

RED BOOK™ NEW PRODUCT INFORMATION

IMPORTANT: Please include a Package Insert (PI) and Product Label along with all New Products or NDC changes with this form.

Product Name _____

Manufacturer Name _____

Distributor Name _____

Original Manufacturer _____

Original Manufacturer NDC _____

CHECK THE PRODUCT TYPE Trade Branded/Generic Generic Repackaged Surgical/Device Chemical for Compounding

CHECK DEA CLASS RX OTC C-II C-III C-IV C-V

Dosage Form _____ Route of Administration _____

Product Packaging (e.g., Box, Vial, Bottle) _____

Effective Date _____ OB Raiting _____ NDA# _____ ANDA# _____ (Include documentation if NDA or ANDA applicable.)

Additional Description _____

CHECK IDENTIFIER

<input type="checkbox"/> NDC	<input type="checkbox"/> UPC	<input type="checkbox"/> HRI	Unit Dose	Strength	Size	Qty	AWP	Direct	WAC	SRP
			<input type="checkbox"/> YES <input type="checkbox"/> NO							
			<input type="checkbox"/> YES <input type="checkbox"/> NO							
			<input type="checkbox"/> YES <input type="checkbox"/> NO							
			<input type="checkbox"/> YES <input type="checkbox"/> NO							

Submitted by _____ Date _____

Phone _____ E-mail _____ Fax _____

Click submit to send completed form to mdx.Red_Book_data@thomsonreuters.com

If you have any questions, please call the RED BOOK support group at +1 800 724 9937 (M-TH 8:00 AM-5:00 PM MST, F 8:00 AM-2:30 PM MST) or e-mail mdx.Red_Book_data@thomsonreuters.com.

