

Standard Pharmaceutical Product Information (Rx Product Only)

| © August 2014 | | | | | | Introduction | on Type: | New Item |] | Final Version | | | Date: | 12/3/ | /2018 |
|---|--------------------------|-----------------------|-----------------------------------|--|-----------------|------------------|--|---------------------------|----------------------------------|--|------------------|---------------|-----------------|------------------|--------------|
| | | | PRODUCT INFORMA | ATION | | | | | | SPECIAL HANDL | ING AND STO | RAGE REQ | UIREMENTS | S* | |
| Company Name: | ZYDUS PHARMACE | EUTICALS (USA) INC. | | | | Α | Application: | ANDA | a. Temperature – Indi | cate the USP temper | | | | | |
| Application Number for ND | A/ANDA/BLA (drug); | PMA/510(k)(med device | e): | 21165 | 59 | | | • | Tempera | ature Range | | Controlled R | loom – betwe | een 20 and 25 | C (68° – 77° |
| | 156861945 | | | | | | | | | emperature Range Re | equirement | | | | - |
| Proprietary Name (If Applica | | Name: BACLO | FEN TABLETS USP, 10MG | | | | | | (w | rite in) | | | | | |
| Selling Unit NDC: UDI | 70710-1285-1 | | Individual Unit NDC: CVX Code: | | 1 | MVX Code | | 517 | lo this n | raduat to be objected | to ouotomoro | on ioo? | | No | |
| | Destrict Table 110 | D 40 | • | Class Canada Inc. | | | | | 1 | roduct to be shipped | | | | No No | <u>-</u> |
| Description: | line on the other side | | s a white to off white, round, | flat-faced, beve | lea-eage uncoa | ated tablet debo | ossed with "1285" | on one side and break | is this p | roduct to be shipped | to customers of | on ary ice? | | No | - |
| Active Ingredient(s): | | BACLOFEN | | | | | | | b. Contact for tempera | ature excursion que | stions: | | | | |
| URL for Additional Product I | Information: | | | | | | | | Number | r: | | | | | |
| | 73 ROUTE 31 NORT | ΓĤ | | | _ | Address 2: | | | Group I | E-mail: | | | | | |
| | PENNINGTON | | | | _ | NJ | Žip: | 08534 | | | | | | | |
| Key Contact: Phone Number: | (609) 730 1900 | | | | Email: Fax: | (609) 730 1998 | Q | | c. Special regulations | for product in any s returns requirements | | o+2 | | No | - |
| Product Therapeutic Classifi | | | | | ı ax. | (003) 730 1330 | <u> </u> | | Special | returns requirements | ioi tilis piodut | ot: | | | |
| Trouder morapouno olacom | - Californi | | | | | | | | d. Store product (unit | of sale) upright? | | | | No | |
| ADDITIONA | AL PRODUCT INFORM | MATION | | | PRO | ODUCT DESC | RIPTION INFORI | MATION | _ · | product (unit of sale | e) from light? | | | No | <u>-</u> |
| Is the Product | | | | | | | | | e. Shelf life: | | | | | 24 | Months |
| a legend device? | | No | - | s | ize: | 100 C | DUNT | | Initial s | helf life at launch (if | different): | | | | Months |
| reverse numbered? | | No No | - | | | | | | | | ORDER INFOR | MATION | | | |
| Is the Product | | Direct-Ship Only | - | S | trength: | 10MG | | | | | JRDEK INFOR | RIVIATION | | | |
| Is the Product | | Neither | - | | osage Form: | TABLE | TO: | | Unit of | Sale | | What is the | NDC selling | g unit?□ | |
| | | | | | osage Form. | TABLE | | | X | Bottle | | 1 BOTTLE C | | | |
| If Unit Dose, is item bar code | ed to unit dose for hosp | pital scanning? | | | | | | | | Box/Carton Ampule | | (Write-in, e. | g. 1 Box of 1 | 10 Vials) | |
| If Unit Dose NDC, indicate N | IDC here: | | 1 | P | roduct Shape: | ROUN | D | | | Glass | | Minimum o | rder quantit | v? | Yes |
| | | | <u>'</u> | P | roduct Color: | WHITE | TO OFF-WHITE | | | Tube | | | • | • | |
| Country of Origin | | | | | | | | | | Vial Liquid Sgl Vial Liquid Multi | | If Voc. how | many of wh | ich package | tuno? |
| Is this product covered under | er the Trade Agreemen | ts Act (TAA)? | | P | roduct Imprint: | 1285 | | | | Vial Powder Sql | | | Each | iicii package | type : |
| | | | • | | | | | | | Vial Power Multi | | | Inner/Cartor | n/Pack | |
| | | | FOR OFNERIO PRIJO PR | CODUCTO | | | | | | Other: Write In | | X | Case | | |
| | | | FOR GENERIC DRUG PR | RODUCIS | | | | | | | | | | | |
| | | | | | Authoriz | zed Generic | *If Authorize | ed Generic, other section | | PHAR | RMACY ORDE | R / BILL UNI | Τ | | |
| I. Orange Book Rating: | AB | | | <u> </u> | | | fields are no | t applicable | Rec. sell unit to custo | mer?□ | | Rx billing u | nit to pharm | nacy: | |
| II. Generic Equivalent to Wha | | LIORESAL | | | | | | | | | | Х | Each | • | |
| | | DRUG CURR | LV CHAIN CECURITY ACT | (DCCCA) INFO | DMATION | | | | (Write-in, e.g. 1 Vial) | | | | Gram | | |
| | | DRUG SUPP | LY CHAIN SECURITY ACT | (DSCSA) INFO | RMATION | | | | | | | | Milliliter | | |
| Does supplier meet DSCSA | definition of manufac | cturer? | Yes | GLN: | | 036382000002 | | | | ITEM A | ND PACKING | INFORMATI | ON | | |
| Is product exempt from DSC | SA? | | No | | _ | | | | | | | | _ | | |
| If yes, select exemption: Other exemption - Write in: | | | | | | | | - | | Weight Lbs. | | nsions (US m | smts.) Width | Volume (Cube) | # Pieces: |
| Is product repackaged? | • | | No | If Yes | , was original | product purch | nased direct | | Item: | | Depth | Height | | | , |
| Is product sold by manufact | | | No | from | mfr? | | | | | 0.1 | 1.61 | 2.98 | 1.61 | 7.724458 | 1 |
| Has FDA granted waiver/exc | ception/exemption for | r product? | No | If yes | , attach docum | nentation from | FDA. | | Box/Carton/Bundle/ | | | | | 0 | |
| | | | GTIN PRODUCT INFOR | MATION | | | | | Inner Pack: Case: | | | | | | |
| | | | | Saleable | | | | | | 3.39 | 9.7 | 3.81 | 6.49 | 239.85093 | 24 |
| | | | Level | Unit | | | Quantity | GTIN-14 | Pallet: | 688.2 | 48 | 48 | 40 | 92160 | 4752 |
| Serialized? | Yes | X | Item | Х | X 2D | Linear | 1 | 00370710128517 | UPC: | | ., | | | 1 32.30 | 1, 02 |
| If not, when? Items aggregated? | Yes | | Box/Carton/Bundle/Inner Pack Case | | 2D 2D | Linear Linear | 24 | 40370710128515 | UPC: | Case: Carton: | | | | | |
| | | - X | Pallet | | 2D | X Linear | | 50370710128512 | | | | | | | |
| | | | | | 2D | Linear | | | COST | INFORMATION | | | WHOLESAL | LER USE ONL | Y: |
| | | | | \vdash | 2D 2D | Linear Linear | | | Regular Cost | | | Vendor #: | | | |
| | | | | | 2D 2D | Linear | | | Invoice Cost (WAC) (\$ | 5) | \$14.94 | Whsl. Code | #: | | |
| | | | | <u> </u> | | | | | Federal Excise Tax Pe | er Unit of Sale | ψ. ποτ | Fineline Co | | | |
| | | | | | | | | | As of date: | 12/4/2018 | | | | | |
| | | | A+ (04557) | TA OUEET (000 | N t | Hawaii BAOKA | OF INCEST ! | DEL AND DUOTO OF SE | | 240005 | | | | | |
| *Please provide any addition | nal information on na | | Attach copy of SAFETY DAT | IA SHEET (SDS | , | • | GE INSERT, LANGE TO THE SECOND | | ODUCT PACKAGING and I Signatu | | | | | | |



