



Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type:

Final Version Date:

PRODUCT INFORMATION	
Company Name:	<input type="text" value="AuroMedics Pharma LLC"/>
Application:	<input type="text" value="ANDA"/>
Application Number for NDA/ANDA/BLA, Med Device:	<input type="text" value="206010"/>
Rx Product/Proprietary Name:	<input type="text" value="ATRACURIUM BESYLATE INJECTION, USP 50 mg/5 mL (10 mg/mL) (Single Dose Vial)"/>
NDC:	<input type="text" value="55150-216-05"/>
UPC:	<input type="text" value="355150216055"/>
CVX Code:	<input type="text"/>
MXV Code:	<input type="text"/>
Description:	<input type="text" value="ATRACURIUM BESYLATE INJECTION, USP 50 mg/5 mL (10 mg/mL) (Single Dose Vial)"/>
Active ingredients:	<input type="text"/>
URL for Additional Product Information:	<input type="text"/>
Address:	<input type="text" value="6 Wheeling Road"/>
City:	<input type="text" value="Dayton"/>
State:	<input type="text" value="NJ"/>
Zip:	<input type="text" value="08810"/>
Key Contact:	<input type="text"/>
Email:	<input type="text"/>
Phone Number:	<input type="text" value="888-238-7880"/>
Fax:	<input type="text" value="732-355-9449"/>

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
<input type="checkbox"/>	I. Freezer – between -25 and -10 C (-13° – 14° F)
<input checked="" type="checkbox"/>	II. Cold – between 2 and 8 C (36° – 46° F)
<input type="checkbox"/>	III. Cool – between 8 and 15 C (46° – 59° F)
<input type="checkbox"/>	IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F)
<input type="checkbox"/>	V. Avoid Excessive Heat – above 40 C (>104° F)
<input type="checkbox"/>	VI. Other Temperature Range Requirement (write in) <input type="text"/>
<input type="checkbox"/>	VII. No Requirement
b. Contact for temperature excursion questions:	
Name:	<input type="text" value="Steve Lucas"/>
Number:	<input type="text" value="732-823-4122"/>
Is this product to be shipped to customers on ice?	<input type="text" value="Yes"/>
Is this product to be shipped to customers on dry ice?	<input type="text" value="No"/>
c. Special regulations for product in certain states?	
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="text" value="No"/>
e. Shelf life:	
<input type="text" value="24"/> Months	<input type="text"/>
Initial shelf life at launch (if different):	<input type="text"/> Months

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	<input type="text" value="AP"/>
II. Brand Name:	<input type="text"/>
III. Generic Equivalent for Brand:	<input type="text" value="Tracrium Preserv-Free"/>

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input type="text" value="Yes"/>
DUNS:	<input type="text" value="968961354"/>
Is product exempt from DSCSA?	<input type="text" value="No"/>
If yes, select exemption:	<input type="text"/>
Other exemption - Write in:	<input type="text"/>
Is product repackaged?	<input type="text" value="No"/>
If Yes, was original product purchased direct from mfr?	<input type="text"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="No"/>
Are any waivers granted for product ID/barcode?	<input type="text" value="No"/>
If yes, attach documentation from FDA	<input type="text"/>

ADDITIONAL PRODUCT INFORMATION	
Is the Product... Direct Ship Item	<input type="text"/>
Legend Device?	<input type="text" value="No"/>
State Control?	<input type="text" value="No"/>
ARCOS reportable?	<input type="text" value="No"/>
Co-Licensed?	<input type="text" value="No"/>
Controlled Substance?	<input type="text" value="No"/>
Schedule No.?	<input type="text"/>
(incl. N for non-narcotic)	
Controlled Substance Code:	<input type="text"/>
Hazardous Material/Cytotoxic Agent?	<input type="text" value="No"/>
Is Item...	<input type="text"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text"/>
Is it reverse numbered?	<input type="text"/>

ORDER INFORMATION	
Unit of Sale	<input type="text"/>
What is the NDC selling unit?	<input type="text" value="1 box of 10 vials"/>
(Write-in, e.g. 1 Box of 10 Vials)	
Minimum order quantity?	<input type="text" value="Yes"/>
If Yes, how many of which package type?	
<input type="text"/>	Each
<input type="text" value="20"/>	Inner/ Carton/Pack
<input type="text"/>	Case

