

Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014 Introduction Type: New Item							Fi	nal Version		Date:	8/25/	2014
		Р	RODUCT INFORMATION					SPECIAL HA	NDLING AND S	TORAGE REQ	JIREMENTS*	
Company Name: Zydus Pharmaceuticals USA Inc. Application: ANDA						a. Temperature – Indicate the USP temperature range for this product.						
Application Number fo		78-921				I. Freezer – between -25 and -10 C (-13° – 14° F)						
Rx Product/Proprietary N	Anastrozole Tal							n 2 and 8 C (36		•		
NDC:	7111401102010 141	oloto, ring oo ot	UPC: 368382209061					en 8 and 15 C (,			
NDC: 68382-209-06 UPC: 368382209061 CVX Code: MVX Code:								oom – between 2	,	° – 77° F)		
									ursions between	,	,	
Description: white, biconvex, round coated tablets, debossed with "A7" on one side and plain on other side							l m v		ive Heat – abov	,	,	
Active ingredients: Anastrazole									rature Range R	•	,	
								(write in)				
URL for Additional Produ	www.zydususa.	com				VI	II. No Requiren	nent				
Address:	73 Route 31 North			Address 2:			b. Contact for	temperature e	xcursion ques	tions:		
City:	Pennington		State:	NJ	Zip : 08534		Name:					
Key Contact:	(000) 700 4000		Email:				Number:					
Phone Number:	(609) 730 1900		Fax:	(609) 730 199	9 1				d to customers of		No	
		FOR	GENERIC DRUG PRODU	CTS			is this produc	ct to be shipped	d to customers of	on ary ice?	No	
I. Orange Book Rating:	AB		II. Brand Name:	Arimidex								
III. Generic Equivalent for	r Brand:	Anastrozole Tal	blets, 1mg 30 ct				c. Special regu	ulations for pr	oduct in certair	n states?	No	
	DRU	G SUPPLY CHA	IN SECURITY ACT (DSC:	SA) INFORMATI	ION		Special return	ns requirement	s for this produc	ct?	No	
Does supplier meet DSC	SA definition of manu	facturer?	Yes	DUNS:	156861945							
Is product exempt from D	DSCSA?	No					d. Store produ	uct (unit of sal	e) upright?		Yes	
If yes, select exemptio			-				-	•	ale) from light	2	No	
Other exemption - Writ							1 Total pro-	auct (unit or s	ale, nom ngm	•	110	
•		No	If Voc was origin	s original product purchased direct from mfr?			e. Shelf life:	24	Months			
Is product repackaged? No Is product sold by manufacturer's exclusive distributor?			No				e. Shen me.		fe at launch (if	different):		Months
			No	If yes, attach	documentation from FDA				(
		ADDITIONAL F	PRODUCT INFORMATION					ITEM AND	PACKING INF	ORMATION		
le the Product	Direct Ship Item	ADDITIONAL F	PRODUCT INFORMATION		RMATION				PACKING INF		Volume	
Is the Product	Direct Ship Item			ORDER INFOR			Weight Lbs.	Dim	nensions (US m	nsmts.)	Volume (Cube)	# Pieces:
Is the Product Legend Device? State Control?	Direct Ship Item	No No	Unit of Sale	ORDER INFOR	RMATION NDC selling unit?□	- Hanne	_		nensions (US m Height	nsmts.) Width:	(Cube)	# Pieces:
Legend Device?	Direct Ship Item	No	Unit of Sale	ORDER INFOR		Item:	Weight Lbs.	Dim	nensions (US m	nsmts.)		# Pieces:
Legend Device? State Control?	Direct Ship Item	No No No	Unit of Sale x Bottle Box/Carton Ampule	ORDER INFOR What is the N		Box/	_	Dim	nensions (US m Height	nsmts.) Width:	(Cube) 4.8884	# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance?	Direct Ship Item	No No No	Unit of Sale x Bottle Box/Carton Ampule Glass	What is the N Each (Write-in, e.g	NDC selling unit?□ J. 1 Box of 10 Vials)		_	Dim	nensions (US m Height	nsmts.) Width:	(Cube)	# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.?		No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube	ORDER INFOR What is the N	NDC selling unit?□ J. 1 Box of 10 Vials)	Box/	_	Dim	nensions (US m Height	nsmts.) Width:	(Cube) 4.8884	# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti	ic)	No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl	What is the N Each (Write-in, e.g	n. 1 Box of 10 Vials) der quantity? Yes	Box/ Carton: Case:	21.1 G	Dim Depth	Height 3.025	1.616 1.54	(Cube) 4.8884 0 363.1061	24
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic Controlled Substance Co	ic)	No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube	What is the N Each (Write-in, e.g	NDC selling unit?□ J. 1 Box of 10 Vials)	Box/ Carton:	21.1 G	Dim Depth	Height 3.025	width:	(Cube) 4.8884 0	
