



Date: 09/22/2026

[illegible]



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

Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

| MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <input type="text" value="No"/></p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant?</p> <p>Is the product a CA Prop 65 carcinogen? <input type="text" value="No"/></p> <p>Is the product a Pregabalin Capsules 75 mg <input type="text" value="No"/></p> <p>Does the product label bear a CA Prop 65 warning? <input type="text" value="No"/></p> <p>c. Contact Hazard? <input type="text" value="No"/></p> <p>d. Does this Pregabalin 75mg capsules are "Size 4" White body and orange cap, hard-gel (If yes, attach SDS with special instructions.) <input type="text" value="No"/></p> <p>e. Does the product contain DEHP? <input type="text" value="No"/></p> <p>Is this product regulated for shipment by DOT? <input type="text" value="No"/></p> <p>(if yes, answer a-e below and provide SDS)</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="text" value="No"/></p> <p>Is this product regulated for shipment by IATA? <input type="text" value="No"/></p> <p>(if yes, answer a-e below and provide SDS)</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="text" value="No"/></p> <p>Is the product restricted for air shipment? If so, indicate restriction:</p> <p><input type="text"/> Passenger</p> <p><input type="text"/> Cargo</p> <p><input type="text"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <input type="text" value="No"/></p> <p>RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="text" value="No"/></p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit?</p> <p><input type="text" value="No"/> (if yes, identify method below)</p> <p><input type="text"/> Limited Quantity</p> <p><input type="text"/> Consumer Commodity, ORM-D</p> <p><input type="text"/> Small Quantity (49 CFR 173.4)</p> <p><input type="text"/> Special Permit; DOT-SP</p> <p><input type="text"/> Special Provision (listed in Column 7 of 49 CFR 172.101);</p> <p>SP# <input type="text"/></p> |  | <p><b>SDS Hazard Classification</b></p> <p><input type="text"/> Organic <input type="text"/> Corrosive</p> <p><input type="text"/> Inorganic <input type="text"/> Oxidizer</p> <p># <input type="text"/> Steroid/Androgen <input type="text"/> Contact Hazard</p> <p>Does the product have an Aerosol class? If yes, <input type="text" value="No"/></p> <p>identify NFPA Storage Level:</p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? <input type="text" value="No"/></p> <p>If yes, indicate which: <input type="text"/></p> |  |
| <p><b>Hazardous Waste Identification</b></p> <p>EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics <input type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <p><b>REMS or REGISTRY RESTRICTIONS</b></p> <p>4</p> <p>Is there a REMS on this product? <input type="text" value="No"/></p> <p>75 mg</p> <p>Website URL: <input type="text"/></p> <p>Med Guide Required <input type="text" value="No"/></p> <p>Limited Distribution Requirement <input type="text" value="No"/></p> <p>Comments / Details: (For example, iPledge program?)</p> <p>White body and Orange cap, printed with black ink</p> <p><b>REMS</b></p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="text"/></p> <p>Wholesale distributor support: <input type="text"/></p> <p>Provider Name: <input type="text"/> DEA #: <input type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input type="text"/> NCPDP#: <input type="text"/></p> <p>NPI #: <input type="text"/></p> <p>Comments <input type="text" value="IT IS NOT A REMS PRODUCT"/></p> <p><b>Registry:</b> <input type="text" value="No"/></p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments <input type="text" value="IT IS NOT A REMS PRODUCT"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <p><b>ADD'L STORAGE INFORMATION</b></p> <p>Is the Product...</p> <p>Controlled Substance? <input type="text" value="No"/> Controlled Substance Code <input type="text"/></p> <p>Controlled by State(s)? <input type="text" value="No"/> Listed Chemical (List I or II) <input type="text" value="No"/></p> <p>ARCOS Reportable? <input type="text" value="No"/> If yes, indicate which: <input type="text"/></p> <p>Schedule No. <input type="text"/> Is it a scheduled listed chemical product?: <input type="text" value="No"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <p><b>CLASS OF TRADE RESTRICTION:</b></p> <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="text" value="Yes"/></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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <p><b>MISCELLANEOUS NOTES and/or Image of Product Barcode:</b></p> <p><input type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |



## 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|----------|--------------------------|--------------------------|--|--------------------------------------|--------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Purchase orders may be accepted by:</p> <table border="0"><tr><td>a. EDI</td><td><input type="checkbox"/></td><td>Yes</td></tr><tr><td>b. Autofax</td><td><input type="checkbox"/></td><td></td></tr><tr><td>c. Fax</td><td><input type="checkbox"/></td><td></td></tr><tr><td>d. Phone only</td><td><input type="checkbox"/></td><td></td></tr><tr><td>e. Supplier Web Site on 82619-124-01</td><td><input type="checkbox"/></td><td></td></tr></table> <p>Minimum Order Quantity: <input type="text"/> Units</p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / c Pregabalin 75n Name: <input type="text"/> Direct customer solutions (R &amp; S)</p> <p>Phone: <input type="text"/> 1-800-655-7556</p> | a. EDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | Yes    | b. Autofax               | <input type="checkbox"/> |                          | c. Fax    | <input type="checkbox"/> |          | d. Phone only            | <input type="checkbox"/> |  | e. Supplier Web Site on 82619-124-01 | <input type="checkbox"/> |  | <p><b>Purchase order daily receipt cut off time by supplier</b></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>82619-124-01 3.826E+11 <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> |
| a. EDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes                      |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| b. Autofax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| c. Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| d. Phone only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| e. Supplier Web Site on 82619-124-01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| 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><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <table border="0"><tr><td><input type="checkbox"/></td><td>Monday</td></tr><tr><td><input type="checkbox"/></td><td>Tuesday</td></tr><tr><td><input type="checkbox"/></td><td>Wednesday</td></tr><tr><td><input type="checkbox"/></td><td>Thursday</td></tr><tr><td><input type="checkbox"/></td><td>Friday</td></tr></table> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="text"/></p> <p>Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/> White body and Orange cap, printed with black</p> <p>Overnight Fees apply: <input type="text"/></p> <p>Other fees apply: <input type="text"/></p> | <input type="checkbox"/> | Monday | <input type="checkbox"/> | Tuesday                  | <input type="checkbox"/> | Wednesday | <input type="checkbox"/> | Thursday | <input type="checkbox"/> | Friday                   |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Monday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tuesday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Wednesday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Thursday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Friday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| Class of Trade Restriction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></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="checkbox"/></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="checkbox"/></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="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |        |                          |                          |                          |           |                          |          |                          |                          |  |                                      |                          |  |                                                                                                                                                                                                                                                                                                                                                                                          |