

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

						Introduction Ty	/pe: New Item		x Final Version			Date:	10-17	-2024
			PRODUCT INFORMAT	ION					SPECIAL HAND	LING AND STOR	AGE REQUI	REMENTS*		
Company Name:	CREEKWOOD PHARMAC	FUTICALS I	I.C.			Application	on: ANDA	a Temperatur	re - Indicate the USP tempe	rature range for t	his product			
Application Number for NDA/AN				A	213230	7 (PP.1041.1	7.1.271	a. remperatur		Controlled Room		and 25 C (6	8° – 77° F)	
Medical Device Class, if applical		,,	,-											
DUNS:	118582565							_	Other Temperature Range R	tequirement				
Proprietary Name (If Applicable) a	and Established Name:								(write in)	•				
Selling Unit NDC:	82619-114-02		Unit of Use NDC:		82619-114-02		382619114027		Notes					
UDI	NA		CVX Code:			MVX Code:	NA							
Description:	Silodosin 8mg Capsules . S	ize 1 hard ge	elatin capsules, with white o	paque cap and	d body. The cap	is imprinted in black	ink with "480". The body is		Is this product to be shipped	to customers on ic	ce?		No	l
	imprinted in black ink with '	3'.							Is this product to be shipped	to customers on d	dry ice?		No	ı
Active Ingredient(s):	Silodosi	n												
								b. Contact for	r temperature excursion que	estions:				
URL for Additional Product Inforr					_				Name:		SUJIT SAKE			
Address:	1130 US 46 W				State:		Suite 21 Zip:   07054		Number: Group E-mail:		551-303-933 sujit@cree			
City: Key Contact:	Parsippany Paul Thomas				Email:	paul@creekwo		_	Group E-mail:		sujitæciet	kwooupn	irma.com	
Phone Number:	1-732-344-022				Fax:	<u>paur@creekwor</u>	oupilariia.com	c. Special reg	ulations for product in any	states?			No	
Product Therapeutic Classificatio		n an alnha.1	1 adrenergic receptor antage	onist				o. opecial reg	Special returns requirements				No	1
Froduct Therapeutic Classification	Jii.	ii, aii aipiia-i	i adrenergio receptor antagi	OFFISE					Special returns requirements	s for tries product?			INU	l .
	ADDITIONAL PR	ODUCT INF	ORMATION			PRODUCT DE	ESCRIPTION INFORMATION	d. Store produ	uct (unit of sale) upright?				No	1
The product is?			Is the Product	Direct-Ship	Only			an occord produc	Protect product (unit of sa	la) fram limbt?			No	1
a legend device?	No		Is the Product	Unit of Use	Offig		Size 1 Capsule	e. Shelf life:	Protect product (unit or sa	ie) from light?			24	Months
if yes, enter class #	INU		Orphan Drug Status	Offic of OSC		Size:	Size i Capsule	e. onen me.	Initial shelf life at launch (i	f different).			24	Months
a product kit?	No						8 mg							
if yes, list NDCs of			FDA Approval Status			Strength:	3			ORDER INFORM	IATION			
component parts						Dosage Form	. Capsule							
reverse numbered?	No					Dosage i oilii	•		Unit of Sale		What is the		J unit?	
co-licensed?	No		Allergens Present					- 11	x Bottle		1 bottle of 90			
latex-free?	Yes	_				Product Shap	e: Capsule		Box/Carton		(Write-in, e.	g. 1 Box of 1	0 Vials)	
preservative-free? correctional institution block?	Yes						White Opaque	-	Ampule Glass		Minimum o	dor augntit	<b></b> 2	Yes
opioid?	No No					Product Colo	r: Write Opaque		Tube		wiinimum o	der quantit	<i>)</i>	res
Cannabinoid?	No		Country of Origin	INDIA			480 and 8	-	Vial Liquid Sgl					
If Unit Dose, is item bar coded to u			,g			Product Impri	int:		Vial Liquid Multi		If Yes. how	manv of wh	ich package	type?
