

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

						Introduction Typ	e: Post Launch Change		x Final Version			Date:	0, 0,	2023
			PRODUCT INFORMA	TION					SPECIAL HAND	LING AND STOR	AGE REQUI	REMENTS*		
Company Name:	Jubilant Cadista F	Pharmaceuticals Inc.				Application	n: ANDA	a. Temperatu	re - Indicate the USP tempe	ature range for the	nis product.			
Application Number for NDA/AN	NDA/BLA (drug); PI	MA/510(k)(med device	ce):	040268				1	Temperature Range	Controlled Room -	- between 20	and 25 C (68	° – 77° F)	
Medical Device Class, if applica	able:							T I						
DUNS:	022490515							_	Other Temperature Range R	equirement				
Proprietary Name (If Applicable)	and Established Na	ame: Prochl	Iorperazine Maleate Tablets					T	(write in)					
Selling Unit NDC:	59746-113-06		Unit of Use NDC:				59746-113-06-3		Notes					
UDI			CVX Code:			MVX Code:								
Description:	Prochlorperazine	Maleate 5mg 100 Tab	blets					Т	Is this product to be shipped	to customers on id	e?		No	l .
		J							Is this product to be shipped				No	i
Active Ingredient(s):		Prochlorperazine M	laleate					1			•	'		
								b. Contact for	r temperature excursion que	stions:				
URL for Additional Product Inforr		www.cadista.com	m/products/full-product	<u>t-list</u>					Name:		Customer Se			
Address:	207 Kiley Drive					Address 2:			Number:		(800) 313-46			
City:	Salisbury				State:		Zip: 21801	_	Group E-mail:		customer.	service@ca	dista.com	
Key Contact:	Customer Service	3			Email:	customer.service	@cadista.com							
Phone Number:	(800) 313-4623		1 0		Fax:	N/A		c. Special reg	gulations for product in any				No	i
Product Therapeutic Classification	on:	Antiemetic ; Antipsy	/cnotic						Special returns requirements	for this product?			No	1
	ADDITI	ONAL PRODUCT IN	FORMATION			BRODUST DE	DODUDTION INFORMATION	<b>-</b> l.a						ı
	ADDITI	IONAL PRODUCT IN				PRODUCT DES	SCRIPTION INFORMATION	d. Store prod	luct (unit of sale) upright?				No	1
The product is?			Is the Product	Direct-Ship Only					Protect product (unit of sal	e) from light?			No	į.
a legend device?		No	Is the Product	Neither		Size:	100 count	e. Shelf life:					24	Months
if yes, enter class #			Orphan Drug Status				_		Initial shelf life at launch (if	different):				Months
a product kit?		No				Strength:	5mg			ORDER INFORM	ATION			
if yes, list NDCs of component parts			FDA Approval Status				TABLETS			ORDER INFORM	IATION			
reverse numbered?		No				Dosage Form:	TABLETS		Unit of Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present						X Bottle		1 bottle of 10		u	
latex-free?		Yes	7 morgono i rocom				Round		Box/Carton			g. 1 Box of 10	Vials)	
preservative-free?		No				Product Shape:			Ampule		, , , , ,	,	,	
correctional institution block?		Yes				Product Color:	Chartreuse		Glass		Minimum or	der quantity	?	Yes
opioid?		No				Product Color:			Tube					
Cannabinoid?		No	Country of Origin	US		Product Imprint	, TL 113		Vial Liquid Sgl					
If Unit Dose, is item bar coded to	unit dose for					r roduct imprim	-		Vial Liquid Multi		If Yes, how		ch package t	.ype?
