



Introduction Type:

Date:

2/24/2025

SPECIAL HANDLING AND STORAGE REQUIREMENTS

a. Temperature – Indicate the USP temperature range for this product.

Temperature Range	Controlled Room – between 20 and 25 C (68° – 77° F)
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Other Temperature Range Requirement
(write in)

Notes

Is this product to be shipped to customers on ice? ☐ No ☐ Yes

Is this product to be shipped to customers on dry ice? ☐ No ☐ Yes

b. Contact for temperature excursion questions:

Name: _____

Number: _____

Group E-mail: customer.service@cadista.com

c. Special regulations for product in any states?

Special returns requirements for this product? ☐ No ☐ Yes

d. Store product (unit of sale) upright?

Protect product (unit of sale) from light? ☐ No ☐ Yes

e. Shelf life:

Initial shelf life at launch (if different): _____

Months _____

PRODUCT DESCRIPTION INFORMATION

Unit of Sale		What is the NDC selling unit?
<input checked="" type="checkbox"/> X	Bottle	1 bottle of 1000 capsules
<input type="checkbox"/>	Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<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 Powder Multi	
<input type="checkbox"/>	Other: Write In	

Minimum order quantity?	
<input type="text" value="12"/>	Each
<input type="text" value=""/>	Inner/Carton/Pack
<input type="text" value=""/>	Case

If Yes, how many of which package type?	
<input type="text" value=""/>	Each
<input type="text" value=""/>	Inner/Carton/Pack
<input type="text" value=""/>	Case

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?	Rx billing unit to pharmacy:
1 bottle of 1000 capsules	X Each
(Write-in, e.g. 1 Vial)	Gram
HCPCS J-Code:	Milliliter

ITEM AND PACKING INFORMATION

	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable Pieces
		Depth	Width	Height		
Item/Each:	0.66	3.4	3.4	7	80.92	1
Box/Carton/Bundle/ Inner Pack:					0.00	
Case:	9.04	14	10.5	7.13	1048.11	12
Pallet:					0	

COST INFORMATION

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$176.40	Whsl. Code #:	
As of date:	2/24/2025	Fineline Code:	

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

Signature:



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

Version 2024

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?

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?

No

Is this product regulated for shipment by 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?

No

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

No

☐ 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 Substance Code

Controlled by State(s)?

No

Listed Chemical (List I or II)

No

ARCOS Reportable?

No

If yes, indicate which:

Schedule No.

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:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

Comments:

SDS Hazard Classification

☐ Organic

☐ Inorganic

☐ Steroid/Androgen

☐ Corrosive

☐ Oxidizer

☐ 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?

No

If Yes, is it managed with a pharmacy registry?

Website URL:

Med Guide Required

No

Limited Distribution Requirement

No

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

REMS:

REMS Program Manager Name:

Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

DEA #:

Site Enrollment Number assigned

NCPDP#:

by Supplier:

NPI #:

Comments

Registry:

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?

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

Release DATE



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

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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
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></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"/></p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <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 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:	
<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 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 type="text"/></p>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<input type="text"/>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>