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti	ic)	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi	What is the N Each (Write-in, e.g	i. 1 Box of 10 Vials) der quantity? Yes many of which package type?	Box/ Carton: Case:	21.1 G	Dim Depth	Height 3.025	1.616 1.54	(Cube) 4.8884 0 363.1061	24
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic Controlled Substance Co	ic)	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql	What is the N Each (Write-in, e.g	i. 1 Box of 10 Vials) der quantity? many of which package type? Each	Box/ Carton: Case:	21.1 G 2.60LBS	Dim Depth	Height 3.025	1.616 1.54	(Cube) 4.8884 0 363.1061	24
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytol	ic) de: toxic Agent?	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi	What is the N Each (Write-in, e.g	In a part of the package type? Each Inner/Carton/Pack	Box/ Carton: Case:	21.1 G 2.60LBS Case:	Dim Depth	Height 3.025	1.616 1.54	(Cube) 4.8884 0 363.1061	24
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytol	ic) de: toxic Agent?	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n	In a part of the package type? Each Inner/Carton/Pack	Box/ Carton: Case: Pallet: UPC:	21.1 G 2.60LBS Case:	Dim Depth	Height 3.025	11.54 39.37	(Cube) 4.8884 0 363.1061	24
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic Controlled Substance Cordardous Material/Cytol Is Item If Unit Dose, is item bar co	ic) de: toxic Agent?	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n	In a part of the product Informa Size/Strength/Form:	Box/ Carton: Case: Pallet: UPC:	21.1 G 2.60LBS Case: Carton:	7.75 47.24	4.06 COST INFO	1.616 11.54 39.37	(Cube) 4.8884 0 363.1061 93717.2771	24 144
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic Controlled Substance Contagradous Material/Cytol Is Item If Unit Dose, is item bar contospital scanning? Is it reverse numbered?	ded to unit dose for	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custon	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n 1	In a part of the result of the	Box/ Carton: Case: Pallet: UPC:	2.60LBS Case: Carton:	7.75 47.24	4.06 COST INFO	11.54 39.37	(Cube) 4.8884 0 363.1061 93717.2771	24 144
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic Controlled Substance Contagradous Material/Cytol Is Item If Unit Dose, is item bar contospital scanning? Is it reverse numbered?	ic) de: toxic Agent?	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n 1	In a part of the product Informa Size/Strength/Form:	Box/ Carton: Case: Pallet: UPC:	21.1 G 2.60LBS Case: Carton:	7.75 47.24	4.06 COST INFO	1.616 11.54 39.37	(Cube) 4.8884 0 363.1061 93717.2771	24 144
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic Controlled Substance Contagradous Material/Cytol Is Item If Unit Dose, is item bar contospital scanning? Is it reverse numbered?	ded to unit dose for	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custon	ORDER INFOR What is the M Each (Write-in, e.g Minimum orc If Yes, how n 1 / BILL UNIT	In a Dox of 10 Vials) Ider quantity? Yes In any of which package type? Each Inner/Carton/Pack Case Other Product Information Size/Strength/Form: 30ct/1mg/Tablets	Box/ Carton: Case: Pallet: UPC:	21.1 G 2.60LBS Case: Carton:	7.75 47.24	Height 3.025 4.06 50.39 COST INFO	1.616 11.54 39.37	(Cube) 4.8884 0 363.1061 93717.2771	24 144
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytor Is Item If Unit Dose, is item bar co hospital scanning? Is it reverse numbered? WHOLES Vendor #: Whsl. Code #:	ded to unit dose for	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custom (Write-in, e.g. x billing unit to pharm	ORDER INFOR What is the M Each (Write-in, e.g Minimum orc If Yes, how n 1 / BILL UNIT	In a Decision of the product Information of the product Information of the product Size/Strength/Form: 30ct/1mg/Tablets	Box/ Carton: Case: Pallet: UPC:	21.1 G 2.60LBS Case: Carton:	7.75 47.24	Height 3.025 4.06 50.39 COST INFO	11.54 39.37 DRMATION Ost (WAC) (\$)	(Cube) 4.8884 0 363.1061 93717.2771	24 144