hospital scanning?	No		Is this product covered un	nder the				-	Vial Powder Sql			Each		•
If Unit Dose, indicate NDC here:			Trade Agreements Act (T	AA)?	No				Vial Power Multi			Inner/Cartor	ı/Pack	
									Other: Write In		1	Case		
		F	FOR GENERIC DRUG PRO	DUCTS										
		F	FOR GENERIC DRUG PRO	DUCTS										
		F	FOR GENERIC DRUG PRO	DDUCTS	Aut		*If Authorized Generic, other			RMACY ORDER	/ BILL UNIT			
I. Orange Book Rating:	AB	F	FOR GENERIC DRUG PRO	DDUCTS	Aut		*If Authorized Generic, other section fields are not applicable		to customer?	RMACY ORDER	Rx billing u		асу:	
I. Orange Book Rating: II. Generic Equivalent to What Bra		F	FOR GENERIC DRUG PRO	DDUCTS	Aut			1 bo	to customer?	RMACY ORDER		Each	ıacy:	
	and?: Rapaflo								to customer?	RMACY ORDER	Rx billing u	Each Gram	іасу:	
	and?: Rapaflo		FOR GENERIC DRUG PRO					1 bo	to customer?	IRMACY ORDER	Rx billing u	Each	пасу:	
	and?: Rapaflo							1 bo	to customer? title of 30 capsules 1 Vial)	RMACY ORDER	Rx billing u	Each Gram Milliliter	nacy:	
II. Generic Equivalent to What Bra	and?: Rapaflo		CHAIN SECURITY ACT (E		RMATION			1 bo	to customer? title of 30 capsules 1 Vial)		Rx billing u	Each Gram Milliliter	nacy:	
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA?	and?: Rapaflo		CHAIN SECURITY ACT (E		RMATION	850045940003		1 bo	to customer? ittle of 30 capsules 1 Vial)	AND PACKING IN	Rx billing u	Each Gram Milliliter		Saleable #
II. Generic Equivalent to What Bra	and?: Rapaflo		CHAIN SECURITY ACT (E		RMATION GLN:			1 bo	to customer? title of 30 capsules 1 Vial)	AND PACKING IN	Rx billing u X  IFORMATION	Each Gram Milliliter		Saleable #
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption:	and?: Rapaflo		CHAIN SECURITY ACT (E		GLN: GCP: If yes, was ori	850045940003 850045940 iginal product		1 bo	to customer?  ttle of 30 capsules 1 Vial)  ITEM  Weight Lbs.	AND PACKING IN Dimensio Depth	Rx billing u X  IFORMATION ons (US msn Width	Each Gram Milliliter	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?: Rapaflo  DRI  ition of manufacturer?  s exclusive distributor?		CHAIN SECURITY ACT (E Yes No No		GLN: GCP: If yes, was ori	850045940003 850045940 iginal product rect from mfr?	section fields are not applicable	1 bo (Write-in, e.g.	to customer?  tttle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14	AND PACKING IN	Rx billing u X IFORMATION	Each Gram Milliliter	Volume	
II. Generic Equivalent to What Bra  Does supplier meet DSCSA definition 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/exception	Rapaflo  DRI  ition of manufacturer?  s exclusive distributor?  n/exemption for product?		CHAIN SECURITY ACT (E Yes		GLN: GCP: If yes, was ori	850045940003 850045940 iginal product rect from mfr?		1 bo (Write-in, e.g.)  Item/Each: Box/Carton/B	to customer?  tttle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14	AND PACKING IN Dimensio Depth	Rx billing u X  IFORMATION ons (US msn Width	Each Gram Milliliter	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	Rapaflo  DRI  ition of manufacturer?  s exclusive distributor?  n/exemption for product?		CHAIN SECURITY ACT (E Yes No No		GLN: GCP: If yes, was ori	850045940003 850045940 iginal product rect from mfr?	section fields are not applicable	1 bo (Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack:	to customer?  tttle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14	AND PACKING IN Dimensio Depth	Rx billing u X  IFORMATION ons (US msn Width	Each Gram Milliliter	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA definition 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/exception	Rapaflo  DRI  ition of manufacturer?  s exclusive distributor?  n/exemption for product?	JG SUPPLY	CHAIN SECURITY ACT (E Yes  No No No	DSCSA) INFO	GLN: GCP: If yes, was ori	850045940003 850045940 iginal product rect from mfr?	section fields are not applicable	1 bo (Write-in, e.g.)  Item/Each: Box/Carton/B	to customer?  tttle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14	AND PACKING IN Dimensio Depth	Rx billing u X  IFORMATION ons (US msn Width	Each Gram Milliliter	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA definition 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/exception	Rapaflo  DRI  ition of manufacturer?  s exclusive distributor?  n/exemption for product?	JG SUPPLY	CHAIN SECURITY ACT (E Yes No No	DSCSA) INFO	GLN: GCP: If yes, was ori	850045940003 850045940 iginal product rect from mfr?	section fields are not applicable	1 bo (Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack: Case:	to customer?  ittle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14  Jundle/ 4.29	AND PACKING IN  Dimension Depth  NA  11.61	IFORMATION ONS (US msn Width 1.87	Each Gram Milliliter Mts.) Height 3.77	Volume (Cube) 7.27 453.19867	Pieces 1