Standard Pharmaceutical Product Information (Page 2)

For Designated Drop Ship Only Products, Please Use Page 3

| MATERIAL | HAZARD CLASSIFICATION and TRANSPORTATION |
|--|--|
| Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? c. Contact Hazard? d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No | SDS Hazard Classification Organic Corrosive Oxidizer Steroid/Androgen Contact Hazard Aerosol Class; Identify NFPA Storage Level: Is the product a NIOSH hazardous drug? If yes, indicate which: |
| Is this product regulated for shipment by DOT or IATA? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? Is the product restricted for air shipment? If so, indicate restriction: | Hazardous Waste Identification EPA Hazardous Waste Code: REMS or REGISTRY RESTRICTIONS |
| Passenger Cargo Passenger & Cargo Is this a reportable quantity? No RQ Threshold: Is this a marine pollutant? No Is this product chipped utilizing an outberized DOT exception or Special Permit? | Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL: Comments / Details: (For example, iPledge program?) |
| Is this product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP# | REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier: PCPDP #: NPI #: |
| Is the Product Controlled Substance? Controlled by State(s)? ARCOS Reportable? Schedule No. (inc. N for non-narcotic) Controlled Substance Code | Comments Registry: Registry Program Contact Name: Phone: Comments |
| Listed Chemical (List I or II) If yes, indicate which: Is it a scheduled listed chemical product?: CLASS OF TRADE RESTRICTION: | RETURN INSTRUCTIONS Contact tel. # if product received damaged: (877) 993 8779 Is product returnable for credit: (877) 993 8779 |
| 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 Comments: | URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments? |
| MISCELLA | NEOUS NOTES and/or Image of Product Barcode: |



Standard Pharmaceutical Product Information (Page 3)

| Order Method for Designate | | Standard Order Receipt and Processing | |
|---|---------------------------------------|---|---|
| | a brop ship Froduct | · | |
| Purchase orders may be accepted by: a. EDI | | Purchase order daily receipt cut off time by supplier Cut off time: | |
| b. Autofax | Fax Number: | | |
| c. Fax | Fax Number: | Shipping lead time of PO: Hours Days | |
| d. Phone only | Phone No.: | | |
| e. Supplier Web Site only | Site Address: | Ships same day for next day receipt: | |
| Minimum Order Quantity: | | Ships for second day receipt: | |
| Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: | | Ships regular ground for 3-10 days receipt: | |
| Phone: | | | |
| 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 | |
| | | Wednesda | y |
| | | Thursday | |
| | | Friday | |
| | | Priority Overnight receipt available: | |
| Class of Trade R | estriction: | PO Receipt Cut off time: | |
| No restriction: Select YES if sold to retail pharmacy, hosp | oitals, clinics and physician offices | Saturday Overnight receipt available: | |
| Restricted to retail pharmacy only: | | PO Receipt Cut off time: | |
| | | FO Neceipt out on time. | |
| Restricted to hospital, clinics, and physician offices only: | | Order receipt method: Phone: Phone #: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) | | Order receipt method: Phone: Fax: Phone #: Fax #: | |
| Restricted to hospital, clinics, and physician offices only: | | Order receipt method: Phone: Fax: EDI: Phone #: Fax #: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec | uired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Return Instructions | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: | quired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: | juired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # | juired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # | juired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: | uired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rectangle Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rect Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rect Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? ADDITIONAL INFORMATION | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rect Patient Procedure Date: Physician Name: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? | |



Standard Pharmaceutical Product Information (Rx Product Only)