hospital scanning?			Is this product covered u						Vial Powder Sql			Each		
If Unit Dose, indicate NDC here:			Trade Agreements Act (	ΓAA)? Yes					Vial Power Multi			Inner/Carton	Pack	
								<u> </u>	Other: Write In			Case		
			FOR GENERIC DRUG PR	ODUCTS										
									BU	ARMACY ORDER	/ DULL LINUT			
					Aut									
							f Authorized Generic, other			ARMACY ORDER				
I. Orange Book Rating:	AB						ection fields are not applicable	_	to customer?	ARMACY ORDER	Rx billing u		су:	
I. Orange Book Rating: II. Generic Equivalent to What Bra		Compazine®						1 b	to customer?	ARMACY ORDER		Each	су:	
			V CHAIN SECUDITY ACT (	Dece A INFORMATI	ION			_	to customer?	ARMACY ORDER	Rx billing u	Each Gram	су:	
			LY CHAIN SECURITY ACT (	DSCSA) INFORMATI	ION			1 b	to customer?	ARMACY URDER	Rx billing u	Each	су:	
II. Generic Equivalent to What Bra	and?:	DRUG SUPPL				SE		1 b	to customer? ottle of 100 tablets . 1 Vial)		Rx billing u	Each Gram Milliliter	cy:	
	and?:	DRUG SUPPL	LY CHAIN SECURITY ACT (  Yes  No	DSCSA) INFORMATI				1 b	to customer? ottle of 100 tablets . 1 Vial)	AND PACKING I	Rx billing u	Each Gram Milliliter	cy:	
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?	and?:	DRUG SUPPL	Yes	GLN	Ŀ	0359746000004		1 b	to customer? ottle of 100 tablets .1 Vial)	AND PACKING I	Rx billing un X	Each Gram Milliliter		Salgable #
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption:	and?:	DRUG SUPPL	Yes		Ŀ	SE		1 b	to customer? ottle of 100 tablets . 1 Vial)	AND PACKING IN	Rx billing un X  NFORMATION ons (US msm	Each Gram Milliliter	Volume	Saleable #
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in:	and?:	DRUG SUPPL	Yes	GLN:	l: :	0359746000004 0359746	ection fields are not applicable	1 b. (Write-in, e.g.	to customer? ottle of 100 tablets . 1 Vial) ITEM Weight Lbs.	AND PACKING IN Dimensi Depth	Rx billing un X  NFORMATION ons (US msm Width	Each Gram Milliliter  N  Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption:	and?: nition of manufactur	DRUG SUPPL	Yes No	GLN:	l: :	0359746000004 0359746 ginal product purcha	ection fields are not applicable	1 b	to customer? ottle of 100 tablets .1 Vial)	AND PACKING IN	Rx billing un X  NFORMATION ons (US msm	Each Gram Milliliter	Volume	
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged?	and?:  nition of manufactur s exclusive distribu	DRUG SUPPL	Yes No	GLN:	: s, was ori	0359746000004 0359746 ginal product purcha	ection fields are not applicable	1 b. (Write-in, e.g.	to customer? ottle of 100 tablets . 1 Vial)  ITEM  Weight Lbs.  0.09	AND PACKING IN Dimensi Depth	Rx billing un X  NFORMATION ons (US msm Width	Each Gram Milliliter  N  Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: nition of manufactur 's exclusive distribu on/exemption for pr	DRUG SUPPL	Yes No No	GLN:	: s, was ori	0359746000004 0359746 ginal product purcha	ection fields are not applicable	1 b (Write-in, e.g.	to customer? ottle of 100 tablets . 1 Vial)  ITEM  Weight Lbs.  0.09	AND PACKING IN Dimensi Depth	Rx billing un X  NFORMATION ons (US msm Width	Each Gram Milliliter  N  Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic	and?: nition of manufactur 's exclusive distribu on/exemption for pr	DRUG SUPPL	Yes No No No No	GLN:	: s, was ori	0359746000004 0359746 ginal product purcha	ection fields are not applicable	1 b   (Write-in, e.g.	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09	AND PACKING IN  Dimensi  Depth  1.9	Rx billing us X  SFORMATION Ons (US msm Width 1.9	Each Gram Milliliter  Notes.) Height 4	Volume (Cube) 14.44 0.00	Pieces 1
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic	and?: nition of manufactur 's exclusive distribu on/exemption for pr	DRUG SUPPL	Yes No No	GLN:	: s, was ori	0359746000004 0359746 ginal product purcha	ection fields are not applicable	Item/Each: Box/Carton/B Inner Pack: Case:	to customer? ottle of 100 tablets . 1 Vial)  ITEM  Weight Lbs.  0.09	AND PACKING IN Dimensi Depth	Rx billing un X  NFORMATION ons (US msm Width	Each Gram Milliliter  N  Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL	Yes No No No No No No	GLN:	s, was ori	0359746000004  0359746  ginal product purcha fr? e manufacturer for re	ection fields are not applicable	Item/Each: Box/Carton/Binner Pack:	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09	AND PACKING IN  Dimensi  Depth  1.9	Rx billing us X  SFORMATION Ons (US msm Width 1.9	Each Gram Milliliter  Notes.) Height 4	Volume (Cube) 14.44 0.00	Pieces 1
