

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

						Introduction Type:	New Item		Final Version			Date:	09-18	5-2023
			PRODUCT INFORMAT	ION					SPECIAL HAND	LING AND STOR	AGE REQUIR	EMENTS*		
Company Name:	CREEKWOOD P	HARMACEUTICALS	LLC			Application:	ANDA	a. Temperature	- Indicate the USP temper	ature range for th	nis product.			
Application Number for NDA/AN				A2	217732					Controlled Room -		and 25 C (6	3° – 77° F)	
Medical Device Class, if applical			•						, ,					
DUNS:	118582565								Other Temperature Range R	equirement				
Proprietary Name (If Applicable) a	and Established N	ame: Fenofit	orate Tablets, USP 40 mg					1	(write in)					
Selling Unit NDC:	82619-101-01		Unit of Use NDC:		82619-101-01		19101010		Notes					
UDI	NA		CVX Code:			MVX Code: NA								
Description:	Fenofibrate Table	ts, USP 40 mg are w	hite to off white, biconvex, r	ound shaped, u	uncoated tablets	s debossed with "293" on o	one side and plain on other	1	Is this product to be shipped	to customers on ic	e?		No	1
	side.								Is this product to be shipped	to customers on d	ry ice?		No	
Active Ingredient(s):		Fenofibrate USP						11						
									temperature excursion que		011117 04170			
URL for Additional Product Inforr Address:	1130 US 46 W				1	Address 2: Suite	24	-	Name:		SUJIT SAKP 551-303-933			
City:	Parsippany				State:		07054		Number: Group E-mail:		suiit@cree		rma com	
Key Contact:	Paul Thomas	State: Email:			paul@creekwoodpl		-	Group E man.		<u>suffice cree</u>	KWOOGDIIC	irina.com		
Phone Number:	601-259-4116	Fax:			paare-or centrooap.	<u> </u>	c. Special regulations for product in any states?			No	1			
Product Therapeutic Classificatio	on:	Primary Hyperchole	sterolemia, Hypertriglycerid	emia					Special returns requirements				No	
•														.1
	ADDITIO	ONAL PRODUCT INF	FORMATION			PRODUCT DESCR	RIPTION INFORMATION	d. Store produ	ct (unit of sale) upright?				No	1
The product is?			Is the Product	Direct-Ship	Only			11	Protect product (unit of sal	e) from light?			No	1
a legend device?		No	Is the Product	Unit of Use	-		8.00 mm	e. Shelf life:	, , , , , , , , , , , , , , , , , , ,	-,g			24	Months
if yes, enter class #			Orphan Drug Status			Size:			Initial shelf life at launch (if	different):			24	Months
a product kit?		No				Strength:	40 mg							4
if yes, list NDCs of			FDA Approval Status			ou ongun				ORDER INFORM	ATION			
component parts		To a				Dosage Form:	Tablet							
reverse numbered?		No	All B			_		1	Unit of Sale		What is the		unit?	
co-licensed? latex-free?		No	Allergens Present				Round shaped	-	x Bottle Box/Carton		1 bottle of 90 (Write-in, e.e.		O Viole)	
preservative-free?		Yes Yes	Presence of Lactose, da	ry Product		Product Shape:	Round Shaped		Ampule		(vviite-iii, e.	g. 1 BUX 01 1	U Viais)	
correctional institution block?		No					White to off white		Glass		Minimum or	der quantit	v?	Yes
opioid?		No				Product Color:			Tube			uo. quanti	, .	100
Cannabinoid?		No	Country of Origin	INDIA		Due direct les maints	293		Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for					Product Imprint:			Vial Liquid Multi		If Yes, how	many of wh	ich package	type?
