



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

Version 2021

Introduction Type: Post Launch Change

Final Version

Date: 6/9/2023

PRODUCT INFORMATION		SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																							
Company Name: Jubilant Cadista Pharmaceuticals Inc. Application: ANDA Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 077563 Medical Device Class, if applicable: _____ DUNS: 022490515 Proprietary Name (If Applicable) and Established Name: Cyclobenzaprine HCl Tablets Selling Unit NDC: 59746-211-06 Unit of Use NDC: _____ UPC: 3-59746-211-06-6 UDI _____ CVX Code: _____ MXV Code: _____ Description: Cyclobenzaprine Hydrochloride 5mg 100ct Tablet Active Ingredient(s): Cyclobenzaprine Hydrochloride URL for Additional Product Information: www.cadista.com/products/full-product-list Address: 207 Kiley Drive Address 2: _____ City: Salisbury State: MD Zip: 21801 Key Contact: Customer Service Email: customer.service@cadista.com Phone Number: (800) 313-4623 Fax: N/A Product Therapeutic Classification: Analgesic Muscle Relaxant		a. Temperature – Indicate the USP temperature range for this product. Temperature Range <input type="text" value="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? <input type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input type="checkbox"/> 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? <input type="checkbox"/> No Special returns requirements for this product? <input type="checkbox"/> No d. Store product (unit of sale) upright? <input type="checkbox"/> No Protect product (unit of sale) from light? <input type="checkbox"/> No e. Shelf life: <input type="checkbox"/> 24 Months Initial shelf life at launch (if different): _____ Months																																							
ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION																																							
The product is? a legend device? <input type="checkbox"/> No if yes, enter class # _____ a product kit? <input type="checkbox"/> No if yes, list NDCs of component parts reverse numbered? _____ co-licensed? <input type="checkbox"/> No 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"/> _____ If Unit Dose, indicate NDC here: _____		Is the Product... Direct-Ship Only <input type="checkbox"/> _____ Is the Product... Neither <input type="checkbox"/> _____ Orphan Drug Status _____ FDA Approval Status _____ Allergens Present _____ Country of Origin US <input type="checkbox"/> _____ Is this product covered under the Trade Agreements Act (TAA)? <input type="checkbox"/> Yes																																							
		Size: 100 count Strength: 5mg Dosage Form: TABLETS Product Shape: Round Product Color: Orange Product Imprint: TL 211																																							
FOR GENERIC DRUG PRODUCTS																																									
I. Orange Book Rating: AB II. Generic Equivalent to What Brand?: Flexeril®		<input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable																																							
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION																																									
Does supplier meet DSCSA definition of manufacturer? <input type="checkbox"/> Yes Is product exempt from DSCSA? <input type="checkbox"/> No If yes, select exemption: _____ Other exemption - Write in: _____ Is product repackaged? <input type="checkbox"/> No Is product sold by manufacturer's exclusive distributor? <input type="checkbox"/> No Has FDA granted waiver/exception/exemption for product? <input type="checkbox"/> No If yes, attach documentation from FDA. _____		GLN: 0359746000004 GCP: 0359746 If yes, was original product purchased direct from mfr? <input type="checkbox"/> _____ 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>Saleable Quantity</th> <th>HIBCC</th> <th>GTIN-14</th> <th>Unit of Use GTIN-14</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Item/Each</td> <td>1</td> <td></td> <td>00359746211066</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Box/Carton/Bundle/Inner Pack</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Case</td> <td>48</td> <td></td> <td>40359746211064</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pallet</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14	<input checked="" type="checkbox"/> Item/Each	1		00359746211066		<input type="checkbox"/> Box/Carton/Bundle/Inner Pack					<input checked="" type="checkbox"/> Case	48		40359746211064		<input type="checkbox"/> Pallet																			
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ORDER INFORMATION		PHARMACY ORDER / BILL UNIT																																							
Unit of Sale <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box/Carton <input type="checkbox"/> Ampule <input type="checkbox"/> Glass <input type="checkbox"/> Tube <input type="checkbox"/> Vial Liquid Sgl <input type="checkbox"/> Vial Liquid Multi <input type="checkbox"/> Vial Powder Sgl <input type="checkbox"/> Vial Power Multi <input type="checkbox"/> Other: Write In _____		What is the NDC selling unit? 1 bottle of 100 tablets (Write-in, e.g. 1 Box of 10 Vials) _____ Minimum order quantity? <input type="checkbox"/> Yes If Yes, how many of which package type? 48 Each Inner/Carton/Pack Case																																							
		Rec. sell unit to customer? 1 bottle of 100 tablets (Write-in, e.g. 1 Vial) _____ Rx billing unit to pharmacy: <input checked="" type="checkbox"/> Each <input type="checkbox"/> Gram <input type="checkbox"/> Milliliter																																							
ITEM AND PACKING INFORMATION																																									
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item/Each:</th> <th rowspan="2">Weight Lbs.</th> <th colspan="3">Dimensions (US msmts.)</th> <th rowspan="2">Volume (Cube)</th> <th rowspan="2">Saleable # Pieces</th> </tr> <tr> <th>Depth</th> <th>Width</th> <th>Height</th> </tr> </thead> <tbody> <tr> <td>Item/Each:</td> <td>0.09</td> <td>1.9</td> <td>1.9</td> <td>4</td> <td>14.44</td> <td>1</td> </tr> <tr> <td>Box/Carton/Bundle/Inner Pack:</td> <td></td> <td></td> <td></td> <td></td> <td>0.00</td> <td></td> </tr> <tr> <td>Case:</td> <td>5.14</td> <td>15.5</td> <td>11.75</td> <td>5.25</td> <td>956.16</td> <td>48</td> </tr> <tr> <td>Pallet:</td> <td></td> <td></td> <td></td> <td></td> <td>0.00</td> <td></td> </tr> </tbody> </table>		Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces	Depth	Width	Height	Item/Each:	0.09	1.9	1.9	4	14.44	1	Box/Carton/Bundle/Inner Pack:					0.00		Case:	5.14	15.5	11.75	5.25	956.16	48	Pallet:					0.00	
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COST INFORMATION		WHOLESALE USE ONLY:																																							
Regular Cost _____ Invoice Cost (WAC) (\$) \$16.50 As of date: _____		Vendor #: _____ Whsl. Code #: _____ Fineline Code: _____																																							
<p style="text-align: center;">Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.</p> <p style="text-align: center;">*Please provide any additional information on page 2. See new p. 3 for Designated Drop Ship Only. Signature: _____</p>																																									



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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 No
- Cargo No
- Passenger & Cargo No

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

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 NFPA Storage Level: No
NFPA Storage Level:

Is the product a NIOSH hazardous drug? No
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
If Yes, is it managed with a pharmacy registry?
Website URL:

Med Guide Required No
Limited Distribution Requirement No
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"/>	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: <input type="text"/> 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:	
<input type="text"/>	
	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>