



Introduction Type:

Date:

4/2/2025

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 ☐ No

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

b. Contact for temperature excursion questions:

Name: _____

Number: (800) 313-4623

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

c. Special regulations for product in any states?

Special returns requirements for this product? ☐ No ☐ No

d. Store product (unit of sale) upright?

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

e. Shelf life:

Initial shelf life at launch (if different): 24 Months

PRODUCT DESCRIPTION INFORMATION

Unit of Sale		What is the NDC selling unit?
☒ X	Bottle	1 bottle of 90 tablets
☐	Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
☐	Ampule	
☐	Glass	
☐	Tube	
☐	Vial Liquid Sgl	
☐	Vial Liquid Multi	
☐	Vial Powder Sgl	
☐	Vial Power Multi	
☐	Other: Write In	

Minimum order quantity?	
48	Each
	Inner/Carton/Pack
	Case

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?	Rx billing unit to pharmacy:
1 bottle of 90 tablets	X Each
(Write-in, e.g. 1 Vial)	Gram
HCPGS J-Code:	Milliliter

ITEM AND PACKING INFORMATION

	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable Pieces
		Depth	Width	Height		
Item/Each:	0.15	1.9	1.9	4.6	16.61	1
Box/Carton/Bundle/ Inner Pack:					0.00	
Case:	8.48	15.36	11.62	5.12	913.83	48
Pallet:					0	

WHOLESALE USE ONLY:

Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$245.12	Whsl. Code #:	
As of date:	4/2/2025	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?	☐	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?		☐ 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	☐ Corrosive		
☐ Inorganic	☐ Oxidizer		
☐ Steroid/Androgen	☐ 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 by Supplier:		NCPDP#:	
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)

Version 2024

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 c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone: Fax Number: Fax Number: Phone No.: Site Address:	Purchase order daily receipt cut off time by supplier Cut off time: 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 Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight receipt available: PO Receipt cut off time: Days of week overnight is available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Priority Overnight receipt available: PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: Order receipt method: Phone: Phone #: Fax: Fax #: EDI: Overnight Fees apply: Other fees apply:
Class of Trade Restriction:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	
Other Data Information Required to Process 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?