



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

Version 2021

Introduction Type:

Final Version

Date:

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*											
Company Name: <input type="text" value="Jubilant Cadista Pharmaceuticals Inc."/>		Application: <input type="text" value="ANDA"/>		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)"/>									
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): <input type="text" value="212218"/>				Other Temperature Range Requirement (write in): <input type="text"/>		Notes: <input type="text"/>									
Medical Device Class, if applicable: <input type="text"/>				Is this product to be shipped to customers on ice? <input type="text" value="No"/>		Is this product to be shipped to customers on dry ice? <input type="text" value="No"/>									
DUNS: <input type="text" value="022490515"/>				b. Contact for temperature excursion questions:		Name: <input type="text" value="Customer Service"/>									
Proprietary Name (if Applicable) and Established Name: <input type="text" value="Clomipramine HCl Capsules"/>		Unit of Use NDC: <input type="text" value="3-59746-710-90-3"/>		Number: <input type="text" value="(800) 313-4623"/>		Group E-mail: <input type="text" value="customer.service@cadista.com"/>									
Selling Unit NDC: <input type="text" value="59746-710-90"/>		CVX Code: <input type="text"/>		MVX Code: <input type="text"/>		c. Special regulations for product in any states? <input type="text" value="No"/>									
Description: <input type="text" value="Clomipramine Hydrochloride 25mg 90ct Capsules"/>				Special returns requirements for this product? <input type="text" value="No"/>											
Active Ingredient(s): <input type="text" value="Clomipramine Hydrochloride"/>				d. Store product (unit of sale) upright? <input type="text" value="No"/>		Protect product (unit of sale) from light? <input type="text" value="No"/>									
URL for Additional Product Information: <input type="text" value="www.cadista.com/products/full-product-list"/>				e. Shelf life: <input type="text" value="24"/> Months		Initial shelf life at launch (if different): <input type="text"/>									
Address: <input type="text" value="207 Kiley Drive"/>		Address 2: <input type="text"/>													
City: <input type="text" value="Salisbury"/>		State: <input type="text" value="MD"/>		Zip: <input type="text" value="21801"/>											
Key Contact: <input type="text" value="Jackie Emershaw"/>		Email: <input type="text" value="Jackie.Emershaw@jubl.com"/>													
Phone Number: <input type="text" value="(410) 912-3722"/>		Fax: <input type="text" value="(215) - 443 - 9646"/>													
Product Therapeutic Classification: <input type="text" value="Antidepressant"/>															
ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION		ORDER INFORMATION											
The product is? a legend device? <input type="text" value="No"/>	Is the Product... Direct-Ship Only <input type="text"/>	Size: <input type="text" value="90 count"/>	Unit of Sale				What is the NDC selling unit? <input type="text" value="1 bottle of 90 capsules"/>								
if yes, enter class # a product kit? <input type="text"/>	Is the Product... Neither <input type="text"/>	Strength: <input type="text" value="25mg"/>	<input checked="" type="checkbox"/> Bottle				(Write-in, e.g. 1 Box of 10 Vials)								
if yes, list NDCs of component parts reverse numbered? <input type="text"/>	Orphan Drug Status <input type="text"/>	Dosage Form: <input type="text" value="CAPSULES"/>	<input type="checkbox"/> Box/Carton				Minimum order quantity? <input type="text" value="Yes"/>								
co-licensed? <input type="text" value="No"/>	FDA Approval Status <input type="text"/>	Product Shape: <input type="text" value="Capsule, Size 2"/>	<input type="checkbox"/> Ampule				If Yes, how many of which package type?								
latex-free? <input type="text" value="Yes"/>	Allergens Present <input type="text"/>	Product Color: <input type="text" value="White / Yellow"/>	<input type="checkbox"/> Glass				<input type="text" value="24"/> Each								
preservative-free? <input type="text" value="No"/>	Country of Origin <input type="text" value="US"/>	Product Imprint: <input type="text" value="C / 710"/>	<input type="checkbox"/> Tube				<input type="text"/>								
correctional institution block? opioid? <input type="text" value="Yes"/>	Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="Yes"/>		<input type="checkbox"/> Vial Liquid Sgl				<input type="text"/>								
Cannabinoid? <input type="text" value="No"/>			<input type="checkbox"/> Vial Liquid Multi				<input type="text"/>								
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="text"/>			<input type="checkbox"/> Vial Powder Sgl				<input type="text"/>								
If Unit Dose, indicate NDC here: <input type="text"/>			<input type="checkbox"/> Vial Power Multi				<input type="text"/>								
			<input type="checkbox"/> Other: Write In				<input type="text"/>								
FOR GENERIC DRUG PRODUCTS				PHARMACY ORDER / BILL UNIT											
I. Orange Book Rating: <input type="text" value="AB"/>		<input type="checkbox"/> Authorized Generic		*If Authorized Generic, other section fields are not applicable											
II. Generic Equivalent to What Brand?: <input type="text" value="Anaftranil"/>				Rec. sell unit to customer? <input type="text" value="1 bottle of 90 capsules"/>											
				(Write-in, e.g. 1 Vial)											
				Rx billing unit to pharmacy: <input checked="" type="checkbox"/> Each											
				<input type="checkbox"/> Gram											
				<input type="checkbox"/> Milliliter											
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION				ITEM AND PACKING INFORMATION											
Does supplier meet DSCSA definition of manufacturer? <input type="text" value="Yes"/>		GLN: <input type="text" value="0359746000004"/>		Weight Lbs.		Dimensions (US msmts.)		Volume (Cube)		Saleable # Pieces					
Is product exempt from DSCSA? <input type="text" value="No"/>		GCP: <input type="text" value="0359746"/>		Depth		Width		Height							
If yes, select exemption: <input type="text"/>				Item/Each:		1.9		1.9		4					
Other exemption - Write in: <input type="text"/>				Box/Carton/Bundle/Inner Pack:						14.44					
Is product repackaged? <input type="text" value="No"/>		If yes, was original product purchased direct from mfr? <input type="text"/>		Case:		2.16		11.5		7.75					
Is product sold by manufacturer's exclusive distributor? <input type="text" value="No"/>		Provide source manufacturer for repackaged product: <input type="text"/>		Pallet:						5					
Has FDA granted waiver/exception/exemption for product? <input type="text" value="No"/>										445.63					
If yes, attach documentation from FDA. <input type="text"/>										24					
GTIN AND HIBCC PRODUCT INFORMATION				COST INFORMATION				WHOLESALE USE ONLY:							
Saleable Unit of Measure		Saleable Quantity		HIBCC		GTIN-14		Unit of Use GTIN-14		Regular Cost		Vendor #:			
<input checked="" type="checkbox"/> Item/Each		<input type="text" value="1"/>				<input type="text" value="00359746710903"/>				Invoice Cost (WAC) (\$)		<input type="text" value="\$437.40"/>		Whsl. Code #:	
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack										As of date:		<input type="text"/>		Fineline Code:	
<input checked="" type="checkbox"/> Case		<input type="text" value="24"/>				<input type="text" value="40359746710901"/>									
<input type="checkbox"/> Pallet															

