



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

Version 2021

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? No
 - Is the product a Folic Acid 1mg 100ct No
 - Does the product label bear a CA Prop 65 warning? No

- c. Contact Hazard? No
- d. Does this product require special clean-up instructions? No
(If yes, attach SDS with special instructions.)
- e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT?
(if yes, answer a-e below and provide SDS)

- a. UN/Identif
- b. Proper Shipping Name
- c. DOT Hazard Class
- d. Packing Group
- e. Inhalation Hazard? No

Is this product regulated for shipment by 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? No

Is the product restricted for air shipment? If so, indicate restriction:

- Passenger See Package Insert
- 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#

<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive
	<input type="checkbox"/> Oxidizer
	<input type="checkbox"/> Contact Hazard
Does the product have an Aerosol class? If yes, identify NFPA Storage Level:	<input type="checkbox"/> No
NFPA Storage Level:	<input type="text"/>
Is the product a NIOSH hazardous drug? If yes, indicate which:	<input type="checkbox"/> No <input type="text"/>

Hazardous Waste Identification

EPA Hazardous Waste Code:	<input type="text"/>	Waste Characteristics	<input type="text"/>
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REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?	<input type="checkbox"/> No	#
Website URL:	<input type="text"/>	
Med Guide Required	<input type="checkbox"/> No	
Comments / Details: (For example, iPledge program?)	<input type="text"/>	
Supplier Manages REMS registry exclusively:	<input type="checkbox"/> No	Phone: <input type="text"/>
Wholesale distributor support:	<input type="checkbox"/>	
Provider Name:	<input type="text"/>	DEA #: <input type="text"/>
Site Enrollment Number assigned by Supplier:	<input type="text"/>	NCPDP#: <input type="text"/>
	<input type="text"/>	NPI #: <input type="text"/>
Comments	<input type="text"/>	
Registry:	<input type="checkbox"/>	Phone: <input type="text"/>
Comments	<input type="text"/>	

REGULATORY INFORMATION

Is the Product...		
Controlled Substance?	<input type="checkbox"/> No	Controlled Substance Code <input type="text"/>
Controlled by State(s)?	<input type="checkbox"/> No	Listed Chemical (List I or II) <input type="text"/>
ARCOS Reportable?	<input type="checkbox"/> No	If yes, indicate which: <input type="text"/>
Schedule No.	<input type="text"/>	Is it a scheduled listed chemical product?: <input type="checkbox"/>

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	<input type="checkbox"/> No
Restricted to retail pharmacy only:	<input type="checkbox"/> No
Restricted to hospital, clinics, and physician offices only:	<input type="checkbox"/> No
Restricted from US territories? (explain in comments)	<input type="checkbox"/>

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:	800-688-4697
Is product returnable for credit:	<input type="checkbox"/> Yes
URL/Link to returns policy:	ModavarCS@Eversana.com
Special regulations or returns requirements for this product in certain states?	<input type="checkbox"/>
If so, which states? Other requirements? Comments?	<input type="text"/>



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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 <input type="checkbox"/> b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / c Folic Acid 1mg Name: <input type="text"/> Phone: <input type="text"/>	Purchase order daily receipt cut off time by supplier Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="checkbox"/> Ships for second day receipt: <input type="checkbox"/> Ships regular ground for 3-10 days receipt: <input type="checkbox"/>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="text"/> Drop Ship service fee billed with each order: <input type="text"/> Drop Ship miscellaneous fees billed: <input type="text"/> Comments: <input type="text"/>	Overnight receipt available: <input type="checkbox"/> PO Receipt cut off time: <input type="text"/> Days of week overnight is available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Priority Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Saturday Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="text"/> Fax: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="checkbox"/> Other fees apply: <input type="checkbox"/>
Class of Trade Restriction:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Restricted to retail pharmacy only: <input type="checkbox"/> Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> Restricted from US territories? (explain in comments) <input type="checkbox"/> Comments: <input type="text"/>	
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: <input type="text"/> Physician Name: <input type="text"/> Physician/Clinic Phone #: <input type="text"/> Physician State License #: <input type="text"/> Physician/Clinic DEA #: <input type="text"/> Physician/Clinic Specialty: <input type="text"/>	Contact # if product is received damaged: <input type="text"/> Is product returnable for credit: <input type="checkbox"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> If so, which states? Other requirements? Comments? <input type="text"/>
Additional Notes:	Folvite®
<input type="text"/>	<input type="text"/> Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>