

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

Version 2021						Introduction 7	Туре:	Post Launch Change		x Final Version			Date:	6/23	/2024	
			PRODUCT INFORMAT	ION						SPECIAL HAND	LING AND STOR	RAGE REQUI	REMENTS*			
				Applica	tion:	ANDA	a. Temperature – Indicate the USP temperature range for this product.									
Application Number for NDA/AN			evice):	211	977						Controlled Room		and 25 C (68	3° – 77° F)		
Medical Device Class, if applica		. , ,	•							,						
DUNS:	11-856-3719								' c	ther Temperature Range F	Requirement					
Proprietary Name (If Applicable)	and Established Na	ime: Eso	meprazole Magnesium Delaye	d-Release Caps	ules, USP 40 r	ng				(write in)	·					
Selling Unit NDC:	31722-665-30		Unit of Use NDC:		31722-665-30	UPC:	33172266	55308	N N	lotes						
UDI			CVX Code:			MVX Code:										
Description:	Esomeprazole Ma	gnesium Delayed-	Release Capsules, USP 40 mg	1					ls ls	this product to be shipped	to customers on	ice?		No		
·	,	,							ls	this product to be shipped	to customers on	dry ice?		No		
Active Ingredient(s):		Esomeprazole m	agnesium trihydrate, USP													
									b. Contact for te	emperature excursion que	estions:					
URL for Additional Product Inform		www.camberpha	arma.com							ame:		Soma Raju				
Address:	800 Centennial Av	e, Suite 1				Address 2:				umber:		732-529-042				
City:	Piscataway				State: Email:	NJ	Zip: 0		G	Group E-mail: somaraju@heterousa.com						
Key Contact:	1-866-827-3647				Fax:	customerservice@camberpharma.com 732-562-8788			a Cassial result	stiana fau muadust in anu	-1-12			No		
Phone Number:		Destar access to be	ileite e (DDI)		rax:	/32-562-8/88			c. Special regulations for product in any states?							
Product Therapeutic Classification	on:	Proton pump inh	ibitor (PPI)						5	pecial returns requirements	s for this product?			No		
	ADDITIO	NAL PRODUCT	INFORMATION			PPODUCT	DESCRIPT	ION INFORMATION	I d Store product	t (unit of sale) upright?				No		
	ADDITIO	MALTRODUCT		D: . 01: 0		TRODUCTI	DESCINII I	ION IN OKMATION	11							
The product is?			Is the Product	Direct-Ship C Unit of Use	niy		00	ct	e. Shelf life:	rotect product (unit of sa	le) from light?			No		
a legend device?		No	Is the Product	Unit of Use		Size:	30	Ct		nitial shelf life at launch (i	f different):			24	Months Months	
if yes, enter class # a product kit?		No	Orphan Drug Status				40	mg	"	illiai Sileii ille at iaulicii (i	i dillerent).				WOILLIS	
if yes, list NDCs of		140	FDA Approval Status			Strength:	40	mg .			ORDER INFOR	MATION				
component parts			- Dirippioral Glatas				Ha	ard gelatin, delayed-				-				
reverse numbered?		No				Dosage Fori		ease capsule	ll u	nit of Sale		What is the	NDC selling	unit?		
co-licensed?		No	Allergens Present							x Bottle		1 Bottle of 3	0 Capsules			
latex-free?		Yes	Alcohol, Animal	Products Sug	ar	Product Shape: Capsule			Box/Carton (Write-in, e.g. 1 Box of 10 Vials)				0 Vials)			
preservative-free?		Yes	Alcohol, Allilla	r roducts, oug	u	1 Todate one				Ampule						
correctional institution block?	?	No				Product Col		hite opaque cap and		Glass		Minimum o	rder quantity	y?	Yes	
opioid?		No					wr	nite opaque body		Tube						
Cannabinoid?		No	Country of Origin	India		Product Imp		printed with 'H' on cap d 'E3' on body	-	Vial Liquid Sgl		K Vaa haw		iah maakawa	4.m.a.2	
If Unit Dose, is item bar coded to unhospital scanning?	unit dose for		Is this product covered u	ndor the			all	u E3 on body	-	Vial Liquid Multi Vial Powder Sgl			Each	ich package	type?	
