

Standard Pharmaceutical Product Information (Rx Product Only)

			Intro	duction Type:	New Item	[Fir	nal Version		Date:		
		P	RODUCT INFORMATION					SPECIAL HAN	IDLING AND ST	FORAGE REQU	IREMENTS*	
Company Name:	AuroMedics Pharma LL	C			Application: ANI	DA	a. Temperature	e – Indicate the	e USP temperat	ture range for t	nis product.	
Application Number for	NDA/ANDA/BLA, Med	Device:	205332	+			1.1	Freezer – betw	een -25 and -10	C (-13° – 14° F)		
Rx Product/Proprietary Na	ime:	Ibandronate Soc	dium Injection 3 mg per 3 r	mL (1 mg / mL)*			Ш.	Cold - betwee	n 2 and 8 C (36°	° – 46° F)		
	55150-191-83		, , ,	UPC:	355150191833				en 8 and 15 C (4	,		
CVX Code:				MVX Code:			YES IV	. Controlled Ro	om – between 2	0 and 25 C (68°	– 77° F)	
Description:	Ibandronate Sodium Inj	jection 3 mg per	3 mL (1 mg / mL)* (pre-fill	led syringe)			allows for excursions between 15 and 30 C (59° – 86° F)					
				, , ,			V.	Avoid Excessiv	ve Heat – above	40 C (>104° F)		
Active ingredients:							VI.	. Other Temper (write in)	rature Range Re	equirement		1
URL for Additional Product Information:							VI	I. No Requirem	ient			•
Address:	6 Wheeling Road			Address 2:			b. Contact for t	temperature e	xcursion quest	ions:		
-	Dayton		State:	NJ	Zip: 08810		Name:	Steve Lucas				
Key Contact:			Email:									
Phone Number:	888-238-7880		Fax:	732-355-9449	1				to customers o		No	-
		FOR (GENERIC DRUG PRODUC	стѕ			is this produc	ct to be snipped	to customers o	n dry ice?	No	_
.	AP		II. Brand Name:									
III. Generic Equivalent for E	Brand:	Boniva					c. Special regu	lations for pro	oduct in certain	states?	No	_
	DRUG	SUPPLY CHA	IN SECURITY ACT (DSCS	SA) INFORMATI	ION		Special return	ns requirements	s for this produc	t?	No	_
Does supplier meet DSCSA	A definition of manufa		Yes	DUNS:	968961354							
Is product exempt from DS	SCSA?	No	_				d. Store produ	uct (unit of sale	e) upright?		No	-
If yes, select exemption: Other exemption - Write							Protect proc	duct (unit of s	ale) from light?	,	No	-
Is product repackaged?	-	No	If Yes, was origina	al product purc	hased direct from mfr?		e. Shelf life:	24	Months			
Is product sold by manufac	cturer's exclusive dis	tributor?	No					Initial shelf lit	fe at launch (if	different):		Months
Are any waivers granted for product ID/barcode? No If yes, attach documentation from FDA												
	e. p. cuuct 12/104. couc	ſ	No	If yes, attach	documentation from FDA							-
	•		No RODUCT INFORMATION		documentation from FDA			ITEM AND	PACKING INFO	ORMATION		-
Is the Product	•										Volume	
Is the Product				I ORDER INFOR			Weight Lbs.		PACKING INF ensions (US m Height		Volume (Cube)	# Pieces:
		ADDITIONAL P	RODUCT INFORMATION	I ORDER INFOR	RMATION IDC selling unit?	Item	Weight Lbs.	Dim	ensions (US m	smts.)		# Pieces:
Legend Device? State Control? ARCOS reportable?		ADDITIONAL P No No No	Unit of Sale Bottle Bottle Box/Carton	ORDER INFOR What is the N 1 box of 1 PF	RMATION IDC selling unit? S Blister	Item:	Weight Lbs.	Dim	ensions (US m	smts.)		# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed?		ADDITIONAL P	RODUCT INFORMATION Unit of Sale Bottle X Box/Carton Ampule	ORDER INFOR What is the N 1 box of 1 PF	RMATION IDC selling unit?	Box/	Weight Lbs.	Dim	ensions (US m	smts.)		# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance?		ADDITIONAL P No No No	RODUCT INFORMATION Unit of Sale Bottle X Box/Carton Ampule Glass	ORDER INFOR What is the N 1 box of 1 PF (Write-in, e.g	RMATION IDC selling unit? S Blister . 1 Box of 10 Vials)			Dim Depth 7.716 Inches	ensions (US m Height 1.73 Inches	smts.) Width:		1 PFS Blister
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.?	Direct Ship Item	ADDITIONAL P	RODUCT INFORMATION Unit of Sale Bottle Bottle Box/Carton Ampule Glass Tube	ORDER INFOR What is the N 1 box of 1 PF	RMATION IDC selling unit? S Blister . 1 Box of 10 Vials)	Box/		Dim Depth 7.716 Inches 10.82	ensions (US m Height 1.73 Inches 8.26	smts.) Width:		1 PFS Blister 24 cartons
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance?	Direct Ship Item	ADDITIONAL P	RODUCT INFORMATION Unit of Sale Bottle X Box/Carton Ampule Glass	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum ord	RMATION IDC selling unit? S Blister . 1 Box of 10 Vials)	Box/ Carton: Case:	0.1079 3.602	Dim Depth 7.716 Inches 10.82 Inches	Height Height 1.73 Inches 8.26 Inches	smts.) Width: 1.73 Inches 7.48 Inches		1 PFS Blister 24 cartons (6x4x1)