| © August 2014 | | | | | | Introduction 7 | Туре: | New Item |] | Final Version | | | Date: | 12/3 | /2018 |
|--|-------------------------|-----------------------|---|---------------------|----------------|-------------------|------------------|---------------------------|---|--|------------------|---------------|-----------------------------|---------------|--------------|
| | | | PRODUCT INFORMAT | ΓΙΟΝ | | | | | | SPECIAL HANDLI | ING AND STO | RAGE REQ | UIREMENTS | S* | |
| Company Name: | ZYDUS PHARMACE | UTICALS (USA) INC. | | | | App | olication: | ANDA | a. Temperature – Indi | cate the USP temper | | | | | |
| Application Number for ND | A/ANDA/BLA (drug); | PMA/510(k)(med device | e): | 211659 | | | | | Temper | ature Range | | Controlled R | loom – betwe | een 20 and 25 | C (68° – 77° |
| | 156861945 | _ | | | | | | | | emperature Range Re | equirement | | | | - |
| Proprietary Name (If Applica | | Name: BACLO | FEN TABLETS USP, 10MG 5 | 00CT | | T | T | _ | (w | rite in) | | | | | |
| Selling Unit NDC: UDI | 70710-1285-5 | | Individual Unit NDC: CVX Code: | | | UPC: MVX Code: | 37071012855 | 55 | lo this n | raduat to be objected t | to quotomoro | on ioo? | | No | |
| | Destrict Table 110 | D. 40 | · • • • • • • • • • • • • • • • • • • • | I-1 (I I I I- I | | | -1 '4 "4005" | | : | product to be shipped t | | | | No | - |
| Description: | line on the other side | | s a white to off white, round, f | lat-faced, beveled- | eage uncoated | d tablet deboss | ed with "1285" (| on one side and break | is this p | roduct to be shipped t | to customers of | on ary ice? | | No | - |
| Active Ingredient(s): | into off the other olde | BACLOFEN | | | | | | | b. Contact for temper Name: | ature excursion ques | stions: | | | | |
| URL for Additional Product I | Information: | | | | | | | | Numbe | r: | | | | | |
| | 73 ROUTE 31 NORT | TH . | | | | dress 2: | | | Group | E-mail: | | | | | |
| | PENNINGTON | | | | State: NJ | | Zip: | 08534 | | | | | | | |
| Key Contact: Phone Number: | (609) 730 1900 | | | | Email: (60) | 9) 730 1998 | | | c. Special regulations | s for product in any s returns requirements | | o+2 | | No | - |
| Product Therapeutic Classifi | | | | | 1 ax. (00. | 19) 130 1990 | | | J Special | returns requirements | ioi tilis piodut | ot : | | | |
| Troduct Therapeutic Glassiii | ioation. | | | | | | | | d. Store product (unit | of sale) upright? | | | | No | |
| ADDITIONA | AL PRODUCT INFORM | MATION | | | PROD | UCT DESCRIF | PTION INFORM | IATION | _ · | product (unit of sale | e) from light? | | | No | - |
| Is the Product | | | | | | | | | e. Shelf life: | | | | | 24 | Months |
| a legend device? | | No | | Size: | | 500 COU | NT | | Initial s | helf life at launch (if | different): | | | | Months |
| reverse numbered? | | No | | GIZO. | | 000 000 | | | | | | | | | |
| co-licensed? | | No Direct-Ship Only | | Stren | gth: | 10MG | | | | C | RDER INFOR | RMATION | | | |
| Is the Product | | Neither | | | _ | | | | Unit of | Sale | | What is the | NDC selling | unit?□ | |
| | | | | Dosa | ge Form: | TABLETS | 5 | | Х | Bottle | | 1 BOTTLE C | OF 500 TABL | ETS | |
| If Unit Dose, is item bar code | ed to unit dose for hos | pital scanning? | | | | | | | | Box/Carton | | (Write-in, e. | g. 1 Box of 1 | 10 Vials) | |
| If Unit Dose NDC, indicate N | | | | Prod | uct Shape: | ROUND | | | | Ampule Glass | | Minimum o | rdor augntit | u2 | Yes |
| II Offit Dose NDC, indicate N | IDC fiele. | | | | | | | | | Tube | | William O | ruer quantit | y : | 162 |
| Country of Origin | | | | Prod | uct Color: | WHITE I | O OFF-WHITE | | | Vial Liquid Sgl | | | | | |
| Is this product covered under | er the Trade Agreemen | ts Act (TAA)? | | Prod | uct Imprint: | 1285 | | | | Vial Liquid Multi | | | | ich package | type? |
| ll ' | 3 | | | | • | | | | | Vial Powder Sql Vial Power Multi | | | Each Inner/Cartor | n/Dook | |
| | | | _ | | | | | | <u>'</u> | Other: Write In | | | Case | //Pack | |
| | | | FOR GENERIC DRUG PRO | ODUCTS | | | | | | | | | | | |
| | | | | 1 | – | | | | | DUAD | | D / DU L 1111 | _ | | |
| | | | | | Authorized | d Generic | fields are not | I Generic, other section | D U U U | | MACY ORDE | | | | |
| I. Orange Book Rating: II. Generic Equivalent to Wha | AB | LIORESAL | | | | | noide die not | арриодого | Rec. sell unit to custo | omer? | | Rx billing u | nit to pharm Each | nacy: | |
| ii. Generic Equivalent to will | at Brance: | LIOILLOILL | | | | | | | (Write-in, e.g. 1 Vial) | | _ | | Gram | | |
| | | DRUG SUPPI | LY CHAIN SECURITY ACT (I | DSCSA) INFORMA | ATION | | | | (************************************** | | | | Milliliter | | |
| | | _ | | | 000 | 200000000 | | | | ITEM 44 | | INCORMAT! | | | |
| Does supplier meet DSCSA of Is product exempt from DSC | | turer? | Yes No | GLN: | 036 | 6382000002 | | | | IIEM AI | ND PACKING | INFORMATI | ON | | |
| If yes, select exemption: | , on : | | 110 | | | | | | | | Dimen | sions (US m | smts.) | Volume | " D: |
| Other exemption - Write in: | • | | | | | | | | | Weight Lbs. | Depth | Height | Width | (Cube) | # Pieces: |
| Is product repackaged? | | | No | | | oduct purchas | ed direct | | Item: | 0.23 | 2.12 | 3.97 | 2.12 | 17.842768 | 1 |
| Is product sold by manufactor Has FDA granted waiver/exc | | | No No | from mfr | | ntation from FE | 24 | | Box/Carton/Bundle/ | | | | | | |
| ilas i DA granteu waiver/exc | opuonesempuon for | | 190 | ii yes, ati | acıı uocumen | nauvii ii Viii FL | ·n. | | Inner Pack: | | | | | 0 | |
| | | | GTIN PRODUCT INFORM | MATION | | | | | Case: | 3.82 | 8.8 | 4.8 | 6.6 | 278.784 | 12 |
| | | | | Saleable | | | | | | 3.02 | 0.0 | 4.0 | 0.0 | 210.104 | 12 |
| Serialized? | Voo | | Level | Unit | | Lincor | | GTIN-14 00370710128555 | Pallet: | 686.01 | 48 | 48 | 40 | 92160 | 2100 |
| If not, when? | Yes | 7 X | Item Box/Carton/Bundle/Inner Pack | <u> </u> | 2D | Linear Linear | | 00370710120000 | UPC: | Case: | | | | | |
| Items aggregated? | Yes | X | Case | х | 2D | Linear | 12 | 40370710128553 | | Carton: | | | | | |
| | | Х | Pallet | | _ | X Linear | | 50370710128550 | | | | | | | |
| | | | | | 2D | Linear | - | | COST | TINFORMATION | | | WHOLESAL | ER USE ONL | _Y: |
| | | | | | 2D | Linear Linear | | | Regular Cost | | | Vendor #: | | | |
| | | | | | 2D | Linear | | | Invoice Cost (WAC) (| 5) | \$72.45 | Whsl. Code | #: | | |
| | | | | | | | | | Federal Excise Tax P | er Unit of Sale | | Fineline Co | | | |
| | | | | | | | | | As of date: | 12/4/2018 | | | | | |
| | | | Attach copy of SAFETY DAT | A QUEET (QDQ) | non hozord I-1 | ttor DACKACE | INCEDT LAD | | | PARCODE | | | | | |
| *Please provide any addition | nal information on na | | Attach copy of SAFETY DATA | N OUEE1 (ODO) 01 | | | Designated Dr | | DDUCT PACKAGING and Signati | | | | | | |



