Standard Pharmaceutical Product Information

CHDMA

Date: _____

☐ New Item ☐ Promotion/Deal ☐ Open Stock ☐ Post Launch Change

PRODUCT INFORMATION

Manufacturer/Broker Name:	**Strides**
Number:	
Rx Product Name:	**Acarbose 100mg Tablets** ○ NDA ◉ ANDA
Product ID Number:	☑ NDC **64380-760-06** ☐ UPC/GTIN
Serialized? ◉ Yes ○ No	**How?** ☑ 2D ☐ RFID ☐ Pallet ☐ Case ☑ Item
Description:	**Acarbose 100mg Tablets**
URL for additional product information:	
Address:	
City, State, Zip:	
Key Contact:	**Email:**
Phone Number:	**Fax:**

Is the Product… ☑ A Direct Ship Item ☐ A Drop Ship Item

a Controlled Drug? ○ Yes ◉ No   If Yes, Schedule Number: _____

ARCOS reportable? ○ Yes ◉ No   **Biological?** ○ Yes ◉ No

Co-Licensed? ○ Yes ◉ No   **Repackaged?** ○ Yes ◉ No

a Legend Device? ○ Yes ◉ No   **Does the product contain DEHP?** ○ Yes ◉ No

Active ingredient, if product contains a drug: **Acarbose**

Country of Origin: **India**

Harmonization Code Number for International Shipping:

Is this product a Hazardous Material or Cytotoxic Agent? ○ *Yes ◉ No

If yes, provide additional information on page 2.

Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT

SPECIAL HANDLING AND STORAGE REQUIREMENTS

a. Temperature – Indicate the USP temperature range for this product.

- I. Freezer – between -25 and -10 C (-13° – 14° F) ○
- II. Cold – between 2 and 8 C (36° – 46° F) ○
- III. Cool – between 8 and 15 C (46° – 59° F) ○
- IV. Controlled Room – between 20 and 25 C (68° – 77° F) ◉
  allows for excursions between 15 and 30 C (59° – 86° F)
- V. Excessive Heat – above 40 C (>104° F) ○
- VI. Other Temperature Range Requirement ○
  (write in) _____
- VII. No Requirement ○

b. Contact for temperature excursion questions:

Name: _____   Number: _____

Is this product to be shipped to customers on ice? ○ Yes ◉ No

Is this product to be shipped to customers on dry ice? ○ Yes ◉ No

c. Special regulations for this product in certain states? ○ *Yes ◉ No

Special returns requirements for this product? ○ *Yes ◉ No

d. Store product upright? ○ Yes ◉ No

Protect product from light? ○ Yes ◉ No   Other requirements?*

Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION

Product Shape	**circular biconvex tablets**
Product Color	**white to off white in color**
Product Imprint	**engraved with 'P212' on o**

Is there a minimum order quantity? ◉ Yes ○ No

If yes, how many? _____

Of what package type? ☐ Case ☑ Carton ☐ Item

Shelf life: **24 Months**

Initial shelf life at launch (if diff't) _____

ITEM AND PACKING INFORMATION

	Size/Strength/Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Case	Item	Pallet	# Cases/Pallet
		☑ Bottle	**Case:** 00364380760061	**144 (Bottles)**	**12 (Bottles)**	**Case: 20.427**	**1478.3666**	Depth: **14.76**	Depth: **1.574**	Depth: **48**	**20**
	100's/100 mg/Tab	☑ Box	**Carton:** 00364380760061			**Carton: 1.561**		Height: **12.99**	Height: **3.28**	Height: **31.22**	
		☐ Glass Jar									
		☐ Ampule	**Item:** 00364380760061			**Item: 0.111**		Width: **11.22**	Width: **1.574**	Width: **40**	
		☐ Other:									

For Generic Drug Products:

I. Orange Book: Rating:	**AB**
II. Product Color:	**white to off white**
III. Brand Name Equivalent:	**PRECOSE**
IV. Generic Name for Brand:	**Acarbose**

Whsl. Code #: _____

Fineline Code: _____

Is Item? ☐ Unit Dose ☑ Unit of Use

If Unit Dose, is item bar coded to unit dose for hospital scanning? ○ Yes ○ No

COST INFORMATION

	Regular Cost ($)	Purchase Allowance		Distribution		Invoice Cost ($)	Net Cost ($)	Mfr's AWP	Avg Retail Price ($)	SRP ($)	Excise Tax
		☐ OI $	☐ BB %	☐ OI $	☐ BB %						
DZ											
EA											
PPK											

This offer is made on a proportionally equal basis to all sellers' accounts completive with customer.

Signature: _____