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width:		
Box/ Carton:	0.45203	5.1968 Inches	1.9685 Inches	2.0472 Inches		10 vial
Case:	11.124	11.2204 Inches	5.5118 Inches	11.2204 Inches		200 vials (10x5x4)
Pallet:	1100.944	48 Inches	41.89	40 Inches		96 Shippers
UPC:	Case:					
	Carton:	<input type="text" value="355150216055"/>				

WHOLESALE USE ONLY:	
Vendor #:	<input type="text"/>
Whsl. Code #:	<input type="text"/>
Fineline Code:	<input type="text"/>

PHARMACY ORDER / BILL UNIT	Other Product Information
Rec. sell unit to customer?	Size/Strength/Form:
<input type="text" value="1 box of 10 vials"/>	<input type="text"/>
(Write-in, e.g. 1 Vial)	Product Shape:
Rx billing unit to pharmacy:	Product Color:
<input type="text"/>	<input type="text" value="clear / colorless"/>
<input type="text"/>	Product Imprint:
<input type="text"/>	<input type="text"/>

COST INFORMATION		
Regular Cost Per Unit of Sale (\$)	Invoice Cost (WAC) (\$)	Federal Excise Tax Per Unit of Sale
<input type="text"/>	<input type="text" value="\$72.00"/>	<input type="text"/>
As of date: <input type="text" value="8/1/2015"/>		

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:



Standard Pharmaceutical Product Information (Page 2)

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

Carcinogen

Reproductive Toxicant

Both

Warning appears on label

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

Hazardous Waste Identification

EPA Hazardous Waste Code: _____

Is this product regulated for shipment by the DOT? No

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# _____

(if yes, answer a-d below and provide SDS)

a. DOT Hazard Class _____

b. UN/ID Number _____

c. Packing Group _____

d. Inhalation Hazard? _____

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

Passenger

Cargo

Passenger & Cargo

ADDITIONAL PRODUCT INFORMATION - Serialization

Serialized?	Level	How?	GTIN-14
<input type="checkbox"/>	Item	<input type="checkbox"/> 2D <input type="checkbox"/> Linear	RFID 10355150216052
<input type="checkbox"/> If not, when?	Box/Carton	<input type="checkbox"/> 2D <input type="checkbox"/> Linear	RFID 00355150216055
<input type="checkbox"/> Items aggregated to case?	Case	<input type="checkbox"/> 2D <input type="checkbox"/> Linear	RFID 50355150216050
	Pallet	<input type="checkbox"/> 2D <input type="checkbox"/> Linear	RFID 70355150216054

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? _____

If Yes, is it managed with a pharmacy registry? _____

Website URL: _____

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

ADD'L STORAGE INFORMATION

Please check as appropriate for this product.

Organic Inorganic

Antineoplastic Steroid/Androgen

Corrosive Oxidizer

Aerosol Class; Identify NFPA Storage Level: _____

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? _____

If so, which states? Other requirements? Comments?

Listed Chemical (List I or II) (Indicate or Write-in below):

Ephedrine

Pseudoephedrine

Phenylpropanolamine

Iodine ($\geq 2.2\%$)

Other: _____

CLASS OF TRADE RESTRICTION:

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

Restricted to retail pharmacy only: _____

Restricted to hospital, clinics, and physician offices only: _____

Restricted from US territories? (explain in comments) _____

Comments: _____

ADDITIONAL INFORMATION

If Unit Dose NDC, indicate NDC here: _____

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"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/> Name: <input type="text"/> Phone: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</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 style="width: 100%; height: 40px;" type="text"/></p>	<p>Overnight receipt available: <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>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <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:	REMS or Registry Restrictions
<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 style="width: 100%; height: 40px;" type="text"/></p>	<p>REMS: <input type="checkbox"/></p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="checkbox"/></p> <p>Wholesale distributor support: <input type="checkbox"/></p> <p>Provider Name: <input type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input type="text"/></p> <p>DEA #: <input type="text"/></p> <p>PCPDP #: <input type="text"/></p> <p>NPI #: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Registry: <input type="checkbox"/></p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 20px;" type="text"/></p>
Other Data Information Required to Process PO:	Return Instructions
<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>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 style="width: 100%; height: 40px;" type="text"/></p>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<p><input style="width: 100%; height: 80px;" 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>