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic Controlled Substance Controlled S	ded to unit dose for	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custon (Write-in, e.g. Rx billing unit to pharm x Each Gram	ORDER INFOR What is the M Each (Write-in, e.g Minimum orc If Yes, how n 1 / BILL UNIT	In a part of the product Information of the product Information of the product Information of the product Size/Strength/Form: Other Product Information of the product Information o	Box/ Carton: Case: Pallet: UPC:	21.1 G 2.60LBS Case: Carton:	7.75 47.24	Height 3.025 4.06 50.39 COST INFO Invoice Co	1.616 1.616 1.616 11.54 39.37 DRMATION Dest (WAC) (\$)	(Cube) 4.8884 0 363.1061 93717.2771	24 144
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytor Is Item If Unit Dose, is item bar co hospital scanning? Is it reverse numbered? WHOLES Vendor #: Whsl. Code #:	ded to unit dose for	No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custom (Write-in, e.g. x billing unit to pharm	ORDER INFOR What is the M Each (Write-in, e.g Minimum orc If Yes, how n 1 / BILL UNIT	In a Decision of the product Information of the product Information of the product Size/Strength/Form: 30ct/1mg/Tablets	Box/ Carton: Case: Pallet: UPC:	21.1 G 2.60LBS Case: Carton:	7.75 47.24	Height 3.025 4.06 50.39 COST INFO	11.54 39.37 DRMATION Ost (WAC) (\$)	(Cube) 4.8884 0 363.1061 93717.2771	24 144
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytor Is Item If Unit Dose, is item bar co hospital scanning? Is it reverse numbered? WHOLES Vendor #: Whsl. Code #:	ic) ide: toxic Agent? ded to unit dose for	No No No No No No	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custon (Write-in, e.g. Rx billing unit to pharm x Each Gram Milliliter	ORDER INFOR What is the M Each (Write-in, e.g Minimum orc If Yes, how n 1 / BILL UNIT ner? 1 Vial) nacy:	In a Decision of the product Information of the product Information of the product Size/Strength/Form: 30ct/1mg/Tablets	Box/ Carton: Case: Pallet: UPC:	2.60LBS Case: Carton: Regular Cost Sale	7.75 47.24 t Per Unit of	Height 3.025 4.06 50.39 COST INFO Invoice Co	1.616 1.616 1.616 11.54 39.37 DRMATION Dest (WAC) (\$)	(Cube) 4.8884 0 363.1061 93717.2771	24 144
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytor Is Item If Unit Dose, is item bar co hospital scanning? Is it reverse numbered? WHOLES Vendor #: Whsl. Code #:	ded to unit dose for	No N	Unit of Sale x Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custon (Write-in, e.g. Rx billing unit to pharm x Each Gram Milliliter	ORDER INFOR What is the M Each (Write-in, e.g Minimum ord If Yes, how n 1 / BILL UNIT mer? 1 Vial) nacy:	In a local solution of the product Information of the product Information of the product Information of the product Shape: Other Product Information of the product Information of the product Information of the product Shape: Product Shape:	Box/ Carton: Case: Pallet: UPC:	2.60LBS Case: Carton: Regular Cost Sale	7.75 47.24 t Per Unit of	Height 3.025 4.06 50.39 COST INFO Invoice Co	1.616 1.616 1.616 11.54 39.37 DRMATION Dest (WAC) (\$)	(Cube) 4.8884 0 363.1061 93717.2771	24 144



Standard Pharmaceutical Product Information (Page 2)

For Designated Drop Ship Only Products, Please Use Page 3

	. HAZARD CLASSIFICATION and TRANSPORTATIO	
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Carcinogen		
Reproductive Toxicant Both Warning appears on label	Hazardous Waste	Identification
c. Contact Hazard?	EPA Hazardous Waste Code:	
d. Does this product require special clean-up instructions?	Zi // i lazarada // ada daasi	
(If yes, attach SDS with special instructions.)		
e. Does the product contain DEHP? No		
Is this product regulated for shipment by the DOT? No	(if yes, answer a-d below and provide SDS) a. DOT Hazard Class	
Is this a reportable quantity? No	b. UN/ID Number	
RQ Threshold:	c. Packing Group	
Is this a marine pollutant?	d. Inhalation Hazard?	