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? [(incl. N for non-narcotic)	Direct Ship Item	ADDITIONAL P	RODUCT INFORMATION Unit of Sale Bottle K Box/Carton Ampule Glass Tube Vial Liquid Sgl	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum ord	RMATION IDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes	Box/ Carton:	0.1079	Dim Depth 7.716 Inches 10.82	ensions (US m Height 1.73 Inches 8.26	smts.) Width: 1.73 Inches		1 PFS Blister 24 cartons
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? [(incl. N for non-narcotic) Controlled Substance Codd Hazardous Material/Cytoto	Direct Ship Item	ADDITIONAL P No No No No	RODUCT INFORMATION Unit of Sale Bottle Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum ord	RMATION IDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes nany of which package type? Each Inner/Carton/Pack	Box/ Carton: Case:	0.1079 3.602 375.209 Case:	Dim Depth 7.716 Inches 10.82 Inches 48 Inches	Height 1.73 Inches 8.26 Inches 50.51 Inches	smts.) Width: 1.73 Inches 7.48 Inches		1 PFS Blister 24 cartons (6x4x1)
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic) Controlled Substance Code Hazardous Material/Cytoto Is Item	Direct Ship Item	ADDITIONAL P No No No No	RODUCT INFORMATION Unit of Sale Bottle Bottle K Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum orc If Yes, how n	RMATION IDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes nany of which package type? Each	Box/ Carton: Case: Pallet:	0.1079 3.602 375.209	Dim Depth 7.716 Inches 10.82 Inches	Height 1.73 Inches 8.26 Inches 50.51 Inches	smts.) Width: 1.73 Inches 7.48 Inches		1 PFS Blister 24 cartons (6x4x1)
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic) Controlled Substance Code Hazardous Material/Cytoto Is Item If Unit Dose, is item bar code	Direct Ship Item	ADDITIONAL P No No No No	RODUCT INFORMATION Unit of Sale Bottle Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum orc If Yes, how n 24	RMATION IDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes nany of which package type? Each Inner/Carton/Pack Case	Box/ Carton: Case: Pallet: UPC:	0.1079 3.602 375.209 Case:	Dim Depth 7.716 Inches 10.82 Inches 48 Inches	ensions (US m Height 1.73 Inches 8.26 Inches 50.51 Inches 3	Simts.) Width: 1.73 Inches 7.48 Inches 40 Inches		1 PFS Blister 24 cartons (6x4x1)
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic) Controlled Substance Code Hazardous Material/Cytoto Is Item If Unit Dose, is item bar code hospital scanning?	Direct Ship Item	ADDITIONAL P No No No No	RODUCT INFORMATION Unit of Sale Bottle X Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Sgl Vial Powder Sql Vial Powder Sql Vial Powder Multi Other: Write In PHARMACY ORDER	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum ord If Yes, how n 24 / BILL UNIT	RMATION IDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes nany of which package type? Each Inner/Carton/Pack Case Other Product Informat	Box/ Carton: Case: Pallet: UPC:	0.1079 3.602 375.209 Case: Carton:	Dim Depth 7.716 Inches 10.82 Inches 48 Inches 355150191833	Height 1.73 Inches 8.26 Inches 50.51 Inches	Simts.) Width: 1.73 Inches 7.48 Inches 40 Inches	(Cube)	1 PFS Blister 24 cartons (6x4x1) 95 Shippers
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic) Controlled Substance Code Hazardous Material/Cytoto Is Item If Unit Dose, is item bar code	Direct Ship Item	ADDITIONAL P No No No No	RODUCT INFORMATION Unit of Sale Bottle Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum ord If Yes, how n 24 / BILL UNIT	RMATION IDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes nany of which package type? Each Inner/Carton/Pack Case	Box/ Carton: Case: Pallet: UPC:	0.1079 3.602 375.209 Case:	Dim Depth 7.716 Inches 10.82 Inches 48 Inches 355150191833	ensions (US m Height 1.73 Inches 8.26 Inches 50.51 Inches 3 COST INFO	Simts.) Width: 1.73 Inches 7.48 Inches 40 Inches	(Cube)	1 PFS Blister 24 cartons (6x4x1)