Standard Pharmaceutical Product Information (Rx Product Only)

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Introduction Type:

Final Version Date:

PRODUCT INFORMATION	
Company Name:	<input type="text" value="AuroMedics Pharma LLC"/>
Application:	<input type="text" value="ANDA"/>
Application Number for NDA/ANDA/BLA, Med Device:	<input type="text" value="206011"/>
Rx Product/Proprietary Name:	<input type="text" value="ATRACURIUM BESYLATE INJECTION, USP 100 mg/10 mL (10 mg/mL) (Multi Dose Vial)"/>
NDC:	<input type="text" value="55150-217-10"/>
UPC:	<input type="text" value="355150217106"/>
CVX Code:	<input type="text"/>
MXV Code:	<input type="text"/>
Description:	<input type="text" value="ATRACURIUM BESYLATE INJECTION, USP 100 mg/10 mL (10 mg/mL) (Multi Dose Vial)"/>
Active ingredients:	<input type="text"/>
URL for Additional Product Information:	<input type="text"/>
Address:	<input type="text" value="6 Wheeling Road"/>
City:	<input type="text" value="Dayton"/>
State:	<input type="text" value="NJ"/>
Zip:	<input type="text" value="08810"/>
Key Contact:	<input type="text"/>
Phone Number:	<input type="text" value="888-238-7880"/>
Address 2:	<input type="text"/>
Email:	<input type="text"/>
Fax:	<input type="text" value="732-355-9449"/>

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
<input type="checkbox"/>	I. Freezer – between -25 and -10 C (-13° – 14° F)
<input checked="" type="checkbox"/>	II. Cold – between 2 and 8 C (36° – 46° F)
<input type="checkbox"/>	III. Cool – between 8 and 15 C (46° – 59° F)
<input type="checkbox"/>	IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F)
<input type="checkbox"/>	V. Avoid Excessive Heat – above 40 C (>104° F)
<input type="checkbox"/>	VI. Other Temperature Range Requirement (write in) <input type="text"/>
<input type="checkbox"/>	VII. No Requirement
b. Contact for temperature excursion questions:	
Name:	<input type="text" value="Steve Lucas"/>
Number:	<input type="text" value="732-823-4122"/>
Is this product to be shipped to customers on ice?	<input type="text" value="Yes"/>
Is this product to be shipped to customers on dry ice?	<input type="text" value="No"/>
c. Special regulations for product in certain states?	
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="text" value="No"/>
e. Shelf life:	
<input type="text" value="24"/> Months	<input type="text"/>
Initial shelf life at launch (if different):	<input type="text"/> Months

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	<input type="text" value="AP"/>
II. Brand Name:	<input type="text"/>
III. Generic Equivalent for Brand:	<input type="text" value="Tracrium"/>

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input type="text" value="Yes"/>
DUNS:	<input type="text" value="968961354"/>
Is product exempt from DSCSA?	<input type="text" value="No"/>
If yes, select exemption:	<input type="text"/>
Other exemption - Write in:	<input type="text"/>
Is product repackaged?	<input type="text" value="No"/>
If Yes, was original product purchased direct from mfr?	<input type="text"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="No"/>
Are any waivers granted for product ID/barcode?	<input type="text" value="No"/>
If yes, attach documentation from FDA	<input type="text"/>

ADDITIONAL PRODUCT INFORMATION	
Is the Product... Direct Ship Item	<input type="text"/>
Legend Device?	<input type="text" value="No"/>
State Control?	<input type="text" value="No"/>
ARCOS reportable?	<input type="text" value="No"/>
Co-Licensed?	<input type="text" value="No"/>
Controlled Substance?	<input type="text" value="No"/>
Schedule No.?	<input type="text"/>
(incl. N for non-narcotic)	
Controlled Substance Code:	<input type="text"/>
Hazardous Material/Cytotoxic Agent?	<input type="text" value="No"/>
Is Item...	<input type="text"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text"/>
Is it reverse numbered?	<input type="text"/>

