



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

Version 2021

Introduction Type: Post Launch Change

Final Version

Date: 7/12/2021

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*			
Company Name: Jubilant Cadista Pharmaceuticals Inc.		Application: ANDA		a. Temperature – Indicate the USP temperature range for this product.			
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 201845				Temperature Range: <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>			
Medical Device Class, if applicable:				Other Temperature Range Requirement (write in): <input type="text"/>			
DUNS: 022490515				Notes: <input type="text"/>			
Proprietary Name (if Applicable) and Established Name: Losartan - HCTZ Tablets		Unit of Use NDC: <input type="text"/>		Is this product to be shipped to customers on ice? <input type="checkbox"/> No			
Selling Unit NDC: 59746-337-90		UPC: 3-59746-337-90-2		Is this product to be shipped to customers on dry ice? <input type="checkbox"/> No			
UDI: <input type="text"/>		CVX Code: <input type="text"/>					
MVX Code: <input type="text"/>							
Description: Losartan Potassium - Hydrochlorothiazide 50-12.5mg 90ct Tablet				b. Contact for temperature excursion questions:			
Active Ingredient(s): Losartan Potassium; Hydrochlorothiazide				Name: <input type="text" value="Customer Service"/>			
URL for Additional Product Information: www.cadista.com/products/full-product-list				Number: <input type="text" value="(800) 313-4623"/>			
Address: 207 Kiley Drive		Address 2: <input type="text"/>		Group E-mail: <input type="text" value="customer.service@cadista.com"/>			
City: Salisbury		State: MD					
Key Contact: Jackie Emershaw		Zip: 21801					
Phone Number: (410) 912-3722		Email: <input type="text" value="Jackie.Emershaw@jubl.com"/>					
Product Therapeutic Classification: Antihypertensive		Fax: (215) - 443 - 9646					
				c. Special regulations for product in any states?			
				Special returns requirements for this product? <input type="checkbox"/> No			
				d. Store product (unit of sale) upright?			
				Protect product (unit of sale) from light? <input type="checkbox"/> No			
				e. Shelf life:			
				Initial shelf life at launch (if different): <input type="text" value="24"/> Months			
				<input type="text"/> Months			
ADDITIONAL PRODUCT INFORMATION				PRODUCT DESCRIPTION INFORMATION			
The product is? a legend device? <input type="checkbox"/> No		Is the Product... Direct-Ship Only <input type="checkbox"/>		Size: 90 count			
if yes, enter class # <input type="text"/>		Is the Product... Neither <input type="checkbox"/>		Strength: 50mg-12.5mg			
a product kit? <input type="checkbox"/> No		Orphan Drug Status <input type="text"/>		Dosage Form: TABLETS			
if yes, list NDCs of component parts <input type="text"/>		FDA Approval Status <input type="text"/>		Product Shape: Oval			
reverse numbered? <input type="checkbox"/> No		Allergens Present <input type="text"/>		Product Color: Yellow			
co-licensed? <input type="checkbox"/> No		Country of Origin: US		Product Imprint: C / 337			
latex-free? <input type="checkbox"/> Yes							
preservative-free? <input type="checkbox"/> No							
correctional institution block? <input type="checkbox"/> Yes							
opioid? <input type="checkbox"/> No							
Cannabinoid? <input type="checkbox"/> No							
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="checkbox"/>		Is this product covered under the Trade Agreements Act (TAA)? <input type="checkbox"/> Yes					
If Unit Dose, indicate NDC here: <input type="text"/>							
ORDER INFORMATION							
Unit of Sale				What is the NDC selling unit?			
<input checked="" type="checkbox"/> Bottle				1 bottle of 90 tablets			
<input type="checkbox"/> Box/Carton				(Write-in, e.g. 1 Box of 10 Vials)			
<input type="checkbox"/> Ampule							
<input type="checkbox"/> Glass				Minimum order quantity? <input type="checkbox"/> Yes			
<input type="checkbox"/> Tube							
<input type="checkbox"/> Vial Liquid Sgl							
<input type="checkbox"/> Vial Liquid Multi				If Yes, how many of which package type?			
<input type="checkbox"/> Vial Powder Sgl				<input type="text" value="24"/> Each			
<input type="checkbox"/> Vial Power Multi				<input type="text"/> Inner/Carton/Pack			
<input type="checkbox"/> Other: Write In <input type="text"/>				<input type="text"/> Case			
PHARMACY ORDER / BILL UNIT							
Rec. sell unit to customer?				Rx billing unit to pharmacy:			
<input type="text" value="1 bottle of 90 tablets"/>				<input checked="" type="checkbox"/> Each			
(Write-in, e.g. 1 Vial)				<input type="checkbox"/> Gram			
				<input type="checkbox"/> Milliliter			
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION							
Does supplier meet DSCSA definition of manufacturer? <input type="checkbox"/> Yes		GLN: 0359746000004					
Is product exempt from DSCSA? <input type="checkbox"/> No		GCP: 0359746					
If yes, select exemption: <input type="text"/>							
Other exemption - Write in: <input type="text"/>							
Is product repackaged? <input type="checkbox"/> No		If yes, was original product purchased direct from mfr? <input type="checkbox"/>					
Is product sold by manufacturer's exclusive distributor? <input type="checkbox"/> No		Provide source manufacturer for repackaged product <input type="text"/>					
Has FDA granted waiver/exception/exemption for product? <input type="checkbox"/> No							
If yes, attach documentation from FDA. <input type="text"/>							
GTIN AND HIBCC PRODUCT INFORMATION							
Saleable Unit of Measure		Saleable Quantity		HIBCC		GTIN-14	
<input checked="" type="checkbox"/> Item/Each		1		<input type="text"/>		00359746337902	
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack							
<input checked="" type="checkbox"/> Case		24				40359746337900	
<input type="checkbox"/> Pallet							
COST INFORMATION				WHOLESALE USE ONLY:			
Regular Cost <input type="text"/>				Vendor #: <input type="text"/>			
Invoice Cost (WAC) (\$) <input type="text" value="\$18.80"/>				Whsl. Code #: <input type="text"/>			
As of date: <input type="text"/>				Fineline Code: <input type="text"/>			
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.							
*Please provide any additional information on page 2.		See new p. 3 for Designated Drop Ship Only.		Signature: <input type="text"/>			