Is this product shipped utilizing an authorized DOT exception or Special Permit? (if yes, identify method below)		
Limited Quantity	ADDITIONAL	PRODUCT INFORMATION - Serialization
Consumer Commodity, ORM-D		Level How? GTIN-14
Small Quantity (49 CFR 173.4)	Serialized? Yes x	
Special Permit; DOT-SP	If not, when?	Box/Carton x 2D Linear RFID
Special Provision (listed in Column 7 of 49 CFR 172.101);	Items aggregated to case?	Case X 2D Linear RFID
SP#	<u>x</u>	Pallet X 2D Linear RFID
Is the product restricted for air shipment? If so, indicate restriction:	REMS	or REGISTRY RESTRICTIONS
Passenger	Is there a REMS on this product?	No
Cargo	If Yes, is it managed with a pharmacy registry?	
Passenger & Cargo	Website URL:	
ADD'L STORAGE INFORMATION	Comments / Details: (For example, iPledge program	?)
Please check as appropriate for this product.		
Organic Inorganic		
Antineoplastic Steroid/Androgen		
Corrosive Oxidizer		
Aerosol Class: Identify NEPA Storage Level:		RETURN INSTRUCTIONS
Aerosol Class; Identify NFPA Storage Level:	Contact tel. # if product received damaged:	RETURN INSTRUCTIONS 877-993-8779
Aerosol Class; Identify NFPA Storage Level:	Contact tel. # if product received damaged: Is product returnable for credit:	
Aerosol Class; Identify NFPA Storage Level: Listed Chemical (List I or II) (Indicate or Write-in below):		877-993-8779 www.zydususa.com
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this pr	877-993-8779 www.zydususa.com roduct in certain states? No
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine	Is product returnable for credit: URL/Link to returns policy:	877-993-8779 www.zydususa.com roduct in certain states? No
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this pr	877-993-8779 www.zydususa.com roduct in certain states? No
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine Iodine (≥2.2%)	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this pr	877-993-8779 www.zydususa.com roduct in certain states? No
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine Iodine (≥2.2%) Other:	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this proof if so, which states? Other requirements? Comments?	www.zydususa.com roduct in certain states? No
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine Iodine (≥2.2%) Other: CLASS OF TRADE RESTRICTION:	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this proof of the states? Other requirements? Comments?	877-993-8779 www.zydususa.com roduct in certain states? No
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine Iodine (≥2.2%) Other: CLASS OF TRADE RESTRICTION: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this profession of the second sec	www.zydususa.com roduct in certain states? No ?
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine lodine (≥2.2%) Other: CLASS OF TRADE RESTRICTION:	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this profession of the second sec	www.zydususa.com roduct in certain states? No
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine lodine (≥2.2%) Other: CLASS OF TRADE RESTRICTION: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this profession of the second sec	www.zydususa.com roduct in certain states? No ?
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine lodine (>2.2%) Other: CLASS OF TRADE RESTRICTION: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: No	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this profession of the second sec	www.zydususa.com roduct in certain states? No ?
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this profession of the second sec	www.zydususa.com roduct in certain states? No ?
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine Iodine (≥2.2%) Other: CLASS OF TRADE RESTRICTION: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) No	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this profession of the second sec	www.zydususa.com roduct in certain states? No ?
Listed Chemical (List I or II) (Indicate or Write-in below): Ephedrine Pseudoephedrine Phenylpropanolamine Iodine (≥2.2%) Other: CLASS OF TRADE RESTRICTION: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) No	Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this profession of the second sec	www.zydususa.com roduct in certain states? No ?



Standard Pharmaceutical Product Information (Page 3)

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI	Purchase order daily receipt cut off time by supplier Cut off time:
b. Autofax C. Fax Fax Number: G. Phone only Phone No.:	Shipping lead time of PO: Hours Days
e. Supplier Web Site only Minimum Order Quantity:	Ships same day for next day receipt: Ships for second day receipt:
Supplier's Customer Service Number: Contracted 3PL company / contact #: Phone:	Ships regular ground for 3-10 days receipt:
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:	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:	Tuesday Wednesday Thursday Friday
	Priority Overnight receipt available:
Class of Trade Restriction:	PO Receipt Cut off time:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	Saturday Overnight receipt available:
Restricted to retail pharmacy only:	PO Receipt Cut off time:
Restricted to hospital, clinics, and physician offices only:	Order receipt method: Phone: Phone #:
Restricted from US territories? (explain in comments) Comments:	Fax: Fax #:
	Overnight Fees apply: Other fees apply:
REMS or Registry Restrictions	Return Instructions
REMS:	Contact # if product is received damaged:
REMS Program Manager Name: Phone:	Is product returnable for credit:
Supplier Manages REMS registry exclusively:	URL/Link to returns policy:
Wholesale distributor support:	Special regulations or returns requirements for this product in certain states?
