Address:				Name:						Phone:						<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <u>2:30PM</u> Eastern</p> <p>Shipping lead time of PO: <u>24/48</u> Hours <u> </u> Days</p> <p>Ships same day for next day receipt: <u>No</u></p> <p>Ships for second day receipt: <u>No</u></p> <p>Ships regular ground for 3-10 days receipt: <u>Yes</u></p>
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e. Supplier Web Site only	<u>No</u>	Site Address:																																									
Name:																																											
Phone:																																											
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing																																										
<p>Expedited freight fees billed with each order: <u>No</u></p> <p>Drop Ship service fee billed with each order: <u>No</u></p> <p>Drop Ship miscellaneous fees billed: <u>No</u></p> <p>Comments: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>	<p>Overnight receipt available: <u>Yes</u></p> <p>PO Receipt cut off time: <u>2:30PM</u> Eastern</p> <p>Days of week overnight is available:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; text-align: center;"><input checked="" type="checkbox"/></td><td>Monday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Tuesday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Wednesday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Thursday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Friday</td></tr> </table> <p>Priority Overnight receipt available: <u>Yes</u></p> <p>PO Receipt Cut off time: <u>2:30PM EST</u></p> <p>Saturday Overnight receipt available: <u>No</u></p> <p>PO Receipt Cut off time: <u> </u></p> <p>Order receipt method: Phone: <u>Yes</u> Phone #: <u> </u></p> <p>Fax: <u>Yes</u> Fax #: <u>732-562-8788</u></p> <p>EDI: <u>Yes</u></p> <p>Overnight Fees apply: <u>Yes</u></p> <p>Other fees apply: <u>No</u></p>	<input checked="" type="checkbox"/>	Monday	<input checked="" type="checkbox"/>	Tuesday	<input checked="" type="checkbox"/>	Wednesday	<input checked="" type="checkbox"/>	Thursday	<input checked="" type="checkbox"/>	Friday																																
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Other Data Information Required to Process PO:	ADDITIONAL INFORMATION																																										
<p>Patient Procedure Date: <u> </u></p> <p>Physician Name: <u> </u></p> <p>Physician/Clinic Phone #: <u> </u></p> <p>Physician State License #: <u> </u></p> <p>Physician/Clinic DEA #: <u> </u></p> <p>Physician/Clinic Specialty: <u> </u></p>	<p>Is product order for scheduled patient procedure? <u>No</u></p> <p>Is product order for restocking purposes? <u>No</u></p>																																										
Miscellaneous Notes:																																											
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>																																											