II. Generic Equivalent to What Bra  Does supplier meet DSCSA definition 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/exception	nd?: Rapaflo  DRI  ition of manufacturer?  s exclusive distributor?  on/exemption for product?  om FDA.	JG SUPPLY	CHAIN SECURITY ACT (E Yes  No No No	DSCSA) INFO	GLN: GCP: If yes, was ori	850045940003  850045940  Iginal product rect from mfr? 2: manufacturer for	section fields are not applicable	1 bo (Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack:	to customer? title of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14	AND PACKING IN Dimensio Depth NA	Rx billing u X  IFORMATION ons (US msm Width 1.87	Each Gram Milliliter Ints.) Height 3.77	Volume (Cube)	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	Rapaflo  DRI  ition of manufacturer?  s exclusive distributor?  n/exemption for product?	JG SUPPLY	CHAIN SECURITY ACT (I  Yes  No No No No AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION  GLN:  GCP:  If yes, was ori purchased di Provide source	850045940003  850045940  Iginal product rect from mfr? 2: manufacturer for	section fields are not applicable	1 bo (Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack: Case:	to customer?  ittle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14  Jundle/ 4.29	AND PACKING IN  Dimension Depth  NA  11.61	IFORMATION ONS (US msn Width 1.87	Each Gram Milliliter Mts.) Height 3.77	Volume (Cube) 7.27 453.19867	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	ition of manufacturer?  s exclusive distributor? on/exemption for product? on FDA.  Saleable C	JG SUPPLY	CHAIN SECURITY ACT (I  Yes  No No No No AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION  GLN:  GCP:  If yes, was ori purchased di Provide source	850045940003  850045940  iginal product rect from mfr? ce manufacturer for	r repackaged product  Unit of Use GTIN-14	1 bo (Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack: Case:	to customer?  ittle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14  Jundle/ 4.29	AND PACKING IN  Dimension Depth  NA  11.61	Rx billing u X  IFORMATION ons (US msn Width 1.87  7.87 39.37	Each Gram Milliliter htts.) Height 3.77	Volume (Cube) 7.27 453.19867	1 24 120
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   Bow/Carton/Bundle/Inner Pack   Case	s exclusive distributor? on/exemption for product?  Saleable C	GTIN	CHAIN SECURITY ACT (I  Yes  No No No No AND HIBCC PRODUCT IN	DSCSA) INFO	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0038	850045940003  850045940  iginal product rect from mfr? ce manufacturer for	r repackaged product  Unit of Use GTIN-14	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:	to customer?  Ittle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14  4.29  515.32  COST INFORMATION	AND PACKING IN  Dimension Depth  NA  11.61	Rx billing u X  IFORMATION ons (US msm Width 1.87  7.87 39.37	Each Gram Milliliter htts.) Height 3.77	Volume (Cube) 7.27 453.19867 73798.404	1 24 120
II. Generic Equivalent to What Bra  Does supplier meet DSCSA definition 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/exception if yes, attach documentation fro  Saleable Unit of Measure  X	s exclusive distributor?  mrDA.  Saleable C	GTIN	CHAIN SECURITY ACT (I  Yes  No No No No AND HIBCC PRODUCT IN	DSCSA) INFO	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0038	850045940003  850045940  Iginal product rect from mfr?  Exe manufacturer for manufacturer f	r repackaged product  Unit of Use GTIN-14	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:	to customer?  ittle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14  dundle/  4.29  515.32  COST INFORMATION	AND PACKING IN  Dimension Depth  NA  11.61	Rx billing u X  IFORMATION ons (US msn Width 1.87  7.87 39.37	Each Gram Milliliter  Ints.) Height 3.77  4.96 39.68	Volume (Cube) 7.27 453.19867 73798.404	1 24 120