Provider Name:	If so, which states? Other requirements? Comments?
Site Enrollment Number assigned by Supplier: DEA #:	
PCPDP #:	
NPI #:	
Comments:	
Registry:	ADDITIONAL INFORMATION
Registry Program Contact Name: Phone:	Is product order for scheduled patient procedure?
Comments	Is product order for restocking purposes?
Other Data Information Required to Process PO:	Miscellaneous Notes:
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	



Standard Pharmaceutical Product Information (Rx Product Only)

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PRODUCT INFORMATION								SPECIAL HA	NDLING AND S	TORAGE REQ	JIREMENTS*	
Company Name:	Ils USA Inc.			Application: AN	DA	a. Temperature	e – Indicate th	e USP tempera	ture range for	this product.		
Application Number fo		10-921				I. Freezer – between -25 and -10 C (-13° – 14° F)						
Rx Product/Proprietary N	Anastrozole Ta	ablets, 1mg 1000 ct					Cold – betwee	n 2 and 8 C (36	° – 46° F)			
NDC:	68382-209-10	1	UPC: 368382209108						en 8 and 15 C (4	,		
CVX Code: MVX Code:							x IV. Controlled Room – between 20 and 25 C (68° – 77° F)					
Description: white, biconvex, round coated tablets, debossed with "A7" on one side and plain on other side							allows for exc	ursions between	n 15 and 30 C (59° – 86° F)		
white, biconvex, round coaled tablets, debossed with A7 on one side and plain on other side							V.	Avoid Excess	ive Heat – above	e 40 C (>104° F	.)	
Active ingredients: Anastrazole							VI		rature Range Re	equirement	,	
URL for Additional Produ	www.zydususa	om			l 🖂 vi	(write in) II. No Requiren	nent					
				Address 2:			b. Contact for temperature excursion questions:					
City:	Pennington		State:	NJ	Zip: 08534		Name:	temperature e	Acui sion ques	tions.		
Key Contact:			Email:	1	•		Number:					
Phone Number:	(609) 730 1900		Fax:	(609) 730 199	91		Is this produc	ct to be shipped	d to customers of	on ice?	No	<u> </u>
		FOR	GENERIC DRUG PRODU	СТЅ			Is this produc	ct to be shipped	d to customers of	on dry ice?	No	
I. Orange Book Rating:	AB		II. Brand Name:	Arimidex								
III. Generic Equivalent for		Anastrozole Ta	blets, 1mg 1000 ct				c. Special regu	ulations for pr	oduct in certair	n states?	No	
•		IG SUPPLY CHA	IN SECURITY ACT (DSC)	SA) INFORMATI	ION			•	s for this produc		No	
D			AIN SECURITY ACT (DSCSA) INFORMATION				Opecial return	ns requirement	3 for this produc		140	
Does supplier meet DSCS Is product exempt from D		No	Yes	DUNS:	156861945		d. Store produ	unt funit of and	a)mrimbt?		Yes	
		140	_				1	•	,	_		
If yes, select exemption							Protect pro	duct (unit of s	ale) from light	?	No	
Other exemption - Writ	e in:								1			
Is product repackaged?		No	If Yes, was original product purchased direct from mfr?				e. Shelf life:	24	Months	P. (************************************		
		Is product sold by manufacturer's exclusive distributor?						initiai sneit li	ife at launch (if	airrerent):		Months
									•	•		
	TOT Product 1D/barcoc		No No		documentation from FDA			ITEM AND	PACKING INF	ODMATION		
			No PRODUCT INFORMATION	1					PACKING INF			
Is the Product	Direct Ship Item	ADDITIONAL I	PRODUCT INFORMATION	ORDER INFOR	RMATION		Weight Lbs.	Dim	nensions (US m	nsmts.)	Volume	# Pieces:
Legend Device?		ADDITIONAL I	PRODUCT INFORMATION Unit of Sale	ORDER INFOR							Volume (Cube)	
Legend Device? State Control?		No No	Unit of Sale Bottle	ORDER INFOR	RMATION	Item:	Weight Lbs.	Dim	nensions (US m	nsmts.)		