If Unit Dose, indicate NDC here:			Trade Agreements Act (1		No				-	Vial Powder Multi		24	Inner/Cartor	/Pack		
II Offit Dose, indicate NDC fiere.			Trade Agreements Act (1	701).	IVO				-	Other: Write In			Case	// ack		
			FOR GENERIC DRUG PRO	DUCTS						Outon trino in			Ouou			
			TOR GENERIO BROST RE	00010												
					Aut	thorized Generic	*If Author	ized Generic, other		PH/	ARMACY ORDER	/ BILL UNIT				
I. Orange Book Rating:	AB							elds are not applicable	Rec. sell unit to	customer?		Py hilling u	nit to pharm	acv:		
II. Generic Equivalent to What Bra		Nexium							ittee. sen unit to	customer:		TX Dilling u	Each	acy.		
conone Equivalent to Tinat 2.1		reomann							(Write-in, e.g. 1	Vial)			Gram			
		DRUG SUPF	PLY CHAIN SECURITY ACT (	OSCSA) INFOR	MATION				(**************************************				Milliliter			
Does supplier meet DSCSA defin	nition of manufactur	rer?	Yes		GLN:	0331722498975				ITEM	AND PACKING I	NFORMATIO	1			
Is product exempt from DSCSA?	?		No	_												
If yes, select exemption:					GCP:					Weight Lbs.	Dimens	ions (US msn	nts.)	Volume	Saleable #	
Other exemption - Write in:										weight Lus.	Depth	Width	Height	(Cube)	Pieces	
Is product repackaged?			No			iginal product			Item/Each:	0.07	1.5	1.5	2.75	6.19	1	
Is product sold by manufacturer's			Yes	_		rect from mfr?										
Has FDA granted waiver/exception		oduct?	No		Provide sour	ce manufacturer f	or repacka	iged product	Box/Carton/Bun Inner Pack:	die/						
If yes, attach documentation fro	OM FDA.								Case:							
		G]	TIN AND HIBCC PRODUCT IN	FORMATION					Case:	2.25	9.75	7	4	273.00	24	
		0	TIN AND HIBCCT RODOCT IN	IORMATION					Pallet:							
Saleable Unit of Measure	Si	aleable Quantity	HIBCC		GTI	N-14	ι	Jnit of Use GTIN-14	III ance							
X Item/Each		1				31722665308		0331722665308								
			0000				5555112255555			COST INFORMATION			WHOLESALER USE ONLY:			
Box/Carton/Bundle/Inner Pack					2033	31722665302	T									
Box/Carton/Bundle/Inner Pack X Case		24														
	_	24							Regular Cost			Vendor #:				
x Case		24							Regular Cost Invoice Cost (W	AC) (\$)	\$10.00	Whsl. Code				
x Case		24							Invoice Cost (W		\$10.00					
x Case		24								AC) (\$) 8/13/2021	\$10.00	Whsl. Code				
x Case		24							Invoice Cost (W		\$10.00	Whsl. Code				
x Case		24	Attach copy of SAFETY DA1	FA QUEET (ODG	O or non hazar	d letter BACKACE	INCEDT	AREL AND BLIOTO OF	Invoice Cost (W As of date:	8/13/2021	\$10.00	Whsl. Code				



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

Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

is the product (most all that apply):  Lo C. Application of Reportable Traceor?  Lo C. Application of Reportable Traceor?  Lo C. Application of Reportable Traceor?  Lo C. Contract Harden and C. Application of Reportable Traceor?  Lo C. Contract Harden and C. Application of Reportable Traceors (Technology)  Lo Contract Harden and C. Application of Reportable Traceors (Technology)  Lo Contract Harden and C. Application of Reportable Traceors (Technology)  Lo Contract Harden and Contract Harden and Contract Harden and Application of Reportable Traceors (Technology)  Lo Contract Harden and Reportable Traceors (Technology)  Lo Contract Harden (Technology)  Lo Contract	MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION						
8. Co. Ch Prijos Sobiedringen in Personal Procession Dissipation 1. Co. Chronic Sobiedringen in Personal Procession Dissipation 1. Co. Chronic Sobiedringen in Personal Procession Dissipation 1. Co. Chronic Sobiedringen in Control Service 1. Control Se	Is this product (check all that apply):						
Is the product a CA Prop 65 careninger?  Is the product a Escrepance Mayer Release Capacles 40mg   Na   Na   No   No   No   No   No   No		SDS Hazard Classification					
Does the product a Estrangezacia Magnesium Dialyand Release Capatiles Army Onl Solid. Cap  d. Contract Hazard?  e.	b. CA Prop. 65 Carcinogen or Reproductive Toxicant?						