Standard Pharmaceutical Product Information (Page 2)

For Designated Drop Ship Only Products, Please Use Page 3

| MATERIAL | HAZARD CLASSIFICATION and TRANSPORTATION |
|--|--|
| Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? c. Contact Hazard? d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No | SDS Hazard Classification Organic Corrosive Oxidizer Steroid/Androgen Contact Hazard Aerosol Class; Identify NFPA Storage Level: Is the product a NIOSH hazardous drug? If yes, indicate which: |
| Is this product regulated for shipment by DOT or IATA? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? Is the product restricted for air shipment? If so, indicate restriction: | Hazardous Waste Identification EPA Hazardous Waste Code: REMS or REGISTRY RESTRICTIONS |
| Passenger Cargo Passenger & Cargo Is this a reportable quantity? No RQ Threshold: Is this a marine pollutant? No Is this product chipped utilizing an outberized DOT exception or Special Permit? | Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL: Comments / Details: (For example, iPledge program?) |
| Is this product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP# | REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier: PCPDP #: NPI #: |
| Is the Product Controlled Substance? Controlled by State(s)? ARCOS Reportable? Schedule No. (inc. N for non-narcotic) Controlled Substance Code | Comments Registry: Registry Program Contact Name: Phone: Comments |
| Listed Chemical (List I or II) If yes, indicate which: Is it a scheduled listed chemical product?: CLASS OF TRADE RESTRICTION: | RETURN INSTRUCTIONS Contact tel. # if product received damaged: (877) 993 8779 Is product returnable for credit: (877) 993 8779 |
| 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 Comments: | URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments? |
| MISCELLA | NEOUS NOTES and/or Image of Product Barcode: |