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   Bow/Carton/Bundle/Inner Pack   Case	s exclusive distributor? on/exemption for product?  Saleable C	GTIN	CHAIN SECURITY ACT (I  Yes  No No No No AND HIBCC PRODUCT IN	DSCSA) INFO	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0038	850045940003  850045940  Iginal product rect from mfr?  Exe manufacturer for manufacturer f	r repackaged product  Unit of Use GTIN-14	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:	to customer?  ittle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14  dundle/  4.29  515.32  COST INFORMATION	AND PACKING IN  Dimension Depth  NA  11.61	Rx billing u X  IFORMATION ons (US msm Width 1.87  7.87 39.37  Vendor #: Whsl. Code	Each Gram Milliliter  Ints.) Height 3.77  4.96 39.68	Volume (Cube) 7.27 453.19867 73798.404	1 24 120
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   Bow/Carton/Bundle/Inner Pack   Case	s exclusive distributor? on/exemption for product?  Saleable C	GTIN	CHAIN SECURITY ACT (I  Yes  No No No No AND HIBCC PRODUCT IN	DSCSA) INFO	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0038	850045940003  850045940  Iginal product rect from mfr?  Exe manufacturer for manufacturer f	r repackaged product  Unit of Use GTIN-14	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost (	to customer?  ittle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14  dundle/  4.29  515.32  COST INFORMATION	AND PACKING IN  Dimension Depth  NA  11.61	Rx billing u X  IFORMATION ons (US msn Width 1.87  7.87 39.37	Each Gram Milliliter  Ints.) Height 3.77  4.96 39.68	Volume (Cube) 7.27 453.19867 73798.404	1 24 120
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   Bow/Carton/Bundle/Inner Pack   Case	s exclusive distributor? on/exemption for product?  Saleable C	GTIN	CHAIN SECURITY ACT (I  Yes  No No No No AND HIBCC PRODUCT IN	DSCSA) INFO	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0038	850045940003  850045940  Iginal product rect from mfr?  Exe manufacturer for manufacturer f	r repackaged product  Unit of Use GTIN-14	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:	to customer?  ittle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14  dundle/  4.29  515.32  COST INFORMATION	AND PACKING IN  Dimension Depth  NA  11.61	Rx billing u X  IFORMATION ons (US msm Width 1.87  7.87 39.37  Vendor #: Whsl. Code	Each Gram Milliliter  Ints.) Height 3.77  4.96 39.68	Volume (Cube) 7.27 453.19867 73798.404	1 24 120
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	s exclusive distributor? on/exemption for product?  Saleable C	GTIN	CHAIN SECURITY ACT (I  Yes  No No No No AND HIBCC PRODUCT IN	DSCSA) INFO	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0038	850045940003  850045940  Iginal product rect from mfr?  Exe manufacturer for manufacturer f	r repackaged product  Unit of Use GTIN-14	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost (	to customer?  ittle of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14  dundle/  4.29  515.32  COST INFORMATION	AND PACKING IN  Dimension Depth  NA  11.61	Rx billing u X  IFORMATION ons (US msm Width 1.87  7.87 39.37  Vendor #: Whsl. Code	Each Gram Milliliter  Ints.) Height 3.77  4.96 39.68	Volume (Cube) 7.27 453.19867 73798.404	1 24 120
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	s exclusive distributor? on/exemption for product?  Saleable C	GTIN duantity	CHAIN SECURITY ACT (I  Yes  NO NO NO NO AND HIBGC PRODUCT IN HIBCC	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased dii Provide source GTIN 0038	850045940003 850045940 Iginal product rect from mfr? 2e manufacturer for N-14 32619114027 32619114021	r repackaged product  Unit of Use GTIN-14	Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost Invoice Cost ( As of date:	to customer?  title of 30 capsules 1 Vial)  ITEM  Weight Lbs.  0.14  Fundle/ 4.29 515.32  COST INFORMATION  (WAC) (\$)	AND PACKING IN  Dimension Depth  NA  11.61	Rx billing u X  IFORMATION ons (US msm Width 1.87  7.87 39.37  Vendor #: Whsl. Code	Each Gram Milliliter  Ints.) Height 3.77  4.96 39.68	Volume (Cube) 7.27 453.19867 73798.404	1 24 120



