



Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type: New Item

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	ZYDUS PHARMACEUTICALS (USA) INC.
Application:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	203499
DUNS:	156861945
Proprietary Name (If Applicable) and Established Name:	GLIPIZIDE EXTENDED-RELEASE TABLETS, 10MG 100 COUNT
Selling Unit NDC:	68382-337-01
Individual Unit NDC:	
UPC:	368382337016
UDI	
CVX Code:	
MVX Code:	
Description:	White colored, round, biconvex film-coated tablets imprinted with "4" on one side and plain on the other side
Active Ingredient(s):	GLIPIZIDE
URL for Additional Product Information:	
Address:	73 ROUTE 31 NORTH
City:	PENNINGTON
Key Contact:	
Phone Number:	(609) 730 1900
Product Therapeutic Classification:	
State:	NJ
Address 2:	
Zip:	08534
Email:	
Fax:	(609) 730 1998

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77°)
Other Temperature Range Requirement (write in)	
Is this product to be shipped to customers on ice?	No
Is this product to be shipped to customers on dry ice?	No
b. Contact for temperature excursion questions:	
Name:	
Number:	
Group E-mail:	
c. Special regulations for product in any states?	
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	No
e. Shelf life:	
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	No
reverse numbered?	No
co-licensed?	No
Is the Product... Direct-Ship Only?	
Is the Product... Neither?	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input checked="" type="checkbox"/>
If Unit Dose NDC, indicate NDC here:	
Country of Origin	
Is this product covered under the Trade Agreements Act (TAA)?	<input checked="" type="checkbox"/>

PRODUCT DESCRIPTION INFORMATION	
Size:	100 COUNT
Strength:	10MG
Dosage Form:	TABLETS
Product Shape:	ROUND
Product Color:	WHITE
Product Imprint:	4

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit? <input type="checkbox"/>
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 BOTTLE OF 100 TABLETS"/>
<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity? Yes
	If Yes, how many of which package type?
	<input type="text"/>
	Each
	Inner/Cartron/Pack
	<input checked="" type="checkbox"/> Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Generic Equivalent to What Brand?:	GLUCOTROL XL
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer? <input type="checkbox"/>	Rx billing unit to pharmacy:
(Write-in, e.g. 1 Vial)	<input checked="" type="checkbox"/> Each
	<input type="checkbox"/> Gram
	<input type="checkbox"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
GLN:	036382000002
If Yes, was original product purchased direct from mfr?	<input checked="" type="checkbox"/>
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Depth	Height	Width	Volume (Cube)	# Pieces:
Item:	0.05	1.61	2.98	1.61	7.724458	1
Box/Cartron/Bundle/Inner Pack:					0	
Case:	3.18	10.08	6.73	4.02	272.710368	24
Pallet:	526.52	48	40	48	92160	3840
UPC:	Case:					
	Carton:					

GTIN PRODUCT INFORMATION						
Serialized?	No	Level	Saleable Unit	Quantity	GTIN-14	
If not, when?	9/1/2018	<input checked="" type="checkbox"/> Item	<input checked="" type="checkbox"/>	1	00368382337016	
Items aggregated?	Yes	<input checked="" type="checkbox"/> Box/Cartron/Bundle/Inner Pack				
		<input checked="" type="checkbox"/> Case		24	40368382337014	
		<input checked="" type="checkbox"/> Pallet			80368382337012	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$33.47	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	7/18/2018		

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature:

For Designated Drop Ship Only Products, Please Use Page 3
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):
a. Cytotoxic? No
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
Is the product a CA Prop 65 carcinogen? No
Is the product a CA Prop 65 reproductive toxicant?
Does the product label bear a CA Prop 65 warning?
c. Contact Hazard? No
d. Does this product require special clean-up instructions?
(If yes, attach SDS with special instructions.) No
e. Does the product contain DEHP? No
Is this product regulated for shipment by DOT or IATA?
(if yes, answer a-e below and provide SDS) No

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:
 Passenger
 Cargo
 Passenger & Cargo

Is this a reportable quantity? No
RQ Threshold:

Is this a marine pollutant? No

Is this product shipped utilizing an authorized DOT exception or Special Permit?
No (if yes, identify method below)
 Limited Quantity
 Consumer Commodity, ORM-D
 Small Quantity (49 CFR 173.4)
 Special Permit; DOT-SP
 Special Provision (listed in Column 7 of 49 CFR 172.101);
SP#

ADD'L STORAGE INFORMATION

Is the Product...
Controlled Substance? No
Controlled by State(s)? No
ARCOS Reportable? No
Schedule No. (inc. N for non-narcotic)
Controlled Substance Code
Listed Chemical (List I or II) No
If yes, indicate which:
Is it a scheduled listed chemical product?:

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices No
Restricted to retail pharmacy only: No
Restricted to hospital, clinics, and physician offices only: No
Restricted from US territories? (explain in comments) No

Comments:

SDS Hazard Classification
 Organic
 Inorganic
 Steroid/Androgen
 Corrosive
 Oxidizer
 Contact Hazard
 Aerosol Class; Identify NFPA Storage Level:
Is the product a NIOSH hazardous drug?
If yes, indicate which:

Hazardous Waste Identification
EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No
If Yes, is it managed with a pharmacy registry?
Website URL:

Comments / Details: (For example, iPledge program?)

REMS:
REMS Program Manager Name: Phone:
Supplier Manages REMS registry exclusively:
Wholesale distributor support:
Provider Name:
Site Enrollment Number assigned by Supplier: DEA #: PCPDP #: NPI #:

Comments

Registry:
Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: (877) 993 8779

Is product returnable for credit:

URL/Link to returns policy: www.zyduusa.com

Special regulations or returns requirements for this product in certain states? No

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

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

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing																																												
<p>Purchase orders may be accepted by:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. EDI</td> <td style="width: 10%;"><input type="text"/></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>b. Autofax</td> <td><input type="text"/></td> <td>Fax Number:</td> <td><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Fax</td> <td><input type="text"/></td> <td>Fax Number:</td> <td><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Phone only</td> <td><input type="text"/></td> <td>Phone No.:</td> <td><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td><input type="text"/></td> <td>Site Address:</td> <td><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Minimum Order Quantity: <input style="width: 80%;" type="text"/></p> <p>Supplier's Customer Service Number: <input style="width: 90%;" type="text"/></p> <p>Contracted 3PL company / contact #:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Phone:</td> <td><input style="width: 80%;" type="text"/></td> </tr> </table>	a. EDI	<input type="text"/>							b. Autofax	<input type="text"/>	Fax Number:	<input type="text"/>					c. Fax	<input type="text"/>	Fax Number:	<input type="text"/>					d. Phone only	<input type="text"/>	Phone No.:	<input type="text"/>					e. Supplier Web Site only	<input type="text"/>	Site Address:	<input type="text"/>					Name:	<input style="width: 80%;" type="text"/>	Phone:	<input style="width: 80%;" type="text"/>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input style="width: 60%;" type="text"/></p> <p>Shipping lead time of PO: <input style="width: 10%;" type="text"/> Hours <input style="width: 10%;" type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
a. EDI	<input type="text"/>																																												
b. Autofax	<input type="text"/>	Fax Number:	<input type="text"/>																																										
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d. Phone only	<input type="text"/>	Phone No.:	<input type="text"/>																																										
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Phone:	<input style="width: 80%;" type="text"/>																																												
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing																																												
<p>Expedited freight fees billed with each order: <input style="width: 60%;" type="text"/></p> <p>Drop Ship service fee billed with each order: <input style="width: 60%;" type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input style="width: 60%;" type="text"/></p> <p>Comments: <input style="width: 95%; height: 40px;" type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input style="width: 60%;" type="text"/></p> <p>Days of week overnight is available:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Monday</td></tr> <tr><td><input type="checkbox"/></td><td>Tuesday</td></tr> <tr><td><input type="checkbox"/></td><td>Wednesday</td></tr> <tr><td><input type="checkbox"/></td><td>Thursday</td></tr> <tr><td><input type="checkbox"/></td><td>Friday</td></tr> </table> <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input style="width: 60%;" type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input style="width: 60%;" type="text"/></p> <p>Order receipt method: Phone: <input style="width: 10%;" type="text"/> Phone #: <input style="width: 10%;" type="text"/></p> <p style="margin-left: 20px;">Fax: <input style="width: 10%;" type="text"/> Fax #: <input style="width: 10%;" type="text"/></p> <p style="margin-left: 20px;">EDI: <input style="width: 10%;" type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday																																		
<input type="checkbox"/>	Monday																																												
<input type="checkbox"/>	Tuesday																																												
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<input type="checkbox"/>	Thursday																																												
<input type="checkbox"/>	Friday																																												
Class of Trade Restriction:	Return Instructions																																												
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 95%; height: 40px;" type="text"/></p>	<p>Contact # if product is received damaged: <input style="width: 60%;" type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input style="width: 60%;" type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p style="margin-left: 20px;">If so, which states? Other requirements? Comments?</p> <p style="margin-left: 20px;"><input style="width: 95%; height: 40px;" type="text"/></p>																																												
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION																																												
<p>Patient Procedure Date: <input style="width: 60%;" type="text"/></p> <p>Physician Name: <input style="width: 80%;" type="text"/></p> <p>Physician/Clinic Phone #: <input style="width: 60%;" type="text"/></p> <p>Physician State License #: <input style="width: 60%;" type="text"/></p> <p>Physician/Clinic DEA #: <input style="width: 60%;" type="text"/></p> <p>Physician/Clinic Specialty: <input style="width: 60%;" type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>																																												
Miscellaneous Notes:																																													
<input style="width: 100%; height: 100%;" type="text"/>																																													



Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type: New Item

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	ZYDUS PHARMACEUTICALS (USA) INC.
Application:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	203499
DUNS:	156861945
Proprietary Name (If Applicable) and Established Name:	GLIPIZIDE EXTENDED-RELEASE TABLETS, 10MG 500 COUNT
Selling Unit NDC:	68382-337-05
Individual Unit NDC:	
UPC:	368382337054
UDI	
CVX Code:	
MVX Code:	
Description:	White colored, round, biconvex film-coated tablets imprinted with "4" on one side and plain on the other side
Active Ingredient(s):	GLIPIZIDE
URL for Additional Product Information:	
Address:	73 ROUTE 31 NORTH
City:	PENNINGTON
State:	NJ
Address 2:	
Zip:	08534
Key Contact:	
Phone Number:	(609) 730 1900
Fax:	(609) 730 1998
Product Therapeutic Classification:	

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77°)
Other Temperature Range Requirement (write in)	
Is this product to be shipped to customers on ice?	<input type="checkbox"/> No
Is this product to be shipped to customers on dry ice?	<input type="checkbox"/> No
b. Contact for temperature excursion questions:	
Name:	
Number:	
Group E-mail:	
c. Special regulations for product in any states?	
Special returns requirements for this product?	<input type="checkbox"/> No
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="checkbox"/> No
e. Shelf life:	
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	<input type="checkbox"/> No
reverse numbered?	<input type="checkbox"/> No
co-licensed?	<input type="checkbox"/> No
Is the Product... Direct-Ship Only?	<input type="checkbox"/>
Is the Product... Neither?	<input type="checkbox"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>
If Unit Dose NDC, indicate NDC here:	
Country of Origin	
Is this product covered under the Trade Agreements Act (TAA)?	<input type="checkbox"/>

PRODUCT DESCRIPTION INFORMATION	
Size:	500 COUNT
Strength:	10MG
Dosage Form:	TABLETS
Product Shape:	ROUND
Product Color:	WHITE
Product Imprint:	4