ORDER INFORMATION	
Unit of Sale	<input checked="" type="checkbox"/> Box/Carton
What is the NDC selling unit?	<input type="text" value="1 box of 10 vials"/>
(Write-in, e.g. 1 Box of 10 Vials)	
Minimum order quantity?	<input type="text" value="Yes"/>
If Yes, how many of which package type?	
<input type="text" value="24"/> Each	
<input type="text"/>	Inner/Carton/Pack
<input type="text"/>	Case

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width:		
Box/ Carton:	0.61297	5.314 Inches	2.362 Inches	2.1653 Inches		10 vials
Case:	17.312	14.173 Inches	6.338 Inches	11.6141 Inches		240 vials (10x6x4)
Pallet:	1123.688	48 Inches	53.78 Inches	40 Inches		63 Shippers
UPC:	Case:					
	Carton:	<input type="text" value="355150217106"/>				

WHOLESALE USE ONLY:	
Vendor #:	<input type="text"/>
Whsl. Code #:	<input type="text"/>
Fineline Code:	<input type="text"/>

PHARMACY ORDER / BILL UNIT	Other Product Information
Rec. sell unit to customer?	Size/Strength/Form:
<input type="text" value="1 box of 10 vials"/>	<input type="text"/>
(Write-in, e.g. 1 Vial)	Product Shape:
Rx billing unit to pharmacy:	Product Color:
<input type="checkbox"/> Each	<input type="text" value="clear / colorless"/>
<input type="checkbox"/> Gram	Product Imprint:
<input type="checkbox"/> Milliliter	<input type="text"/>

COST INFORMATION		
Regular Cost Per Unit of Sale (\$)	Invoice Cost (WAC) (\$)	Federal Excise Tax Per Unit of Sale
	<input type="text" value="\$140.00"/>	
As of date: <input type="text" value="8/1/2015"/>		

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:



Standard Pharmaceutical Product Information (Page 2)

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

Carcinogen

Reproductive Toxicant

Both

Warning appears on label

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

Hazardous Waste Identification	
EPA Hazardous Waste Code:	

Is this product regulated for shipment by the DOT?

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#

(if yes, answer a-d below and provide SDS)

a. DOT Hazard Class

b. UN/ID Number

c. Packing Group

d. Inhalation Hazard?

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

Passenger

Cargo

Passenger & Cargo

ADDITIONAL PRODUCT INFORMATION - Serialization					
Serialized?	Level	How?	RFID	GTIN-14	
<input type="checkbox"/>	Item	<input type="checkbox"/> 2D <input type="checkbox"/> Linear	<input type="checkbox"/>	10355150217103	
If not, when?	Box/ Carton	<input type="checkbox"/> 2D <input type="checkbox"/> Linear	<input type="checkbox"/>	00355150217106	
Items aggregated to case?	Case	<input type="checkbox"/> 2D <input type="checkbox"/> Linear	<input type="checkbox"/>	50355150217101	
	Pallet	<input type="checkbox"/> 2D <input type="checkbox"/> Linear	<input type="checkbox"/>	70355150217105	

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?

If Yes, is it managed with a pharmacy registry?

Website URL:

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

ADD'L STORAGE INFORMATION

Please check as appropriate for this product.

Organic Inorganic

Antineoplastic Steroid/Androgen

Corrosive Oxidizer

Aerosol Class; Identify NFPA Storage Level:

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?

If so, which states? Other requirements? Comments?

Listed Chemical (List I or II) (Indicate or Write-in below):

Ephedrine

Pseudoephedrine

Phenylpropanolamine

Iodine (≥2.2%)

Other:

CLASS OF TRADE RESTRICTION:

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

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

Comments:

ADDITIONAL INFORMATION

If Unit Dose NDC, indicate NDC here:

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"/> b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> 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 #: <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: 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"/>	
REMS or Registry Restrictions	Return Instructions
REMS: <input type="checkbox"/> REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/> Supplier Manages REMS registry exclusively: <input type="checkbox"/> Wholesale distributor support: <input type="checkbox"/> Provider Name: <input type="text"/> Site Enrollment Number assigned by Supplier: <input type="text"/> DEA #: <input type="text"/> PCPDP #: <input type="text"/> NPI #: <input type="text"/> Comments: <input type="text"/> Registry: <input type="checkbox"/> Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/> Comments: <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"/>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
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"/>	Miscellaneous Notes: <input type="text"/>