Standard Pharmaceutical Product Information (Page 3)

| Order Method for Designate | | Standard Order Receipt and Processing | |
|---|---------------------------------------|---|---|
| | a brop ship Froduct | · | |
| Purchase orders may be accepted by: a. EDI | | Purchase order daily receipt cut off time by supplier Cut off time: | |
| b. Autofax | Fax Number: | | |
| c. Fax | Fax Number: | Shipping lead time of PO: Hours Days | |
| d. Phone only | Phone No.: | | |
| e. Supplier Web Site only | Site Address: | Ships same day for next day receipt: | |
| Minimum Order Quantity: | | Ships for second day receipt: | |
| Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: | | Ships regular ground for 3-10 days receipt: | |
| Phone: | | | |
| 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 | |
| | | Wednesda | y |
| | | Thursday | |
| | | Friday | |
| | | Priority Overnight receipt available: | |
| Class of Trade R | estriction: | PO Receipt Cut off time: | |
| No restriction: Select YES if sold to retail pharmacy, hosp | oitals, clinics and physician offices | Saturday Overnight receipt available: | |
| Restricted to retail pharmacy only: | | PO Receipt Cut off time: | |
| | | FO Neceipt out on time. | |
| Restricted to hospital, clinics, and physician offices only: | | Order receipt method: Phone: Phone #: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) | | Order receipt method: Phone: Fax: Phone #: Fax #: | |
| Restricted to hospital, clinics, and physician offices only: | | Order receipt method: Phone: Fax: EDI: Phone #: Fax #: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec | uired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Return Instructions | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: | quired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: | juired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # | juired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # | juired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: | uired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rectangle Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rect Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rect Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? ADDITIONAL INFORMATION | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rect Patient Procedure Date: Physician Name: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? | |



Standard Pharmaceutical Product Information (Rx Product Only)