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit? <input type="checkbox"/>
<input checked="" type="checkbox"/> Bottle	1 BOTTLE OF 500 TABLETS
<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity? <input type="checkbox"/> Yes
	If Yes, how many of which package type?
	<input type="checkbox"/> Each
	<input type="checkbox"/> Inner/ Carton/Pack
	<input checked="" type="checkbox"/> Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Generic Equivalent to What Brand?:	GLUCOTROL XL
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer? <input type="checkbox"/>	Rx billing unit to pharmacy:
(Write-in, e.g. 1 Vial)	<input checked="" type="checkbox"/> Each
	<input type="checkbox"/> Gram
	<input type="checkbox"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input type="checkbox"/> Yes
Is product exempt from DSCSA?	<input type="checkbox"/> No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	<input type="checkbox"/> No
Is product sold by manufacturer's exclusive distributor?	<input type="checkbox"/> No
Has FDA granted waiver/exception/exemption for product?	<input type="checkbox"/> No
GLN:	036382000002
If Yes, was original product purchased direct from mfr?	<input type="checkbox"/>
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Depth	Height	Width	Volume (Cube)	# Pieces:
Item:	0.15	1.88	3.42	1.88	12.087648	1
Box/Carton/Bundle/Inner Pack:					0	
Case:	6.32	10.59	7.95	5.91	497.565855	12
Pallet:	586.17	48	40	48	92160	1080
UPC:	Case:					
	Carton:					

GTIN PRODUCT INFORMATION						
Serialized?	Level	Saleable Unit	Quantity	GTIN-14		
No	<input checked="" type="checkbox"/> Item	<input checked="" type="checkbox"/>	1	00368382337054		
If not, when? 9/1/2018	<input type="checkbox"/> Box/Carton/Bundle/Inner Pack	<input type="checkbox"/>				
Items aggregated? Yes	<input checked="" type="checkbox"/> Case	<input type="checkbox"/>	12	40368382337052		
	<input checked="" type="checkbox"/> Pallet	<input type="checkbox"/>		80368382337050		

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$145.89	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	7/18/2018		

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature:

For Designated Drop Ship Only Products, Please Use Page 3
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 Is the product a CA Prop 65 carcinogen? No
 Is the product a CA Prop 65 reproductive toxicant?
 Does the product label bear a CA Prop 65 warning?

c. Contact Hazard? No

d. Does this product require special clean-up instructions?
 (If yes, attach SDS with special instructions.) No

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT or IATA?
 (if yes, answer a-e below and provide SDS) No

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:

Passenger
 Cargo
 Passenger & Cargo

Is this a reportable quantity? No
 RQ Threshold:

Is this a marine pollutant? No

Is this product shipped utilizing an authorized DOT exception or Special Permit?
 No (if yes, identify method below)

Limited Quantity
 Consumer Commodity, ORM-D
 Small Quantity (49 CFR 173.4)
 Special Permit; DOT-SP
 Special Provision (listed in Column 7 of 49 CFR 172.101);
 SP#

ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? No

Controlled by State(s)? No

ARCOS Reportable? No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II) No
 If yes, indicate which:

Is it a scheduled listed chemical product?:

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices No

Restricted to retail pharmacy only: No

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

SDS Hazard Classification

Organic Corrosive
 Inorganic Oxidizer
 Steroid/Androgen Contact Hazard

Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug?
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No
 If Yes, is it managed with a pharmacy registry?
 Website URL:

Comments / Details: (For example, iPledge program?)

REMS:

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:
 Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned by Supplier: DEA #:
 PCPDP #:
 NPI #:

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: (877) 993 8779

Is product returnable for credit:

URL/Link to returns policy: www.zyduusa.com

Special regulations or returns requirements for this product in certain states? No

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

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

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #:</p> <p style="margin-left: 20px;">Name: <input type="text"/></p> <p style="margin-left: 20px;">Phone: <input type="text"/></p> <p style="margin-left: 20px;">Fax Number: <input type="text"/></p> <p style="margin-left: 20px;">Fax Number: <input type="text"/></p> <p style="margin-left: 20px;">Phone No.: <input type="text"/></p> <p style="margin-left: 20px;">Site Address: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 50px;" type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Monday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tuesday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Wednesday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Thursday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Friday</p> <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="checkbox"/></p> <p style="margin-left: 20px;">Phone: <input type="text"/> Phone #: <input type="text"/></p> <p style="margin-left: 20px;">Fax: <input type="text"/> Fax #: <input type="text"/></p> <p style="margin-left: 20px;">EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	Return Instructions
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 100%; height: 50px;" type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p style="margin-left: 20px;">If so, which states? Other requirements? Comments?</p> <p style="margin-left: 20px;"><input style="width: 100%; height: 50px;" type="text"/></p>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Miscellaneous Notes:	
<input style="width: 100%; height: 100%;" type="text"/>	