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:

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION							
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant?            Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No            Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No            Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions?            (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT?            (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by IATA?            (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/> No</p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger  <input type="checkbox"/> Cargo  <input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/> No            RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit?  <input type="checkbox"/> No (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity  <input type="checkbox"/> Consumer Commodity, ORM-D  <input type="checkbox"/> Small Quantity (49 CFR 173.4)  <input type="checkbox"/> Special Permit; DOT-SP  <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);            SP# <input type="text"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #002060; color: white; margin: 0;">SDS Hazard Classification</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p>Does the product have an Aerosol class? If yes, identify <input type="checkbox"/> No</p> <p>NFPA Storage Level: <input type="text"/></p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug?            If yes, indicate which: <input type="checkbox"/> No <input style="width: 100%; border: 1px solid black;" type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #002060; color: white; margin: 0;">Hazardous Waste Identification</p> <p>EPA Hazardous Waste Code: <input style="width: 100%;" type="text"/> Waste Characteristics: <input style="width: 100%;" type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #002060; color: white; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>Is there a REMS on this product? <input type="checkbox"/> No</p> <p>If Yes, is it managed with a pharmacy registry?            Website URL: <input style="width: 100%;" type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No</p> <p>Limited Distribution Requirement <input type="checkbox"/> No</p> <p>Comments / Details: (For example, iPledge program?) <input style="width: 100%;" type="text"/></p> <p><b>REMS:</b></p> <p>REMS Program Manager Name: <input style="width: 100%;" type="text"/> Phone: <input style="width: 100%;" type="text"/></p> <p>Supplier Manages REMS registry exclusively:            Wholesale distributor support: <input style="width: 100%;" type="text"/></p> <p>Provider Name: <input style="width: 100%;" type="text"/> DEA #: <input style="width: 100%;" type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input style="width: 100%;" type="text"/> NCPDP#: <input style="width: 100%;" type="text"/></p> <p>NPI #: <input style="width: 100%;" type="text"/></p> <p>Comments <input style="width: 100%;" type="text"/></p> <p><b>Registry:</b></p> <p>Registry Program Contact Name: <input style="width: 100%;" type="text"/> Phone: <input style="width: 100%;" type="text"/></p> <p>Comments <input style="width: 100%;" type="text"/></p> </div>	<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive						
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer						
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard						
ADD'L STORAGE INFORMATION							
<p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> No <input type="checkbox"/> Yes      Controlled Substance Code <input type="text"/></p> <p>Controlled by State(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes      Listed Chemical (List I or II) <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>ARCOS Reportable? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, indicate which: <input style="width: 100%;" type="text"/></p> <p>Schedule No. <input type="text"/>      Is it a scheduled listed chemical product?: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>							
CLASS OF TRADE RESTRICTION:							
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 100%;" type="text"/></p>							
RETURN INSTRUCTIONS							
<p>Contact tel. # if product received damaged: <input style="width: 100%;" type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input style="width: 100%;" type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input style="width: 100%;" type="text"/></p>							
MISCELLANEOUS NOTES and/or Image of Product Barcode:							
<input style="width: 100%; height: 100%;" type="text"/>							



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

Version 2021

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