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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

- a. Cytotoxic? No
- b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 - Is the product a CA Prop 65 carcinogen? No
 - Is the product a CA Prop 65 reproductive toxicant? 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? (If yes, attach SDS with special instructions.) No
- 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/Identification Number
- 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
- 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#

ADD'L STORAGE INFORMATION

Is the Product...

- Controlled Substance? No Yes Controlled Substance Code
- Controlled by State(s)? No Yes Listed Chemical (List I or II) No Yes
- ARCOS Reportable? No Yes If yes, indicate which:
- Schedule No. Is it a scheduled listed chemical product?: No Yes

CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes No
- Restricted to retail pharmacy only:
- Restricted to hospital, clinics, and physician offices only:
- Restricted from US territories? (explain in comments)
- Comments:

SDS Hazard Classification

- Organic
- Inorganic
- Steroid/Androgen
- Corrosive
- Oxidizer
- Contact Hazard

Does the product have an Aerosol class? If yes, identify No Yes

NFPA Storage Level:

NFPA Storage Level:

Is the product a NIOSH hazardous drug? No Yes

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

Waste Characteristics

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No Yes

If Yes, is it managed with a pharmacy registry? No Yes

Website URL:

Med Guide Required No Yes

Limited Distribution Requirement No Yes

Comments / Details: (For example, iPledge program?)

REMS:

REMS Program Manager Name:

Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

DEA #:

Site Enrollment Number assigned by Supplier:

NCPDP#:

NPI #:

Comments

Registry:

Registry Program Contact Name:

Phone:

Comments

RETURN INSTRUCTIONS

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?

MISCELLANEOUS NOTES and/or Image of Product Barcode:



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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"/> c. Fax <input type="checkbox"/> d. Phone only <input type="checkbox"/> e. Supplier Web Site only <input type="checkbox"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / contact #: <input type="text"/> Name: <input type="text"/> Phone: <input type="text"/> Fax Number: <input type="text"/> Fax Number: <input type="text"/> Phone No.: <input type="text"/> Site Address: <input type="text"/>	Purchase order daily receipt cut off time by supplier Cut off time: <input type="text"/> 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"/> Phone #: <input type="text"/> Fax: <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"/>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<input type="text"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>