Legend Device?		ADDITIONAL I	Unit of Sale Bottle Box/Carton	ORDER INFOR What is the M	RMATION NDC selling unit?□	Item:		Dim	nensions (US m Height	nsmts.) Width:	(Cube) 8.7737	
Legend Device? State Control? ARCOS reportable?		No No No	Unit of Sale Bottle	ORDER INFOR What is the M	RMATION			Dim	nensions (US m Height	nsmts.) Width:	(Cube)	
Legend Device? State Control? ARCOS reportable? Co-Licensed?		No No No No	Unit of Sale Bottle Box/Carton Ampule	ORDER INFOR What is the M	RMATION NDC selling unit? 1 Box of 10 Vials)	Box/ Carton:	129.0 G	Dim Depth	Height 3.97	width:	(Cube) 8.7737	# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti	Direct Ship Item	No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl	ORDER INFORMATION What is the MEach (Write-in, e.g.) Minimum ord	RMATION NDC selling unit? 1.1 Box of 10 Vials) der quantity? Yes	Box/		Dim	nensions (US m Height	nsmts.) Width:	(Cube) 8.7737	
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti	Direct Ship Item c) de:	No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi	ORDER INFORMATION What is the MEach (Write-in, e.g.) Minimum ord	RMATION NDC selling unit? 1. 1 Box of 10 Vials) Her quantity? Yes nany of which package type?	Box/ Carton:	129.0 G	Dim Depth	Height 3.97	width:	(Cube) 8.7737	# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti	Direct Ship Item c) de:	No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl	ORDER INFORMATION What is the MEach (Write-in, e.g.) Minimum ord	RMATION NDC selling unit? I. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each	Box/ Carton: Case:	129.0 G 7.0LBS	Dim Depth	Height 3.97	width: 2.21 10.12	(Cube) 8.7737 0 386.584	# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti	Direct Ship Item c) de:	No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql	ORDER INFORMATION What is the MEach (Write-in, e.g.) Minimum ord	RMATION NDC selling unit? 1. 1 Box of 10 Vials) Her quantity? Yes nany of which package type?	Box/ Carton: Case:	129.0 G	Dim Depth	Height 3.97	width: 2.21 10.12	(Cube) 8.7737 0 386.584	# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytot	Direct Ship Item c) de: toxic Agent?	No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Powder Sql Vial Power Multi	ORDER INFORMATION What is the MEach (Write-in, e.g.) Minimum ord	RMATION NDC selling unit? 1. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each Inner/Carton/Pack	Box/ Carton: Case:	129.0 G 7.0LBS	Dim Depth	Height 3.97	width: 2.21 10.12	(Cube) 8.7737 0 386.584	# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytot	Direct Ship Item c) de: toxic Agent?	No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Powder Sql Vial Power Multi	ORDER INFORMATION ORDER INFORM	RMATION NDC selling unit? 1. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each Inner/Carton/Pack	Box/ Carton: Case: Pallet: UPC:	129.0 G 7.0LBS	Dim Depth	Height 3.97	10.12 39.37	(Cube) 8.7737 0 386.584	# Pieces:
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic Controlled Substance Co Hazardous Material/Cytol Is Item If Unit Dose, is item bar controlled Substance Controlled	Direct Ship Item c) de: toxic Agent?	No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Powder Sql Vial Power Multi Other: Write In	ORDER INFORMATION ORDER INFORM	RMATION NDC selling unit? 1. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each Inner/Carton/Pack Case Other Product Informa Size/Strength/Form:	Box/ Carton: Case: Pallet: UPC:	129.0 G 7.0LBS	7.64 47.24	sensions (US m Height 3.97 5 46.46	10.12 39.37	(Cube) 8.7737 0 386.584	# Pieces: 12 126
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytol Is Item If Unit Dose, is item bar conhospital scanning?	Direct Ship Item c) de: toxic Agent?	No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n 1	RMATION NDC selling unit? I. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each Inner/Carton/Pack Case Other Product Informa	Box/ Carton: Case: Pallet: UPC:	7.0LBS Case: Carton:	7.64 47.24	sensions (US m Height 3.97 5 46.46	10.12 39.37	(Cube) 8.7737 0 386.584 86408.1106	# Pieces: 12 126 ise Tax Per
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcotic Controlled Substance Contagradous Material/Cytol Is Item If Unit Dose, is item bar conhospital scanning? Is it reverse numbered?	Direct Ship Item c) de: toxic Agent?	No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Multi Vial Powder Sql Vial Powder Sql Vial Powder Sql Vial Powder Wulti Other: Write In	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n 1	RMATION NDC selling unit? 1. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each Inner/Carton/Pack Case Other Product Informa Size/Strength/Form:	Box/ Carton: Case: Pallet: UPC:	129.0 G 7.0LBS Case: Carton:	7.64 47.24	sensions (US m Height 3.97 5 46.46	10.12 39.37	(Cube) 8.7737 0 386.584 86408.1106	# Pieces: 12 126 ise Tax Per