| © August 2014 | | | | | | | Intro | oduction T | уре: | New Item | | Final Version | | | Date: | 12/3 | /2018 |
|---|--------------------------|--|-----------------|-----------------------------|------------------|-----------------|-------------|-------------|-----------------|--------------------------|---------------------------|--------------------------------------|----------------|---------------|---------------------------------|------------------|----------------|
| | | | | PRODUCT INFORMA | TION | | | | | | | SPECIAL HANDLI | ING AND STO | RAGE REQ | UIREMENTS | S* | |
| Company Name: | ZYDUS PHARMACE | EUTICALS (USA) IN | C. | | | | | Appli | ication: | ANDA | a. Temperature – Indic | ate the USP temper | ature range f | or this produ | uct. | | |
| Application Number for ND | DA/ANDA/BLA (drug); | PMA/510(k)(med d | levice): | | 21 | 1659 | | | | | Tempera | ature Range | _ | Controlled F | Room – betw | een 20 and 25 | 5 C (68° – 77° |
| DUNS: | 156861945 | | | | | 7 | | | | | Other Te | emperature Range Re | quirement | | | | |
| Proprietary Name (If Applica | able) and Established | Name: BA | CLOFEN | TABLETS USP, 10MG | 1000CT | • | | | | | | rite in) | | | | | |
| Selling Unit NDC: | 70710-1285-0 | | | Individual Unit NDC: | | | | UPC: | 3707101285 | 00 |] | | | | | | _ |
| UDI | | | | CVX Code: | | | MV | X Code: | | | Is this p | oduct to be shipped t | o customers o | n ice? | | No | _ |
| Description: | | | ble as a v | white to off white, round, | flat-faced, b | eveled-edge und | coated tabl | let debosse | ed with "1285" | on one side and break | Is this p | oduct to be shipped t | o customers o | n dry ice? | | No | _ |
| | line on the other side | | | | | | | | | | | | | | | | _ |
| Active Ingredient(s): | | BACLOFEN | | | | | | | | | b. Contact for tempera | ture excursion ques | stions: | | | | |
| LIDI for Additional Draduct I | Information. | | | | | | | | | | Name: | _ | | | | | |
| URL for Additional Product I Address: | 73 ROUTE 31 NORT | | | | | | Address | s 2· | 1 | | Group E | | | | | | |
| City: | PENNINGTON | | | | | State: | NJ | | L Zip: | 08534 | | IIIaII. | | | | | |
| Key Contact: | | | | | | Email: | | | r- | | c. Special regulations | for product in any s | tates? | | | No | |
| Phone Number: | (609) 730 1900 | | | | | Fax: | (609)73 | 30 1998 | | | | returns requirements | | ct? | | | |
| Product Therapeutic Classif | fication: | | | | | | , | | | | _ | | | | | | _ |
| | | | | | | _ | | | | | d. Store product (unit | of sale) upright? | | | | No | _ |
| ADDITIONA | AL PRODUCT INFORM | MATION | | | | F | PRODUCT | DESCRIP | TION INFORM | MATION | Protect | product (unit of sale | e) from light? | | | No | - - |
| Is the Product | | | | | | | | | | | e. Shelf life: | | | | | 24 | Months |
| a legend device? | | No | | | | Size: | | 1000 COU | NT | | Initial sl | nelf life at launch (if | different): | | | | Months |
| reverse numbered? | | No | | | | OILC. | | 1000 000 | | | | | | | | | |
| co-licensed? | | No Direct Ship Only | | | | Strength: | | 10MG | | | | C | RDER INFOR | MATION | | | |
| Is the Product | | Direct-Ship Only Neither | | | | | | | | | Unit of S | Sala | | What is the | NDC selling | unit2□ | |
| is the Froduct | | 14011101 | | | | Dosage Form |): | TABLETS | | | | Bottle | | 1 BOTTLE (| | | |
| If I lait Doop in item has and | lad ta wait daga far bag | nital accoming? | | | | | | | | | | Box/Carton | | | .g. 1 Box of | | |
| If Unit Dose, is item bar code | | pitai scanning? | | | | Product Shap | ne. | ROUND | | | | Ampule | | | | | |