hospital scanning?		No	Is this product covered u						Vial Powder Sql			Each		
If Unit Dose, indicate NDC here:			Trade Agreements Act (ГАА)?	No				Vial Power Multi			Inner/Cartor	/Pack	
								<u>l</u>	Other: Write In		1	Case		
			FOR GENERIC DRUG PRO	DDUCTS] 	Other: Write In		1	Case		
			FOR GENERIC DRUG PRO	DDUCTS	Au	uthorized Generic *If Au	thorized Generic other			RMACY ORDER /		Case		
L Grand Barbara			FOR GENERIC DRUG PRO	DDUCTS	Au		thorized Generic, other	Dec cell write	PHA	RMACY ORDER /	BILL UNIT			
I. Orange Book Rating:	AB		FOR GENERIC DRUG PR	DDUCTS	Au		thorized Generic, other on fields are not applicable	Rec. sell unit to	PHA o customer?	RMACY ORDER /	BILL UNIT Rx billing ur	nit to pharm	acy:	
I. Orange Book Rating: II. Generic Equivalent to What Bra		FENOGLIDE	FOR GENERIC DRUG PR	DDUCTS	Au			1 bc	PHA o customer? tttle of 90 tablets	RMACY ORDER /	BILL UNIT	nit to pharm Each	acy:	
		FENOGLIDE							PHA o customer? tttle of 90 tablets	RMACY ORDER /	BILL UNIT Rx billing ur	nit to pharm Each Gram	асу:	
		FENOGLIDE	FOR GENERIC DRUG PRO					1 bc	PHA o customer? tttle of 90 tablets	RMACY ORDER /	BILL UNIT Rx billing ur	nit to pharm Each	acy:	
II. Generic Equivalent to What Bra	and?:	FENOGLIDE DRUG SUPPLY						1 bc	PHA o customer? ttle of 90 tablets Vial)	RMACY ORDER /	BILL UNIT Rx billing ur x	nit to pharm Each Gram Milliliter	acy:	
II. Generic Equivalent to What Bra	and?:	FENOGLIDE DRUG SUPPLY	CHAIN SECURITY ACT (RMATION	section		1 bc	PHA o customer? ttle of 90 tablets Vial)		BILL UNIT Rx billing ur x	nit to pharm Each Gram Milliliter	acy:	
II. Generic Equivalent to What Bra	and?:	FENOGLIDE DRUG SUPPLY	CHAIN SECURITY ACT (RMATION	section		1 bc	PHA o customer? title of 90 tablets I Vial)	AND PACKING IN	BILL UNIT Rx billing ur x	nit to pharm Each Gram Milliliter	acy:	Saleable #
II. Generic Equivalent to What Braden	and?:	FENOGLIDE DRUG SUPPLY	' CHAIN SECURITY ACT (I Yes		RMATION GLN: GCP:	850045940003 850045940		(Write-in, e.g. 1	PHA o customer? ttle of 90 tablets Vial)	AND PACKING IN	BILL UNIT Rx billing ur x FORMATION	nit to pharm Each Gram Milliliter		Saleable # Pieces
II. Generic Equivalent to What Bradenic Equivalent to What Bradenic Equivalent to What Bradenic Equivalent Equ	and?: ition of manufactu	FENOGLIDE DRUG SUPPLY	CHAIN SECURITY ACT (I		GLN: GCP: If yes, was or	850045940003 850045940 riginal product		1 bc	PHA o customer? title of 90 tablets I Vial)	AND PACKING IN Dimensic	BILL UNIT Rx billing un x FORMATION ons (US msm	nit to pharm Each Gram Milliliter	Volume	
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: ition of manufactu	FENOGLIDE DRUG SUPPLY Irer?	Yes No No		GLN: GCP: If yes, was or purchased di	850045940003 850045940 riginal product irect from mfr?	on fields are not applicable	(Write-in, e.g. 1	PHA o customer? tittle of 90 tablets I Vial) ITEM / Weight Lbs.	AND PACKING IN Dimensic Depth	BILL UNIT Rx billing un x FORMATION ons (US msm Width	nit to pharm Each Gram Milliliter ts.)	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini 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/exceptio	and?: ition of manufactu s exclusive distrib	FENOGLIDE DRUG SUPPLY Irer?	CHAIN SECURITY ACT (I		GLN: GCP: If yes, was or purchased di	850045940003 850045940 riginal product	on fields are not applicable	(Write-in, e.g. 1	PHA o customer? tittle of 90 tablets I Vial) ITEM / Weight Lbs.	AND PACKING IN Dimensic Depth	BILL UNIT Rx billing un x FORMATION ons (US msm Width	nit to pharm Each Gram Milliliter ts.)	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: ition of manufactu s exclusive distrib	FENOGLIDE DRUG SUPPLY Irer?	Yes No No		GLN: GCP: If yes, was or purchased di	850045940003 850045940 riginal product irect from mfr?	on fields are not applicable	(Write-in, e.g. 1	PHA o customer? title of 90 tablets Vial) ITEM / Weight Lbs. 0.099	AND PACKING IN Dimensic Depth 1.60	BILL UNIT Rx billing ur x FORMATION ons (US msm Width 1.60	hit to pharm Each Gram Milliliter ts.) Height 3.60	Volume (Cube) 9.22	Pieces 1