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Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic) Controlled Substance Code Hazardous Material/Cytoto Is Item If Unit Dose, is item bar code hospital scanning? Is it reverse numbered?	Direct Ship Item	ADDITIONAL P No No No No	RODUCT INFORMATION Unit of Sale Bottle X Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Sgl Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custom	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum ord If Yes, how n 24 / BILL UNIT her?	RMATION JDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes nany of which package type? Each Inner/Carton/Pack Case Other Product Informat Size/Strength/Form:	Box/ Carton: Case: Pallet: UPC:	0.1079 3.602 375.209 Case: Carton:	Dim Depth 7.716 Inches 10.82 Inches 48 Inches 355150191833	Height 1.73 Inches 8.26 Inches 50.51 Inches 3 COST INFO Invoice Cost	Smts.) Width: 1.73 Inches 7.48 Inches 40 Inches RMATION	(Cube)	1 PFS Blister 24 cartons (6x4x1) 95 Shippers
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic) Controlled Substance Codd Hazardous Material/Cytoto Is Item If Unit Dose, is item bar code hospital scanning? Is it reverse numbered?	Direct Ship Item	ADDITIONAL P No No No No	RODUCT INFORMATION Unit of Sale Bottle X Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custom (Write-in, e.g. 1)	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum ord If Yes, how n 24 / BILL UNIT her?	RMATION JDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes nany of which package type? Each Inner/Carton/Pack Case Other Product Informat Size/Strength/Form: Product Shape:	Box/ Carton: Case: Pallet: UPC:	0.1079 3.602 375.209 Case: Carton:	Dim Depth 7.716 Inches 10.82 Inches 48 Inches 355150191833	Height 1.73 Inches 8.26 Inches 50.51 Inches 3 COST INFO Invoice Cost	Simts.) Width: 1.73 Inches 7.48 Inches 40 Inches RMATION St (WAC) (\$)	(Cube)	1 PFS Blister 24 cartons (6x4x1) 95 Shippers
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic) Controlled Substance Code Hazardous Material/Cytoto Is Item If Unit Dose, is item bar code hospital scanning? Is it reverse numbered? WHOLESA Vendor #:	Direct Ship Item	ADDITIONAL P No No No No	RODUCT INFORMATION Unit of Sale Bottle X Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custom (Write-in, e.g. 1 Rx billing unit to pharm Each Gram	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum ord If Yes, how n 24 / BILL UNIT her?	RMATION JDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes nany of which package type? Each Inner/Carton/Pack Case Other Product Informat Size/Strength/Form: Product Shape:	Box/ Carton: Case: Pallet: UPC:	0.1079 3.602 375.209 Case: Carton:	Dim Depth 7.716 Inches 10.82 Inches 48 Inches 355150191833	ensions (US m Height 1.73 Inches 8.26 Inches 50.51 Inches 3 COST INFO Invoice Cost \$24	Smts.) Width: 1.73 Inches 7.48 Inches 40 Inches RMATION St (WAC) (\$)	(Cube)	1 PFS Blister 24 cartons (6x4x1) 95 Shippers
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? [(incl. N for non-narcotic) Controlled Substance Code Hazardous Material/Cytoto Is Item If Unit Dose, is item bar code hospital scanning? Is it reverse numbered? WHOLESA Vendor #: Whsl. Code #:	Direct Ship Item	ADDITIONAL P No No No No	RODUCT INFORMATION Unit of Sale Bottle X Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Sgl Vial Powder Sql Vial Powder Sql Vial Powder Sql Vial Powder Sql Wial Powder Sql Krac. sell unit to custom (Write-in, e.g. 1 Rx billing unit to pharm Each	ORDER INFOR What is the N 1 box of 1 PF: (Write-in, e.g Minimum ord If Yes, how n 24 / BILL UNIT her?	RMATION IDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes nany of which package type? Each Inner/Carton/Pack Case Other Product Informat Size/Strength/Form: Product Shape: Product Color:	Box/ Carton: Case: Pallet: UPC:	0.1079 3.602 375.209 Case: Carton:	Dim Depth 7.716 Inches 10.82 Inches 48 Inches 355150191833	Height 1.73 Inches 8.26 Inches 50.51 Inches 3 COST INFO Invoice Cost	Simts.) Width: 1.73 Inches 7.48 Inches 40 Inches RMATION St (WAC) (\$)	(Cube)	1 PFS Blister 24 cartons (6x4x1) 95 Shippers