| If Unit Dose NDC, indicate N | NDC here: | | | | | i roddot ondp | | KOOND | | | | Glass | | Minimum o | rder quantit | y? | Yes |
| Country of Origin | | | _ | | | Product Colo | r: | WHITE TO | OFF-WHITE | | | Tube | | | | | |
| Country of Origin | | | | | | | | | | | | Vial Liquid Sgl Vial Liquid Multi | | If Yes how | many of wh | ich package | type? |
| Is this product covered unde | er the Trade Agreemen | ts Act (TAA)? | | | | Product Impr | int: | 1285 | | | | Vial Powder Sql | | | Each | iicii package | type: |
| | | | | | | | | | | | | Vial Power Multi | | | Inner/Carto | n/Pack | |
| | | | • | | | | | | | | | Other: Write In | | Χ | Case | | |
| | | | F | OR GENERIC DRUG PR | RODUCTS | | | | | | | | | | | | |
| | | | | | | Auth | orized Ger | norio | *If Authorize | d Generic, other section | | DHAD | MACY ORDE | D/BILLIN | IT | | |
| | AD | | | | Ì | Auti | iorizea Ger | | fields are not | · | Dec cell writte avete | | | | | | |
| I. Orange Book Rating: II. Generic Equivalent to Wha | AB | LIORESAL | | | | | | | 110100 010 1101 | арриосоло | Rec. sell unit to custo | mer? | 7 | Rx billing u | i nit to pharm I Each | nacy: | |
| ii. Generic Equivalent to wha | iai Branu?: | LIONESAL | | | | | | | | | (Write-in, e.g. 1 Vial) | | | ^ | Gram | | |
| | | DRUG S | UPPLY C | CHAIN SECURITY ACT | (DSCSA) IN | FORMATION | | | | | (vviite iii, e.g. i viai) | | | | Milliliter | | |
| | | | | | , , | | | | | | | | | | 1 | | |
| Does supplier meet DSCSA | | cturer? | | Yes | GI | -N: | 036382 | 000002 | | | | ITEM A | ND PACKING | INFORMAT | ION | | |
| Is product exempt from DSC | CSA? | | No | | | | | | | | | | Dimon | sions (US m | nomto \ | Valuma | |
| If yes, select exemption: Other exemption - Write in: | • | | | | | | | | | | | Weight Lbs. | Depth | Height | Width | Volume (Cube) | # Pieces: |
| Is product repackaged? | ·• | | No |) | If ' | Yes, was origin | al produc | t purchase | ed direct | | Item: | | 1 | _ | | | |
| Is product sold by manufact | turer's exclusive distr | ibutor? | | No | | om mfr? | | | | | | 0.4 | 2.66 | 4.11 | 2.66 | 29.080716 | 1 |
| Has FDA granted waiver/exc | ception/exemption for | r product? | | No | lf : | yes, attach doc | umentatio | on from FD | A. | | Box/Carton/Bundle/ | | | | | 0 | |
| | | | | | | | | | | | Inner Pack: | | | | | | |
| | | | (| GTIN PRODUCT INFOR | | | | | | | Case: | 6.12 | 10.8 | 5 | 8.3 | 448.2 | 12 |
| | | | | Level | Saleable Unit | | | | Quantity | GTIN-14 | Pallet: | | | | | | |
| Serialized? | Yes | | X Ite | i | X | X 2D | | Linear | | 00370710128500 | | 745.93 | 48 | 48 | 40 | 92160 | 1428 |
| If not, when? | | | | ox/Carton/Bundle/Inner Pack | | 2D | | Linear | | | UPC: | Case: | | | | | |
| Items aggregated? | Yes | | X Ca | ase | | x 2D | | Linear | | 40370710128508 | | Carton: | | | | | |
| | | | X Pa | allet | | 2D | Х | Linear | | 50370710128505 | | | | | | | |
| | | | — - | | | 2D 2D | | Linear | | | COST | INFORMATION | | | WHOLESAI | LER USE ONL | LY: |
| | | <u> </u> | $\dashv\vdash$ | | | 2D 2D | | Linear | | | Regular Cost | | | Vendor #: | | | |
| | | | $\dashv \vdash$ | | | 2D 2D | | Linear | | | Invoice Cost (WAC) (\$ |) | \$137.67 | Whsl. Code | #: | | |
| | | | | | | | | | | | Federal Excise Tax Pe | | | Fineline Co | | | |
| | | | | | | | | | | | As of date: | 12/4/2018 | | | | | |
| | | | | | | | | | | | | | | | | | |
| *Please provide any addition | mal information | 0 | Atta | ach copy of SAFETY DAT | ΓA SHEET (S | SDS) or non haz | | | | BEL AND PHOTO OF PR | ODUCT PACKAGING and E | | | | | | |