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini 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/exceptio	and?: ition of manufactu s exclusive distrib	PENOGLIDE DRUG SUPPLY Irer? utor? roduct?	Yes No No	DSCSA) INFOR	GLN: GCP: If yes, was or purchased di	850045940003 850045940 riginal product irect from mfr?	on fields are not applicable	(Write-in, e.g. 1	PHA o customer? tittle of 90 tablets I Vial) ITEM / Weight Lbs.	AND PACKING IN Dimensic Depth	BILL UNIT Rx billing un x FORMATION ons (US msm Width	nit to pharm Each Gram Milliliter ts.)	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini 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/exceptio	and?: ition of manufactu s exclusive distrib	PENOGLIDE DRUG SUPPLY Irer? utor? roduct?	Yes No No No	DSCSA) INFOR	GLN: GCP: If yes, was or purchased di	850045940003 850045940 riginal product irect from mfr?	on fields are not applicable	(Write-in, e.g. 1	PHA Do customer? Ittle of 90 tablets Vial) Weight Lbs. 0.099 Indle/	Dimensic Depth 1.60 6.64	BILL UNIT Rx billing ur x FORMATION ons (US msm Width 1.60	hit to pharm Each Gram Milliliter ts.) Height 3.60	Volume (Cube) 9.22	Pieces 1 12
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini 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/exceptio If yes, attach documentation fro	and?: ition of manufactu s exclusive distrib on/exemption for p om FDA.	PENOGLIDE DRUG SUPPLY Irer? utor? roduct?	Yes No No No	DSCSA) INFOR	GLN: GCP: If yes, was or purchased di Provide sour	850045940003 850045940 riginal product irect from mfr? rice manufacturer for reports	on fields are not applicable ackaged product Unit of Use GTIN-14	(Write-in, e.g. 1	PHA o customer? title of 90 tablets Vial) ITEM / Weight Lbs. 0.099	AND PACKING IN Dimensic Depth 1.60	BILL UNIT Rx billing ur x FORMATION ons (US msm Width 1.60	hit to pharm Each Gram Milliliter ts.) Height 3.60	Volume (Cube) 9.22	Pieces 1
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini 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/exceptio If yes, attach documentation fro Saleable Unit of Measure x tem/Each	and?: ition of manufactu s exclusive distrib on/exemption for p om FDA.	PENOGLIDE DRUG SUPPLY prer? utor? roduct? GTIN	Yes No	DSCSA) INFOR	GLN: GCP: If yes, was or purchased di Provide sour	850045940003 850045940 riginal product irect from mfr?	on fields are not applicable	(Write-in, e.g. 1	PHA o customer? tittle of 90 tablets I Vial) Weight Lbs. 0.099 Indle/ 1.52 476	Dimensic Depth 1.60 6.64	BILL UNIT Rx billing ur x FORMATION ons (US msm Width 1.60 5.12 40	hit to pharm Each Gram Milliliter ts.) Height 3.60	Volume (Cube) 9.22 142.79 28800.00	1 12 3240
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro Saleable Unit of Measure X	and?: ition of manufactu s exclusive distrib on/exemption for p om FDA.	DRUG SUPPLY ITER? Utor? roduct? GTIN Saleable Quantity	Yes No	DSCSA) INFOR	GLN: GCP: If yes, was oi purchased di Provide sour	850045940003 850045940 riginal product irect from mfr? rce manufacturer for repairs.	on fields are not applicable ackaged product Unit of Use GTIN-14	(Write-in, e.g. 1	PHA Do customer? Ittle of 90 tablets Vial) Weight Lbs. 0.099 Indle/	Dimensic Depth 1.60 6.64	BILL UNIT Rx billing ur x FORMATION ons (US msm Width 1.60 5.12 40	hit to pharm Each Gram Milliliter ts.) Height 3.60	Volume (Cube) 9.22	1 12 3240
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini 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/exceptio If yes, attach documentation fro Saleable Unit of Measure x tem/Each BowCarton/Bundle/Inner Pack X Case	and?: ition of manufactu s exclusive distrib on/exemption for p om FDA.	DRUG SUPPLY Irer? Lutor? roduct? GTIN Saleable Quantity 1 12	Yes No	DSCSA) INFOR	GLN: GCP: If yes, was oi purchased di Provide sour	850045940003 850045940 riginal product irect from mfr? rice manufacturer for reports	on fields are not applicable ackaged product Unit of Use GTIN-14	Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet:	PHA o customer? tittle of 90 tablets I Vial) Weight Lbs. 0.099 Indle/ 1.52 476	Dimensic Depth 1.60 6.64	FORMATION FORMATION 1.60 5.12 40	hit to pharm Each Gram Milliliter ts.) Height 3.60	Volume (Cube) 9.22 142.79 28800.00	1 12 3240
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro Saleable Unit of Measure X	and?: ition of manufactu s exclusive distrib on/exemption for p om FDA.	DRUG SUPPLY ITER? Utor? roduct? GTIN Saleable Quantity	Yes No	DSCSA) INFOR	GLN: GCP: If yes, was oi purchased di Provide sour	850045940003 850045940 riginal product irect from mfr? rce manufacturer for repairs.	on fields are not applicable ackaged product Unit of Use GTIN-14	Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet:	PHA Do customer? Ittle of 90 tablets Vial) ITEM / Weight Lbs. 0.099 Indle/ 1.52 476 COST INFORMATION	Dimensic Depth 1.60 6.64 48	BILL UNIT Rx billing ur x FORMATION Ons (US msm Width 1.60 5.12 40 V Vendor #:	it to pharm Each Gram Milliliter ts.) Height 3.60 4.20 15	Volume (Cube) 9.22 142.79 28800.00	1 12 3240
