|  |  |
| --- | --- |
| **Company Name:** |  |
| **Contact Name:\*** |  |
| **Contact Telephone Number:\*** |  |
| **Contact Email:\*** |  |
| **NDC Number:** |  |
| **UPC Number:** |  |
| **NHRIC Number:** |  |
| **Product Name:** |  |
| **Package Size:** |  |
| **Dosage Form:** |  |
| **RX or OTC:** |  |
| **Brand or Generic:** |  |
| **Wholesale Acquisition Cost (WAC):\*\*** |  |
| **Direct Price (DP):\*\*** |  |
| **Suggested Average Wholesale Price (SAWP):\*\*** |  |
| **Inner Package Unit Price\*\***  ***Please add the inner package unique identifier number and specify if it SHOULD BE linked to outer package identifier for pricing***  ***or***  ***Please add the inner package unique identifier number and specify if it SHOULD NOT BE linked to outer package identifier for pricing*** |  |
| **Vaccine Federal Excise Tax Per Unit of Sale\*\*** |  |
| **Effective Ship Date:** |  |
| **Effective Price Date:** |  |
| **Product Physical Description**  ***(if not provided in package insert or label):*** |  |

**Please submit to:** [**productinfo@elsevier.com**](mailto:productinfo@elsevier.com)

**Please submit the following supporting documents for each new product form:**

* **Product Package Insert**
* **Product Image**
* **Product Package Label**
* **FDA Approval Letter (NDA, ANDA, BLA, EUA, 510k, PMA) if applicable**