C. Contract Hazard? G. Contract Hazard. G. Con							
Contract Hazard?  d. Does the product Inavers Aerosof class? If yes, identify NFTA Bodrage Level.  P. Does the product Inavers Aerosof class? If yes, identify NFTA Bodrage Level.  If this product a notation of the production Number of the production Number of the product in No. In the							
d. Ose this Esoneparacide Maynesium Delayer Researce Capacides d'ung Oris Soil, Cay No (If yes, saites SDS will sepaid instructions)	Does the product label bear a CA Prop 65 warning?	Steroid/Androgen Contact Hazard					
d. Ose this Esoneparacide Maynesium Delayer Researce Capacides d'ung Oris Soil, Cay No (If yes, saites SDS will sepaid instructions)	a Contact Harand?	Deep the product have an Assess clear 2 ft up.					
(if yes, states 1505 with special instructions.)  Is this product regulated for shipmant by DOT?  Is the							
e. Does the product contain DEIPP? No (if yea, narwer a e below and provide SDS)  a. Inhibition histand or a hipment by DATA? No to the product regulated for a							
If yes, narwer are below and provide SDS							
If yes, narwer are below and provide SDS)  a. NNIdentification Number  b. Proper Shipping Name  c. DOT Hazard Class  d. Reading Croup  (if yes, narwer are below and provide SDS)  a. NNIdentification Number  b. Proper Shipping Name  c. DOT Hazard Class  d. Passing Group  b. Proper Shipping Name  c. DOT Hazard Class  d. Passing Group  c. Hindlation Number  b. Proper Shipping Name  c. Hindlation Hazard?  l. Dotter Shipping Name  c. Hindlation Hazard?  b. Proper Shipping Name  c. Hindlation Hazard?  l. Dotter Shipping Name  l. Hindlation Hazard?  l. Dotter Shipping Name  c. Hindlation Hazard?  l. Dotter Shipping Name  l. Hindlation Name  l. Hindlation Name  l. Hindlation Hazard?  l. Mo. (If yes, inclinity reductively:  Website URL:  Capsule  Residence of Commodity, ORM-D.  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special Provision (liquid in Column 7 of 48 CFR 172.101);  Special	ls this product regulated for chipment by DOT2	Is the product a NIOSH hazardous drug?					
