



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

Version 2024		Introduction Type:		☐ Final Version		Date: 4/2/2025																																			
PRODUCT INFORMATION						SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																			
Company Name: Jubilant Cadista Pharmaceuticals Inc. Application: ANDA Application Number for NDA/ANDA/BLA; PMA/510(k): 205482 NDA 505(b) Type: NOT APPLICABLE Medical Device Class, if applicable: DUNS: 118694141 Proprietary Name (If Applicable) and Established Name: Olmesartan Medoxomil Tablet Selling Unit NDC: 59746-0463-30 Unit of Use NDC: UPC: 359746-463-30-4 UDI: CVX Code: MVX Code: Description: Olmesartan Medoxomil 5mg Tablet 30 Active Ingredient(s): Olmesartan Medoxomil URL for Additional Product Information: www.cadista.com/products/full-product-list Address: 790 Township Line Road Address 2: Suite 325 City: Yardley State: PA Zip: 19067 Key Contact: Customer Service Email: customer.service@cadista.com Phone Number: (800) 313-4623 Fax: N/A Product Therapeutic Classification: Anti-hypertensive						a. Temperature – Indicate the USP temperature range for this product. Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F) Other Temperature Range Requirement (write in) Notes Is this product to be shipped to customers on ice? No Is this product to be shipped to customers on dry ice? No b. Contact for temperature excursion questions: Name: Customer Service Number: (800) 313-4623 Group E-mail: customer.service@cadista.com c. Special regulations for product in any states? Special returns requirements for this product? No d. Store product (unit of sale) upright? No Protect product (unit of sale) from light? No e. Shelf life: 24 Months Initial shelf life at launch (if different): Months																																			
ADDITIONAL PRODUCT INFORMATION						PRODUCT DESCRIPTION INFORMATION																																			
The product is? a legend device? No if yes, enter class # a product kit? No if yes, list NDCs of component parts reverse numbered? co-licensed? No latex-free? Yes preservative-free? No correctional institution block? Yes opioid? No Cannabinoid? No If Unit Dose, is item bar coded to unit dose for hospital scanning? If Unit Dose, indicate NDC here:						Is the Product... Direct-Ship Only Is the Product... Neither Orphan Drug Status FDA Approval Status Allergens Present Country of Origin Bangladesh Is this product covered under the Trade Agreements Act (TAA)? Yes						Size: 30 Strength: 5mg Dosage Form: TABLET Product Shape: Circular - film coated Product Color: Light yellow Product Imprint: 'C8' debossed on one side/ 'C' on the other side																													
FOR GENERIC DRUG PRODUCTS																																									
I. Orange Book Rating: AB ☐ Authorized Generic *If Authorized Generic, other section fields are not applicable II. Generic Equivalent to What Brand?: Benicar®																																									
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION																																									
Does supplier meet DSCSA definition of manufacturer? Yes Is product exempt from DSCSA? No If yes, select exemption: Other exemption - Write in: Is product repackaged? No Is product sold by manufacturer's exclusive distributor? No Has FDA granted waiver/exception/exemption for product? No If yes, attach documentation from FDA. GLN: 0359746000004 GCP: 0359746 If yes, was original product purchased direct from mfr? Provide source manufacturer for repackaged product																																									
GTIN AND HIBCC PRODUCT INFORMATION																																									
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Saleable Unit of Measure</th><th>RFID tag(Y/N)</th><th>Saleable Quantity</th><th>HIBCC</th><th>GTIN-14</th><th>Unit of Use GTIN-14</th></tr></thead><tbody><tr><td>☒ Item/Each</td><td>N</td><td>1</td><td></td><td>00359746463304</td><td></td></tr><tr><td>☒ Box/Carton/Bundle/Inner Pack</td><td>N</td><td>48</td><td></td><td>40359746463302</td><td></td></tr><tr><td>☐ Case</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>☐ Pallet</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>												Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14	☒ Item/Each	N	1		00359746463304		☒ Box/Carton/Bundle/Inner Pack	N	48		40359746463302		☐ Case						☐ Pallet					
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COST INFORMATION						WHOLESALE USE ONLY:																																			
Regular Cost Invoice Cost (WAC) (\$) \$48.07 As of date: 4/2/2025						Vendor #: Whsl. Code #: Fineline Code:																																			
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:																																									



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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?	☐	☐	
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	☐	☐	
Is the product a CA Prop 65 carcinogen?	☐	☐	
Is the product a CA Prop 65 reproductive toxicant?	☐	☐	
Does the product label bear a CA Prop 65 warning?	☐	☐	
c. Contact Hazard?	☐	☐	
d. Does this product require special clean-up instructions?	☐	☐	
(If yes, attach SDS with special instructions.)			
e. Does the product contain DEHP?	☐	☐	
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?	☐	☐	
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?	☐	☐	
Is the product restricted for air shipment? If so, indicate restriction:		☐	
☐ Passenger			
☐ Cargo			
☐ Passenger & Cargo			
Is this a reportable quantity?	☐	☐	
RQ Threshold:			
Is this a marine pollutant?	☐	☐	
Is this product shipped utilizing an authorized DOT exception or Special Permit?		☐	
(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?	☐	Controlled Substance Code	
Controlled by State(s)?	☐	Listed Chemical (List I or II)	☐
ARCOS Reportable?	☐	If yes, indicate which:	
Schedule No.		Is it a scheduled listed chemical product?:	☐
CLASS OF TRADE RESTRICTION:			
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices		☐	
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		☐ Corrosive	
☐ Inorganic		☐ Oxidizer	
☐ Steroid/Androgen		☐ Contact Hazard	
Does the product have an Aerosol class? If yes, identify		☐	
NFPA Storage Level:			
NFPA Storage Level:			
Is the product a NIOSH hazardous drug?		☐	
If yes, indicate which:			
Hazardous Waste Identification			
EPA Hazardous Waste Code:		Waste Characteristics	
REMS or REGISTRY RESTRICTIONS			
Is there a REMS on this product?		☐	
If Yes, is it managed with a pharmacy registry?		☐	
Website URL:			
Med Guide Required		☐	
Limited Distribution Requirement		☐	
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		NCPDP#:	
by Supplier:		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:			

Release DATE



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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 b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone: Fax Number: Fax Number: Phone No.: Site Address:	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight receipt available: PO Receipt cut off time: Days of week overnight is available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Priority Overnight receipt available: PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: Order receipt method: Phone: Phone #: Fax: Fax #: EDI: Overnight Fees apply: Other fees apply:
Class of Trade Restriction:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone #: Physician State License #: Physician/Clinic DEA #: Physician/Clinic Specialty:	Contact # if product is 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:	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? Is product order for restocking purposes?