Standard Pharmaceutical Product Information (Page 2)

For Designated Drop Ship Only Products, Please Use Page 3

| MATERIAL | HAZARD CLASSIFICATION and TRANSPORTATION |
|--|--|
| Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? c. Contact Hazard? d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No | SDS Hazard Classification Organic Corrosive Oxidizer Steroid/Androgen Contact Hazard Aerosol Class; Identify NFPA Storage Level: Is the product a NIOSH hazardous drug? If yes, indicate which: |
| Is this product regulated for shipment by DOT or IATA? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? Is the product restricted for air shipment? If so, indicate restriction: | Hazardous Waste Identification EPA Hazardous Waste Code: REMS or REGISTRY RESTRICTIONS |
| Passenger Cargo Passenger & Cargo Is this a reportable quantity? No RQ Threshold: Is this a marine pollutant? No Is this product chipped utilizing an outberized DOT exception or Special Permit? | Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL: Comments / Details: (For example, iPledge program?) |
| Is this product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP# | REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier: PCPDP #: NPI #: |
| Is the Product Controlled Substance? Controlled by State(s)? ARCOS Reportable? Schedule No. (inc. N for non-narcotic) Controlled Substance Code | Comments Registry: Registry Program Contact Name: Phone: Comments |
| Listed Chemical (List I or II) If yes, indicate which: Is it a scheduled listed chemical product?: CLASS OF TRADE RESTRICTION: | RETURN INSTRUCTIONS Contact tel. # if product received damaged: (877) 993 8779 Is product returnable for credit: (877) 993 8779 |
| 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 Comments: | URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments? |
| MISCELLA | NEOUS NOTES and/or Image of Product Barcode: |



Standard Pharmaceutical Product Information (Page 3)

| Order Method for Designate | | Standard Order Receipt and Processing | |
|---|---------------------------------------|---|---|
| | a brop ship Froduct | · | |
| Purchase orders may be accepted by: a. EDI | | Purchase order daily receipt cut off time by supplier Cut off time: | |
| b. Autofax | Fax Number: | | |
| c. Fax | Fax Number: | Shipping lead time of PO: Hours Days | |
| d. Phone only | Phone No.: | | |
| e. Supplier Web Site only | Site Address: | Ships same day for next day receipt: | |
| Minimum Order Quantity: | | Ships for second day receipt: | |
| Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: | | Ships regular ground for 3-10 days receipt: | |
| Phone: | | | |
| 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 | |
| | | Wednesda | y |
| | | Thursday | |
| | | Friday | |
| | | Priority Overnight receipt available: | |
| Class of Trade R | estriction: | PO Receipt Cut off time: | |
| No restriction: Select YES if sold to retail pharmacy, hosp | oitals, clinics and physician offices | Saturday Overnight receipt available: | |
| Restricted to retail pharmacy only: | | PO Receipt Cut off time: | |
| | | FO Neceipt out on time. | |
| Restricted to hospital, clinics, and physician offices only: | | Order receipt method: Phone: Phone #: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) | | Order receipt method: Phone: Fax: Phone #: Fax #: | |
| Restricted to hospital, clinics, and physician offices only: | | Order receipt method: Phone: Fax: EDI: Phone #: Fax #: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec | uired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Return Instructions | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: | quired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: | juired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # | juired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # | juired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: | uired to Process PO: | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rectangle Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rec Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rect Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rect Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? ADDITIONAL INFORMATION | |
| Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments: Other Data Information Rect Patient Procedure Date: Physician Name: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty: | | Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply: Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? | |