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL	Yes No No No No	GLN:	s, was ori	0359746000004 0359746 ginal product purcha fr? e manufacturer for re	ection fields are not applicable	Item/Each: Box/Carton/B Inner Pack: Case:	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09	AND PACKING IN  Dimensi  Depth  1.9	Rx billing us X  SFORMATION Ons (US msm Width 1.9	Each Gram Milliliter  Notes.) Height 4	Volume (Cube) 14.44 0.00	Pieces 1
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro  Saleable Unit of Measure  X Item/Each	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL	Yes No No No No No No	GLN:	s, was ori	0359746000004  0359746  ginal product purcha fr? e manufacturer for re	ection fields are not applicable	Item/Each: Box/Carton/B Inner Pack: Case:	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09  Bundle/ 5.05	AND PACKING IN  Dimensi  Depth  1.9	Rx billing un X  NFORMATION ons (US msm Width 1.9	Each Gram Milliliter	Volume (Cube) 14.44 0.00 956.16	1 48
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro  Saleable Unit of Measure  X   tem/Each   Box/Carton/Bundle/Inner Pack	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL rer?  utor? roduct?  GTI  Saleable Quantity	Yes No No No No No No	GLN:	s, was ori to from mi vide source GTIN	0359746000004  0359746  ginal product purcha fr? e manufacturer for re	ection fields are not applicable	Item/Each: Box/Carton/B Inner Pack: Case:	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09	AND PACKING IN  Dimensi  Depth  1.9	Rx billing un X  NFORMATION ons (US msm Width 1.9	Each Gram Milliliter  Notes.) Height 4	Volume (Cube) 14.44 0.00 956.16	1 48
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro  Saleable Unit of Measure  X Item/Each Box/Carton/Bundle/Inner Pack X Case	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL	Yes No No No No No No	GLN:	s, was ori to from mi vide source GTIN	0359746000004 0359746 ginal product purcha fr? e manufacturer for re	ection fields are not applicable	Item/Each: Box/Carton/Binner Pack: Case: Pallet:	to customer? ottle of 100 tablets .1 Vial)  ITEM  Weight Lbs.  0.09  Sundle/  COST INFORMATION	AND PACKING IN  Dimensi  Depth  1.9	Rx billing un X  NFORMATION ons (US msm Width 1.9	Each Gram Milliliter	Volume (Cube) 14.44 0.00 956.16	1 48
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro  Saleable Unit of Measure  X   tem/Each   Box/Carton/Bundle/Inner Pack	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL rer?  utor? roduct?  GTI  Saleable Quantity	Yes No No No No No No	GLN:	s, was ori to from mi vide source GTIN	0359746000004  0359746  ginal product purcha fr? e manufacturer for re	ection fields are not applicable	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09  Bundle/  5.05  COST INFORMATION	AND PACKING IN  Dimensi  Depth  1.9  15.5	Rx billing un X  Vendor #:	Each Gram Milliliter  New York State	Volume (Cube) 14.44 0.00 956.16	1 48
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro  Saleable Unit of Measure  X Item/Each Box/Carton/Bundle/Inner Pack X Case	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL rer?  utor? roduct?  GTI  Saleable Quantity	Yes No No No No No No	GLN:	s, was ori to from mi vide source GTIN	0359746000004  0359746  ginal product purcha fr? e manufacturer for re	ection fields are not applicable	Item/Each: Box/Carton/Binner Pack: Case: Pallet:	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09  Bundle/  5.05  COST INFORMATION	AND PACKING IN  Dimensi  Depth  1.9  15.5	Rx billing un X  NFORMATION ons (US msm Width 1.9  11.75	Each Gram Milliliter  Nuts.) Height 4 5.25	Volume (Cube) 14.44 0.00 956.16	1 48