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini 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/exceptio If yes, attach documentation fro Saleable Unit of Measure x tem/Each BowCarton/Bundle/Inner Pack X Case	and?: ition of manufactu s exclusive distrib on/exemption for p om FDA.	DRUG SUPPLY Irer? Lutor? roduct? GTIN Saleable Quantity 1 12	Yes No	DSCSA) INFOR	GLN: GCP: If yes, was oi purchased di Provide sour	850045940003 850045940 riginal product irect from mfr? rce manufacturer for repairs.	on fields are not applicable ackaged product Unit of Use GTIN-14	Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet:	PHA Do customer? Ittle of 90 tablets Vial) ITEM / Weight Lbs. 0.099 Indle/ 1.52 476 COST INFORMATION	Dimensic Depth 1.60 6.64 48	FORMATION FORMATION 1.60 5.12 40	hit to pharm Each Gram Milliliter ts.) Height 3.60 4.20 15	Volume (Cube) 9.22 142.79 28800.00	1 12 3240
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini 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/exceptio If yes, attach documentation fro Saleable Unit of Measure x tem/Each BowCarton/Bundle/Inner Pack X Case	and?: ition of manufactu s exclusive distrib on/exemption for p om FDA.	DRUG SUPPLY Irer? Lutor? roduct? GTIN Saleable Quantity 1 12	Yes No	DSCSA) INFOR	GLN: GCP: If yes, was oi purchased di Provide sour	850045940003 850045940 riginal product irect from mfr? rce manufacturer for repairs.	on fields are not applicable ackaged product Unit of Use GTIN-14	Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet:	PHA Do customer? Ittle of 90 tablets Vial) ITEM / Weight Lbs. 0.099 Indle/ 1.52 476 COST INFORMATION	Dimensic Depth 1.60 6.64 48	BILL UNIT Rx billing ur x FORMATION ons (US msm Width 1.60 5.12 40 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter ts.) Height 3.60 4.20 15	Volume (Cube) 9.22 142.79 28800.00	1 12 3240
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini 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/exceptio If yes, attach documentation fro Saleable Unit of Measure x tem/Each BowCarton/Bundle/Inner Pack X Case	and?: ition of manufactu s exclusive distrib on/exemption for p om FDA.	DRUG SUPPLY Irer? Lutor? roduct? GTIN Saleable Quantity 1 12	Yes No	DSCSA) INFOR	GLN: GCP: If yes, was oi purchased di Provide sour	850045940003 850045940 riginal product irect from mfr? rce manufacturer for repairs.	on fields are not applicable ackaged product Unit of Use GTIN-14	Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet: Regular Cost Invoice Cost (N	PHA Do customer? Ittle of 90 tablets Vial) ITEM / Weight Lbs. 0.099 Indle/ 1.52 476 COST INFORMATION	Dimensic Depth 1.60 6.64 48	BILL UNIT Rx billing ur x FORMATION ons (US msm Width 1.60 5.12 40 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter ts.) Height 3.60 4.20 15	Volume (Cube) 9.22 142.79 28800.00	1 12 3240
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini 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/exceptio If yes, attach documentation fro Saleable Unit of Measure x tem/Each BowCarton/Bundle/Inner Pack X Case	and?: ition of manufactu s exclusive distrib on/exemption for p om FDA.	rer? GTIN Saleable Quantity 1 12 3240	Yes No No No No HIBCC	DSCSA) INFOR	GLN: GCP: If yes, was or purchased di Provide sour	850045940003 850045940 riginal product irect from mfr? rice manufacturer for rep.	on fields are not applicable ackaged product Unit of Use GTIN-14	Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet: Regular Cost (Nas of date:	PHA o customer? tittle of 90 tablets Vial) Weight Lbs. 0.099 1.52 476 COST INFORMATION NAC) (\$)	Dimensic Depth 1.60 6.64 48	BILL UNIT Rx billing ur x FORMATION ons (US msm Width 1.60 5.12 40 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter ts.) Height 3.60 4.20 15	Volume (Cube) 9.22 142.79 28800.00	1 12 3240



Version 2021

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