a. UNdermitted not Number  c. DOT Hazard Class d. Packing Group a. Inhalation Hazard? Mo d. Packing Group b. this product registed for this priment by IATA? No d. Packing Group b. Dot Hazard Class d. Packing Group b. Dot Hazard Class d. Packing Group b. Dot Hazard Class d. Packing Group b. Dot Packing							
b. Proper Shaping Name c. DOT Hazard Class d. Pracking Group list his product regulated for shipment by IATA? No liftyes, anware a below and provide SIOS a. UNIdentification Number b. Proper Shipping Name c. DOT Hazard Class d. Pracking Group list his product regulated for shipment by IATA? No liftyes, anware a below and provide SIOS a. UNIdentification Number c. DOT Hazard Class d. Pracking Group list his product site of air shipment? if so, indicate restriction: No less personal strategies of air shipment? if so, indicate restriction: No less personal shipped salizing as an uncortized for air shipment? if so, indicate restriction: No less personal shipped salizing as an uncortized DOT exception or Special Permit? No liftyes, indicate shipped salizing as an uncortized DOT exception or Special Permit? No liftyes, indicate shipped salizing as an uncortized DOT exception or Special Permit? Special Permit, DOT-SP No liftyes, indicate which is a septemble of DOT exception or Special Permit? No liftyes, indicate which is a septemble of DOT exception or Special Permit? No liftyes, indicate which is a septemble of DOT-SP Special Permit, D		n yes, mareae whom.					
d. Packing Group - Inhalation Hazard* - Is this product regulated for shipment by IAT? - (if yee, answers be blow and provide SDS) - a. UMidentification Number - b. Proper Shipping Name - c. DOT Hazard Class - d. Packing Group - e. Inhalation Hazard? - e. Inhalation Hazard? - e. Post First Class - d. Packing Group - e. Inhalation Hazard? - Expective Group - e. Inhalation Hazard? - Expective Group - e. Inhalation Hazard? - Expective Group - Expective Group - R. G. Tirreshold: - Expective Group - Passenger & Cargo - Passenger & Cargo - Passenger & Cargo - R. G. Tirreshold: - In this a reportation quantity? - No - If yes, isolat many sufficiented DOT exception or Special Permit? - In this of J. (if yes, isolation) years of the product results in a country of the product results of the product results in a country of the product results of the product re							
e. Inhalation Hazard? If yes, answer ae below and provide SDS)  a. UNIdentification Number b. Proper Shipping Name c. CDCT Hazard Class d. Packing Group e. Inhalation Hazard?  Is the product restricted for air shipment? If so, indicate restriction: B this product phase durating an authorized DOT exception or Special Permit?  Is this a product bilinghed ulicing an authorized DOT exception or Special Permit?  Is this product hisped ulicing an authorized DOT exception or Special Permit?  Is this a reportable quantity, ORM.  I consumer Commonly, ORM.  Special Permit; DOT-SOS  Special Permit; D	c. DOT Hazard Class	Hazardous Waste Identification					
In this product regulated for shipment by IATA?  No  (If yes, among an early only and provide SDS)  a. UNiformification Number  c. DOT Hazard Class d. Packing Group o. Inhalation Hazard?  No o. Passenger Capsule Passenger A Cargo Passenger A Cargo Passenger A Cargo Passenger A Cargo No	d. Packing Group						
Gl yes, answer are below and provide SIOS	e. Inhalation Hazard?	EPA Hazardous Waste Code: Waste Characteristics					
a. UNIdentification Number	Is this product regulated for shipment by IATA?						