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Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytol Is Item If Unit Dose, is item bar col hospital scanning? Is it reverse numbered?	Direct Ship Item c) de: toxic Agent? ded to unit dose for	No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Powder In Country Square Write In Country Square Country Square Country Square Via S	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n 1 BILL UNIT	RMATION NDC selling unit? I. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each Inner/Carton/Pack Case Other Product Information Size/Strength/Form: 1000ct/1mg/Tablets Product Shape: Round	Box/ Carton: Case: Pallet: UPC:	129.0 G 7.0LBS Case: Carton:	7.64 47.24	sensions (US m Height 3.97	10.12 39.37 DRMATION Ost (WAC) (\$)	(Cube) 8.7737 0 386.584 86408.1106	# Pieces: 12 126 ise Tax Per
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytot Is Item If Unit Dose, is item bar co hospital scanning? Is it reverse numbered? WHOLES Vendor #:	Direct Ship Item c) de: toxic Agent? ded to unit dose for	No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custon (Write-in, e.g. Rx billing unit to pharm X Each Gram	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n 1 BILL UNIT	RMATION NDC selling unit? I. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each Inner/Carton/Pack Case Other Product Information Size/Strength/Form: 1000ct/1mg/Tablets Product Shape: Round	Box/ Carton: Case: Pallet: UPC:	129.0 G 7.0LBS Case: Carton:	7.64 47.24	sensions (US m Height 3.97 5 46.46 COST INFO Invoice Co	10.12 39.37 ORMATION ost (WAC) (\$)	(Cube) 8.7737 0 386.584 86408.1106	# Pieces: 12 126 ise Tax Per
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytot Is Item If Unit Dose, is item bar co- hospital scanning? Is it reverse numbered? WHOLES Vendor #: Whsl. Code #:	Direct Ship Item c) de: toxic Agent? ded to unit dose for	No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Liquid Multi Vial Powder Sql Vial Pow	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n 1 BILL UNIT	RMATION NDC selling unit? I. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each Inner/Carton/Pack Case Other Product Information Size/Strength/Form: 1000ct/1mg/Tablets Product Shape: Product Color: White	Box/ Carton: Case: Pallet: UPC:	129.0 G 7.0LBS Case: Carton:	7.64 47.24	sensions (US m Height 3.97	10.12 39.37 DRMATION Ost (WAC) (\$)	(Cube) 8.7737 0 386.584 86408.1106	# Pieces: 12 126 ise Tax Per
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytot Is Item If Unit Dose, is item bar co- hospital scanning? Is it reverse numbered? WHOLES Vendor #: Whsl. Code #:	Direct Ship Item c) de: toxic Agent? ded to unit dose for	No No No No No No No No	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custon (Write-in, e.g. Rx billing unit to pharm X Each Gram Milliliter	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n 1 / BILL UNIT ner? 1 Vial) nacy:	RMATION NDC selling unit? I. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each Inner/Carton/Pack Case Other Product Information Size/Strength/Form: 1000ct/1mg/Tablets Product Shape: Product Color: White	Box/ Carton: Case: Pallet: UPC:	7.0LBS Case: Carton: Regular Cost Sale	7.64 47.24 t Per Unit of e (\$)	Sensions (US medical Height 3.97	10.12 39.37 ORMATION ost (WAC) (\$)	(Cube) 8.7737 0 386.584 86408.1106	# Pieces: 12 126 ise Tax Per
Legend Device? State Control? ARCOS reportable? Co-Licensed? Controlled Substance? Schedule No.? (incl. N for non-narcoti Controlled Substance Co Hazardous Material/Cytot Is Item If Unit Dose, is item bar co- hospital scanning? Is it reverse numbered? WHOLES Vendor #: Whsl. Code #:	Direct Ship Item c) de: toxic Agent? ded to unit dose for	No N	Unit of Sale X Bottle Box/Carton Ampule Glass Tube Vial Liquid Sgl Vial Powder Sql Vial Power Multi Other: Write In PHARMACY ORDER Rec. sell unit to custon (Write-in, e.g. Rx billing unit to pharm X Each Gram Milliliter	ORDER INFORM What is the M Each (Write-in, e.g Minimum ord If Yes, how n 1 A BILL UNIT mer? 1 Vial) nacy:	RMATION NDC selling unit? I. 1 Box of 10 Vials) Ider quantity? Yes Inany of which package type? Each Inner/Carton/Pack Case Other Product Informa Size/Strength/Form: 1000ct/1mg/Tablets Product Shape: Product Color: White Product Imprint: A7	Box/ Carton: Case: Pallet: UPC:	7.0LBS Case: Carton: Regular Cost Sale	7.64 47.24 t Per Unit of e (\$)	Sensions (US medical Height 3.97	10.12 39.37 ORMATION ost (WAC) (\$)	(Cube) 8.7737 0 386.584 86408.1106	# Pieces: 12 126 ise Tax Per



Standard Pharmaceutical Product Information (Page 2)

For Designated Drop Ship Only Products, Please Use Page 3

MATE	RIAL HAZARD CLASSIFICATION and TRANSPORTATION						
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Carcinogen Reproductive Toxicant Both Warning appears on label c. Contact Hazard? d. Does this product require special clean-up instructions?	Hazardous Waste Identification EPA Hazardous Waste Code:						
(If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No							
Is this product regulated for shipment by the DOT? Is this a reportable quantity? RQ Threshold: Is this a marine pollutant? Is this product shipped utilizing an authorized DOT exception or Special Permit? (if yes, identify method below)	(if yes, answer a-d below and provide SDS) a. DOT Hazard Class b. UN/ID Number c. Packing Group d. Inhalation Hazard?						