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Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic) Controlled Substance Code Hazardous Material/Cytoto Is Item If Unit Dose, is item bar code hospital scanning? Is it reverse numbered? WHOLESA Vendor #: Whsl. Code #:	Direct Ship Item	ADDITIONAL P	RODUCT INFORMATION Unit of Sale Bottle X Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custom (Write-in, e.g. 1 Rx billing unit to pharm Each Gram Milliliter	ORDER INFOR What is the N box of 1 PF: (Write-in, e.g Minimum ord If Yes, how n 24 BILL UNIT Per? I Vial) Dacy:) or non hazard l	RMATION JDC selling unit? S Blister . 1 Box of 10 Vials) der quantity? Yes nany of which package type? Each Inner/Carton/Pack Case Other Product Informat Size/Strength/Form: Product Shape: Product Color: Clear/colorles: Product Imprint:	Box/ Carton: Case: Pallet: UPC:	0.1079 3.602 375.209 Case: Carton: Regular Cost Sale	Dim Depth 7.716 Inches 10.82 Inches 48 Inches 355150191833 t Per Unit of (\$)	Height I.73 Inches 8.26 Inches 50.51 Inches 3 COST INFO Invoice Cos \$24 As of date:	Smts.) Width: 1.73 Inches 7.48 Inches 40 Inches RMATION St (WAC) (\$)	(Cube)	1 PFS Blister 24 cartons (6x4x1) 95 Shippers



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	Hazardous Waste Identification EPA Hazardous Waste Code:							
(If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No	_							
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)	(if yes, answer a-d below and provide SDS) a. DOT Hazard Class b. UN/ID Number c. Packing Group d. Inhalation Hazard?							
Limited Quantity	ADDITIONAL PRODUCT INFORMATION - Serialization							
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#	Level How? GTIN-14 Serialized? Item 2D Linear RFID 10355150191830 If not, when? Box/Carton 2D Linear RFID 00355150191833 Items aggregated to case? Case 2D Linear RFID 50355150191838 Pallet 2D Linear RFID 70355150191832							
Is the product restricted for air shipment? If so, indicate restriction:	REMS or REGISTRY RESTRICTIONS							
Passenger Cargo Passenger & Cargo	Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:							
ADD'L STORAGE INFORMATION	Comments / Details: (For example, iPledge program?)							
Please check as appropriate for this product. Organic Inorganic Antineoplastic Steroid/Androgen Corrosive Oxidizer								
Aerosol Class; Identify NFPA Storage Level:	RETURN INSTRUCTIONS							
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine Iodine (≥2.2%) Other:	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?							
CLASS OF TRADE RESTRICTION:	ADDITIONAL INFORMATION							
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	If Unit Dose NDC, indicate NDC here:							
Restricted to retail pharmacy only:	MISCELLANEOUS NOTES and/or Image of Product Barcode:							
Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:								



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 b. Autofax Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time:				
c. Fax Fax Number:	Shipping lead time of PO: Hours Days				
d. Phone only Phone No.:					
e. Supplier Web Site only Site Address:	Ships same day for next day receipt:				
Minimum Order Quantity:	Ships for second day receipt:				
Supplier's Customer Service Number:	Ships regular ground for 3-10 days receipt:				
Contracted 3PL company / contact #: Name:					
Phone:					
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing				
Expedited freight fees billed with each order:	Overnight receipt available:				
Drop Ship service fee billed with each order:	PO Receipt cut off time:				
Drop Ship miscellaneous fees billed:	Days of week overnight is available: Monday				
Comments:	Tuesday Wednesday Thursday Friday				
	Priority Overnight receipt available:				
Class of Trade Restriction:	PO Receipt Cut off time:				
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	Saturday Overnight receipt available: PO Receipt Cut off time: PO Receipt Cut off time: Phone: Order receipt method: Phone: Fax: EDI: EDI: Image: Construction of the construction of th				
REMS or Registry Restrictions	Return Instructions				
REMS: Phone: REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: Provider Name: Provider Name: DEA #: DEA #: PCPDP #: NPI #: POUL	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?				
Comments:					
Registry:	ADDITIONAL INFORMATION				
Registry Program Contact Name: Phone: Comments	Is product order for scheduled patient procedure? Is product order for restocking purposes?				
Other Data Information Required to Process PO:	Miscellaneous Notes:				
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic DEA #: Physician/Clinic Specialty:					