b. Proper Shipping Name c. DOT Hazard Class d. Packing Group list this product restricted for air shipment? If so, indicate restriction:   Passenger & Cargo   Passeng		REMS or REGISTRY RESTRICTIONS					
c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? Seasonger Cargo Passenger Cargo Passenger Cargo Passenger Cargo Passenger Corricolation Special Permit. DOT-SP Special Permi							
d. Packing Group   Is the product restricted for air shipment? If so, indicate restriction:   Rather product restricted for air shipment? If so, indicate restriction:   Passenger   Cargo     Passeng	1 11 0	· · · · · · · · · · · · · · · · · · ·					
e. Inhallation Hazard?  Is the product restricted for air shipmen? If so, indicate restriction:  No Beasenger Cargo Passenger Cargo Is this a reportable quantity? No Is this product history of the pollutant? No Is main Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#  No Controlled Substance? Controlled Substance? Controlled Substance? Controlled Substance? No Is the Accordance Product. Controlled Substance? Controlled Substance? No Is the scheduled island chemical product? No Is the scheduled island chemical product? No Schedule No.  Ve. Lass OF TRADE RESTRICTIONS  No Restricted to reali pharmacy, troptals, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy, voytak, chies and physician offices only: No Restricted to restil pharmacy							
Is the product restricted for air shipment? If so, indicate restriction:    Passenger							
Dassenger   Cargo   Passenger & Cargo   Phone:							
Cargo   Passenger & Cargo   Is this a reportable quantity?   No   RQ Threshold:   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, dendrify method below)   Is this product shipped utilizing an authorized DOT exception or Special Permit?   No   (If yes, dendrify method below)   Is this product shipped utilizing an authorized DOT exception or Special Permit?   No   Is the product   No   No   No   No   No   No   No   N		· ·					
Passenger & Cargo   Is this a reportable quantity? No   RQ Threshold:   Is this a marine pollutant?   No   Set in the product   No   Set in the pr	· · ·						
REMS: REMS Program Manager Name: Supplier N		, , , , , , , , , , , , , , , , , , , ,					
RQ Threshold: Is this a marrine pollutant? No Is this product shipped utilizing an authorized DOT exception or Special Permit? No United Quantity Consumer Commodity, ORM-D Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.1							
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 Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7							
Is his product shipped utilizing an authorized DOT exception or Special Permit?  No							
No							
Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4) Special Provision (listed in Column 7 of 49 CFR 172.101); SP# Special Provision (listed in Column 7 of 49 CFR 172.101); SP# Special Provision (listed in Column 7 of 49 CFR 172.101); SP# Special Provision (listed in Column 7 of 49 CFR 172.101); SP# Special Provision (listed in Column 7 of 49 CFR 172.101); SP# Special Provision (listed in Column 7 of 49 CFR 172.101); SP# Special Provision (listed in Column 7 of 49 CFR 172.101); SP# Special Provision (listed in Column 7 of 49 CFR 172.101); SP# Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed in Column 8 of 49 CFR 172.101); Special Provision (listed in Column 7 of 49 CFR 172.101); Special Provision (listed violation 8 of 49 CFR 172.101); Special Provision (listed violation 8 of 49 CFR 172.101); Special Provision (listed violation 8 of 49 CFR 172.101); Special Provision (listed violation 8 of 49 CFR 172.101); Special Provision (listed violation 8 of 49 CFR 172.101); Special Provision (listed violation 8 of 49	No (if yes, identify method below)	Provider Name: DEA #:					
Small Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP# SP# SP Septial Provision (listed in Column 7 of 49 CFR 172.101); SP# SP# SP							
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#		by Supplier: NPI #:					
Registry: Special Provision (listed in Column 7 of 49 CFR 172.101); SP# SP# SP							
Registry:   Registry Program Contact Name:   Phone:		Comments					
Registry Program Contact Name: Phone:  Controlled Substance? No Controlled Substance Code Controlled Substance? No Listed Chemical (List I or II) No ARCOS Reportable? No If yes, indicate which: Schedule No. Is it a scheduled listed chemical product? No Is it a scheduled listed chemical product? No Restriction: Select YES if sold to retail pharmacy. Nospitals, clinics and physician offices only: Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments)  No ments:  Registry Program Contact Name: Phone:  Registrated Phone:  Registrated Phone:  Registrated Phone:  Registrated Pho		Parities					
Is the Product  Controlled Substance? Controlled Substance? Controlled Substance Code Listed Chemical (List I or II) No ARCOS Reportable? Schedule No.  Is it a scheduled listed chemical product?: No Is it a scheduled listed chemical product?: No Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments)  Comments:  Comments  Comments  Comments  Comments  Comments  RETURN INSTRUCTIONS  Contact tel. # if product received damaged: Is product received damaged: Is product received damaged: Is product returnable for credit: URL/Link to returns policy:  URL/Link to returns policy:  Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?  No If so, which states? Other requirements? Comments?	5P#						
