



Introduction Type:

Final Version

Date: 12/19/2024

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: Customer Service

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 Months

PRODUCT DESCRIPTION INFORMATION

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 Bottle of 100 tablets
<input type="checkbox"/> Box/ Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	Minimum order quantity?
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Sgl	24 Each
<input type="checkbox"/> Vial Powder Multi	Inner/ Carton/ Pack
<input type="checkbox"/> Other: Write In	Case

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?	Rx billing unit to pharmacy:
1 Bottle of 100 tablets	X Each
(Write-in, e.g. 1 Vial)	Gram
HCP's J-Code:	Milliliter

ITEM AND PACKING INFORMATION

	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable Pieces
		Depth	Width	Height		
Item/Each:	0.06	1.50	1.50	2.34	5.274	1
Box/Carton/Bundle/ Inner Pack:					0	
Case:	1.39	10.55	7.24	4.53	346.01046	24
Pallet:					0	

COST INFORMATION

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$45.00	Whsl. Code #:	
As of date:		Fineline Code:	

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

See new p. 3 for Designated Drop Ship Only.

Signature:



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

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For Designated Drop Ship Only Products, Please Use Page 3

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

Release DATE



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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="text"/></p> <p>b. Autofax <input type="text"/></p> <p>c. Fax <input type="text"/></p> <p>d. Phone only <input type="text"/></p> <p>e. Supplier Web Site only <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"/></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="text"/></p> <p>Ships for second day receipt: <input type="text"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="text"/></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="text"/></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="text"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="text"/></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="text"/></p> <p>Other fees apply: <input type="text"/></p>
Class of Trade Restriction:	
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="text"/></p> <p>Restricted to retail pharmacy only: <input type="text"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="text"/></p> <p>Restricted from US territories? (explain in comments) <input type="text"/></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="text"/></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="text"/></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="text"/></p> <p>Is product order for restocking purposes? <input type="text"/></p>