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 SDS Hazard Classification b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Nο Organic Corrosive Is the product a CA Prop 65 reproductive toxicant? Oxidizer No Inorganic Does the product label bear a CA Prop 65 warning? Steroid/Androgen Contact Hazard No c. Contact Hazard? No Does the product have an Aerosol class? If yes, No identify NFPA Storage Level: d. Does this product require special clean-up instructions? No (If yes, attach SDS with special instructions.) NFPA Storage Level: e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No Is the product a NIOSH hazardous drug? No (if yes, answer a-e below and provide SDS) If yes, indicate which: a. UN/Identification Number b. Proper Shipping Name Hazardous Waste Identification c. DOT Hazard Class d. Packing Group EPA Hazardous Waste Code: Waste Characteristics e. Inhalation Hazard? No Is this product regulated for shipment by IATA? No (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 If Yes, is it managed with a pharmacy registry? d. Packing Group Website URL: e. Inhalation Hazard? No 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 REMS: Is this a reportable quantity? No RQ Threshold: REMS Program Manager Name: Phone: Is this a marine pollutant? Nο Supplier Manages REMS registry exclusively: Is this product shipped utilizing an authorized DOT exception or Special Permit? Wholesale distributor support: (if yes, identify method below) Provider Name: DEA #: Site Enrollment Number assigned NCPDP# Limited Quantity Consumer Commodity, ORM-D NPI#: by Supplier: Small Quantity (49 CFR 173.4) IT IS NOT A REMS PRODUCT Special Permit: DOT-SP Comments Special Provision (listed in Column 7 of 49 CFR 172.101); SP# Registry: Phone: Registry Program Contact Name: IT IS NOT A REMS PRODUCT ADD'L STORAGE INFORMATION Comments Is the Product... RETURN INSTRUCTIONS 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: 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: Special regulations or returns requirements for this product in certain states? Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) If so, which states? Other requirements? Comments? Comments MISCELLANEOUS NOTES and/or Image of Product Barcode

Release DATE: 16/09/2023



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 Ship Product	Standard Order Receipt and Processing					
Purchase orders may be accepted by:		Purchase order daily receipt cut off time by supplier					
a. EDI	Yes	Cut off time:					
b. Autofax	Fax Number:						
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:	Units	Ships for second day receipt:					
Supplier's Customer Service Number: Contracted 3PL company / contact #:	Name: Direct customer solutions (R & S)	Ships regular ground for 3-10 days receipt:					
Contracted SFE company / contact #.	Phone: 1-800-655-7556						
Franchited Freight Che		Overwight and Driegity Overwight DO Pressesing					
	rges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing					
Expedited freight fees billed with each order	r:	Overnight receipt available:					
Drop Ship service fee billed with each order	r:	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:					
Cla	ss of Trade Restriction:	PO Receipt Cut off time:					
No restriction: Select YES if sold to retail ph	narmacy, hospitals, clinics and physician offices	Saturday Overnight receipt available:					
Restricted to retail pharmacy only:		PO Receipt Cut off time:					
Restricted to hospital, clinics, and physician	offices only:	Order receipt method: Phone: Phone #:					
Restricted from US territories? (explain in co	omments)	Fax: Fax #:					
Comments:		EDI:					
		Overnight Fees apply:					
		Other fees apply:					
Other Data Inf	ormation Required to Process PO:	Return Instructions					
Patient Procedure Date:		Contact # if product is received damaged:					
Physician Name:		Is product returnable for credit:					
Physician/Clinic Phone # Physician State License #		URL/Link to returns policy:					
Physician/Clinic DEA #:		Special regulations or returns requirements for this product in certain states?					
Physician/Clinic Specialty:		If so, which states? Other requirements? Comments?					
, ,	Miscellaneous Notes:						
		ADDITIONAL INFORMATION					
		ADDITIONAL INFORMATION					
		Is product order for scheduled patient procedure?					
		Is product order for restocking purposes?					