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

#### Version 2021 For Designated Drop Ship Only Products, Please Use Page 3

MATE	RIAL HAZ	ARD CLASSIFICATION and TRANSPORTATION	
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	No	SDS Hazard Classification	
Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant?  Does the product label bear a CA Prop 65 warning?	No No No	Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard	
c. Contact Hazard? d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP?	No No	Does the product have an Aerosol class? If yes, identify NFPA Storage Level:  NFPA Storage Level:	
Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name	No	Is the product a NIOSH hazardous drug?  If yes, indicate which:	
c. DOT Hazard Class d. Packing Group		Hazardous Waste Identification	
e. Inhalation Hazard?	No	EPA Hazardous Waste Code:	Waste Characteristics
Is this product regulated for shipment by IATA?  (if yes, answer a-e below and provide SDS)	No	REMS or REGISTRY RESTRICTIONS	
a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	No	Is there a REMS on this product?  If Yes, is it managed with a pharmacy registry?  Website URL:	
Is the product restricted for air shipment? If so, indicate restriction:  Passenger Cargo Passenger & Cargo	No	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)	
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)		REMS:  REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier:	DEA #: NCPDP#: NPI #:
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101);		Comments IT IS NOT A REMS PRODUCT	
SP# ADD'L STORAGE INFORMATION		Registry: No  Registry Program Contact Name:  Comments IT IS NOT A REMS PRODUCT	Phone:
Is the Product			
Controlled Substance? Controlled by State(s)? ARCOS Reportable? Schedule No.  No Controlled Substance Code Listed Chemical (List I or II) If yes, indicate which: Is it a scheduled listed chemical product?:  CLASS OF TRADE RESTRICTION:	No No	Contact tel. # if product received damaged:  Is product returnable for credit:  URL/Link to returns policy: https://creekwoodpharma.com/wp-content	/uploads/2023/07/Return-Goods-
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	Yes	Policy.pdf	
Restricted to retail pharmacy only:  Restricted to hospital, clinics, and physician offices only:  Restricted from US territories? (explain in comments)		Special regulations or returns requirements for this product in certain states?  If so, which states? Other requirements? Comments?	
Comments:			
MISC	ELLANEO	US NOTES and/or Image of Product Barcode:	

Release DATE: 02/13/2024



# **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 fo	or 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: 140	Units	Ships for second day receipt:
Supplier's Customer Service Number:	Direct contents and additional (D. C. C.)	Ships regular ground for 3-10 days receipt:
. ,	Name: Direct customer solutions (R & S)	
	Phone: 1-800-655-7556	
Expedited Freight Charg	ges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:		Overnight receipt available:
Drop Ship service fee billed with each order:		PO Receipt cut off time:
Drop Ship miscellaneous fees billed:		Days of week overnight is available: Monday
Comments:	<u> </u>	Tuesday
		Wednesday
		Thursday
		Friday
		Priority Overnight receipt available:
Class	s of Trade Restriction:	PO Receipt Cut off time:
	armacy, hospitals, clinics and physician offices	Saturday Overnight receipt available:  PO Receipt Cut off time:
Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician of	offices only:	Phone: Phone #:
Restricted from US territories? (explain in cor	•	Order receipt method: Fax: Fax #:
Comments:	minorital	EDI:
Sommone.		Overnight Fees apply:
		Other fees apply:
Other Data Info	rmation Required to Process PO:	Return Instructions
Patient Procedure Date:		Contact # if product is received damaged:  Is product returnable for credit:
Physician Name: Physician/Clinic Phone #		URL/Link to returns policy:
Physician State License #		ONLITER TO TELLITIS 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?
	iscellaneous Notes:	
		ADDITIONAL INFORMATION
		Is product order for scheduled patient procedure?
		Is product order for restocking purposes?