Limited Quantity	ADDITIONAL PRODUCT INFORMATION - Serialization						
Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Level How? GTIN-14						
	REMS or REGISTRY RESTRICTIONS						
Is the product restricted for air shipment? If so, indicate restriction: Passenger Cargo Passenger & Cargo ADD'L STORAGE INFORMATION	Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:						
ADD'L STORAGE INFORMATION	Comments / Details: (For example, iPledge program?)						
Please check as appropriate for this product. Organic Inorganic Antineoplastic Steroid/Androgen Corrosive Oxidizer							
Aerosol Class; Identify NFPA Storage Level:	RETURN INSTRUCTIONS						
Aerosor Class, Identity Nr F A Storage Level.	Contact tel. # if product received damaged: 877-993-8779						
	Is product returnable for credit:						
Listed Chemical (List I or II) (Indicate or Write-in below):	URL/Link to returns policy: www.zydususa.com						
Ephedrine	Special regulations or returns requirements for this product in certain states? No						
Pseudoephedrine	If so, which states? Other requirements? Comments?						
Phenylpropanolamine							
lodine (≥2.2%)							
Other:							
CLASS OF TRADE RESTRICTION:	ADDITIONAL INFORMATION						
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	If Unit Dose NDC, indicate NDC here:						
Restricted to retail pharmacy only: No	MISCELLANEOUS NOTES and/or Image of Product Barcode:						
Restricted to hospital, clinics, and physician offices only: No							
Restricted from US territories? (explain in comments) No	-						
Comments:							



Standard Pharmaceutical Product Information (Page 3)

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI	Purchase order daily receipt cut off time by supplier Cut off time:
b. Autofax C. Fax Fax Number: G. Phone only Phone No.:	Shipping lead time of PO: Hours Days
e. Supplier Web Site only Minimum Order Quantity:	Ships same day for next day receipt: Ships for second day receipt:
Supplier's Customer Service Number: Contracted 3PL company / contact #: Phone:	Ships regular ground for 3-10 days receipt:
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:	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:	Tuesday Wednesday Thursday Friday
	Priority Overnight receipt available:
Class of Trade Restriction:	PO Receipt Cut off time:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	Saturday Overnight receipt available:
Restricted to retail pharmacy only:	PO Receipt Cut off time:
Restricted to hospital, clinics, and physician offices only:	Order receipt method: Phone: Phone #:
Restricted from US territories? (explain in comments) Comments:	Fax: Fax #:
	Overnight Fees apply: Other fees apply:
REMS or Registry Restrictions	Return Instructions
REMS:	Contact # if product is received damaged:
REMS Program Manager Name: Phone:	Is product returnable for credit:
Supplier Manages REMS registry exclusively:	URL/Link to returns policy:
Wholesale distributor support:	Special regulations or returns requirements for this product in certain states?
Provider Name:	If so, which states? Other requirements? Comments?
Site Enrollment Number assigned by Supplier: DEA #:	
PCPDP #:	
NPI #:	
Comments:	
Registry:	ADDITIONAL INFORMATION
Registry Program Contact Name: Phone:	Is product order for scheduled patient procedure?
Comments	Is product order for restocking purposes?
Other Data Information Required to Process PO:	Miscellaneous Notes:
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	