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro  Saleable Unit of Measure  X Item/Each Box/Carton/Bundle/Inner Pack X Case	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL rer?  utor? roduct?  GTI  Saleable Quantity	Yes No No No No No No	GLN:	s, was ori to from mi vide source GTIN	0359746000004  0359746  ginal product purcha fr? e manufacturer for re	ection fields are not applicable	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost Invoice Cost	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09  Bundle/  5.05  COST INFORMATION	AND PACKING IN  Dimensi  Depth  1.9  15.5	Rx billing un X  Vendor #:	Each Gram Milliliter  Nuts.) Height 4 5.25	Volume (Cube) 14.44 0.00 956.16	1 48
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro  Saleable Unit of Measure  X Item/Each Box/Carton/Bundle/Inner Pack X Case	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL rer?  utor? roduct?  GTI  Saleable Quantity	Yes No No No No No No	GLN:	s, was ori to from mi vide source GTIN	0359746000004  0359746  ginal product purcha fr? e manufacturer for re	ection fields are not applicable	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09  Bundle/  5.05  COST INFORMATION	AND PACKING IN  Dimensi  Depth  1.9  15.5	Rx billing un X  NFORMATION ons (US msm Width 1.9  11.75	Each Gram Milliliter  Nuts.) Height 4 5.25	Volume (Cube) 14.44 0.00 956.16	1 48
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro  Saleable Unit of Measure  X Item/Each Box/Carton/Bundle/Inner Pack X Case	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL rer?  utor? roduct?  GTI  Saleable Quantity	Yes No No No No No No	GLN:	s, was ori to from mi vide source GTIN	0359746000004  0359746  ginal product purcha fr? e manufacturer for re	ection fields are not applicable	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost Invoice Cost	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09  Bundle/  5.05  COST INFORMATION	AND PACKING IN  Dimensi  Depth  1.9  15.5	Rx billing un X  NFORMATION ons (US msm Width 1.9  11.75	Each Gram Milliliter  Nuts.) Height 4 5.25	Volume (Cube) 14.44 0.00 956.16	1 48
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defin Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro  Saleable Unit of Measure  X   tem/Each   Bow/Carton/Bundle/Inner Pack   X   Case	and?:  ition of manufactur  s exclusive distribu  on/exemption for pr  om FDA.	DRUG SUPPL rer?  utor? roduct?  GTI  Saleable Quantity	No No No No No HIBCC PRODUCT II	GLN: GCP  If yes direc Prov	s, was orice from mydide source  GTIN  0036	0359746000004  0359746  ginal product purcha fir? e manufacturer for re  1-14 19746113063 19746113061	ection fields are not applicable	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost Invoice Cost As of date:	to customer? ottle of 100 tablets .1 Vial)  Weight Lbs.  0.09  Bundle/ 5.05  COST INFORMATION (WAC) (\$)	AND PACKING IN  Dimensi  Depth  1.9  15.5	Rx billing un X  NFORMATION ons (US msm Width 1.9  11.75	Each Gram Milliliter  Nuts.) Height 4 5.25	Volume (Cube) 14.44 0.00 956.16	1 48



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

#### Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL H	AZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply):						
a. Cytotoxic?	SDS Hazard Classification					
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	Oursi, Oursi					
Is the product a CA Prop 65 carcinogen?  No	Organic Corrosive Inorganic Oxidizer					
Is the product a CA Prop 65 reproductive toxicant?  Does the product label bear a CA Prop 65 warning?  No	Inorganic Oxidizer Steroid/Androgen Contact Hazard					
boes the product label bear a OATTOP to warning:	Ornaci Tazard					
c. Contact Hazard?	Does the product have an Aerosol class? If yes, No					
d. Does this product require special clean-up instructions?	identify NFPA Storage Level:					
(If yes, attach SDS with special instructions.)	NFPA Storage Level:					
e. Does the product contain DEHP?						