Is the Product  Controlled Substance?  No Controlled Substance Code Controlled by State(s)? ARCOS Reportable? Schedule No.  Is it a scheduled listed chemical product?:  No Is it a scheduled listed chemical product?:  No Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments)  No Controlled Substance Code  RETURN INSTRUCTIONS  Contact tel. # if product received damaged: I-866-827-3647  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? Comments?  If so, which states? Other requirements? Comments?	ADD'L STORAGE INFORMATION						
Controlled Substance? Controlled Sy State(s)? ARCOS Reportable? Schedule No.  If yes, indicate which: Is it a scheduled listed chemical product?:  No If yes, indicate which: Is it a scheduled listed chemical product?:  No Is it a scheduled listed chemical product?:  No Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments)  Comments:  Restricted Substance? No Controlled Substance Code Listed Chemical (List I or II) No Contact tel. # if product 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? Comments?  No If so, which states? Other requirements? Comments?		Commond					
Controlled by State(s)? ARCOS Reportable? Schedule No.  If yes, indicate which: Is it a scheduled listed chemical product?: No Is it a scheduled listed chemical product?: No Is it a scheduled listed chemical product?: 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)  Comments:  Comments:  No Listed Chemical (List I or II) No If yes, indicate which: No Is it a scheduled listed chemical product?: No Is it a scheduled listed chemical product?: No URL/Link to returns policy:  Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?  No If so, which states? Other requirements? Comments?		RETURN INSTRUCTIONS					
ARCOS Reportable? Schedule No.  If yes, indicate which: Is it a scheduled listed chemical product?: No  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)  Comments:  Ocuments:  Ocu		NETOWN INSTITUTE					
Schedule No. Is it a scheduled listed chemical product?: No  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  Restricted from US territories? (explain in comments)  No  If so, which states? Other requirements? Comments?		Contact tel. # if product received damaged: 1-866-827-3647					
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  Restricted from US territories? (explain in comments)  No  If so, which states? Other requirements? Comments?	Schedule No. Is it a scheduled listed chemical product?: No	Is product returnable for credit:					
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  Restricted from US territories? (explain in comments)  No  If so, which states? Other requirements? Comments?	CLASS OF TRADE RESTRICTION:						
Restricted to retail pharmacy only:  Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments)  Comments:  Special regulations or returns requirements for this product in certain states?  No If so, which states? Other requirements? Comments?	No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices  Yes						
Restricted to hospital, clinics, and physician offices only:  Restricted from US territories? (explain in comments)  No  No  If so, which states? Other requirements? Comments?		Control of the substitute of t					
Restricted from US territories? (explain in comments)  Comments:  If so, which states? Other requirements? Comments?							
Comments:		· NO					
	, ,	and states and regarding to the state of the					
MISCELLANEOUS NOTES and/or Image of Product Barcode:	Continents.						
MISCELLANEOUS NOTES and/or Image of Product Barcode:		OUR NOTES Market Provider Broads					
	MISCELLANE	COUS NOTES and/or image of Product Barcode:					



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

## Version 2021

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

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by:  a. EDI  b. Autofax  Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time:
c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / c Esomeprazole Name: Phone:	Shipping lead time of PO:  331722665308 Ships for second day receipt: 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:  Comments:	Days of week overnight is available:  Monday Tuesday Wednesday Thursday Friday
	Priority Overnight receipt available:
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)  Comments:	PO Receipt Cut off time:  Saturday Overnight receipt available:  PO Receipt Cut off time:  Phone: Fax: EDI:  Overnight Fees apply: Other fees apply:  Phone #: Fax #: EDI: White Opaque  Fax #:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	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? Comments?
Miscellaneous Notes:	
	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? Is product order for restocking purposes?