Is this product regulated for shipment by DOT?	Is the product a NIOSH hazardous drug?					
(if yes, answer a-e below and provide SDS)	If yes, indicate which:					
a. UN/Identification Number b. Proper Shipping Name						
c. DOT Hazard Class	Hazardous Waste Identification					
d. Packing Group						
e. Inhalation Hazard?	EPA Hazardous Waste Code: Waste Characteristics					
Is this product regulated for shipment by IATA?						
(if yes, answer a-e below and provide SDS)	REMS or REGISTRY RESTRICTIONS					
a. UN/Identification Number						
b. Proper Shipping Name	Is there a REMS on this product?					
c. DOT Hazard Class d. Packing Group	If Yes, is it managed with a pharmacy registry?  Website URL:					
e. Inhalation Hazard?	Website ORL.					
Is the product restricted for air shipment? If so, indicate restriction:  No	Med Guide Required No					
Passenger	Limited Distribution Requirement No					
Cargo	Comments / Details: (For example, iPledge program?)					
Passenger & Cargo	, , , , , ,					
Is this a reportable quantity? No	REMS:					
RQ Threshold:	REMS Program Manager Name: Phone:					
Is this a marine pollutant? No	Supplier Manages REMS registry exclusively:					
Is this product shipped utilizing an authorized DOT exception or Special Permit?	Wholesale distributor support:					
No (if yes, identify method below)  Limited Quantity	Provider Name: DEA #: Site Enrollment Number assigned NCPDP#:					
Consumer Commodity, ORM-D	by Supplier: NPI #:					
Small Quantity (49 CFR 173.4)						
Special Permit; DOT-SP	Comments					
Special Provision (listed in Column 7 of 49 CFR 172.101);						
SP#	Registry:					
ADD'L STORAGE INFORMATION	Registry Program Contact Name: Phone:					
	Comments					
Is the Product Controlled Substance 2	RETURN INSTRUCTIONS					
Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No	KETORI NOTIONS					
ARCOS Reportable? No If yes, indicate which:	Contact tel. # if product received damaged:					
Schedule No. Is it a scheduled listed chemical product?: No	Is product returnable for credit:					
CLASS OF TRADE RESTRICTION:	URL/Link to returns policy:					
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices  Yes						
Restricted to retail pharmacy only:	Consider outletions or returns continued for this					
Restricted to hospital, clinics, and physician offices only:	Special regulations or returns requirements for this product in certain states?					
Restricted from US territories? (explain in comments)	If so, which states? Other requirements? Comments?					
Comments:						
MISCELLAN	IEOUS NOTES and/or Image of Product Barcode:					
- INIGCLELAT						



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

#### Version 2021

#### FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop S	nip Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI		Purchase order daily receipt cut off time by supplier Cut off time:
b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Phone:	per:	Shipping lead time of PO:  Hours  Days  Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Charges or Other Designa	ed Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:  Drop Ship service fee billed with each order:		Overnight receipt available:  PO Receipt cut off time:
Drop Ship miscellaneous fees billed:  Comments:		Days of week overnight is available:  Monday 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, clinic Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	s and physician offices	Saturday Overnight receipt available:  PO Receipt Cut off time:  Phone: Fax: EDI:  Overnight Fees apply: Other fees apply:
Other Data Information Required to F	rocess PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:		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?
Miscellaneous Notes:		
		ADDITIONAL INFORMATION
		Is product order for scheduled patient procedure? Is product order for restocking purposes?