

Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014						Introduction	n Type:			Final Version			Date:	8/31/	/2018	
PRODUCT INFORMATION										SPECIAL HANDLING AND STORAGE REQUIREMENTS*						
	ZYDUS PHARMACEL		Application: ANDA				a. Temperature – Indicate the USP temperature range for this product.									
Application Number for ND	A/ANDA/BLA (drug); PMA/510(k)(med device):			207	207340				Temper	Controlled Room – between 20 and 25 C (68° – 77°						
DUNS: 156861945									Other T	emperature Range Re	equirement				-	
Proprietary Name (If Applica			Asp&Sulf Tab, 7.5 mg 100 ct				(w	rite in)]			
Selling Unit NDC: 68382-951-01 Individual Unit NDC: UDI CVX Code:			;;	UPC: 368382951014 MVX Code:					wadii at ta ba abianad t	to accetomore o	.m.:aa?		No			
Description: Blue, round, flat- faced, beveled edge tablet, quadrisect on one side and "N" over "9"									Is this product to be shipped to customers on ice? Is this product to be shipped to customers on dry ice? No							
Description:	is this product to be shipped to customers on dry ice:															
Active Ingredient(s): Dextroamphetamine Saccharate, Amphetamine Aspartate, D					extroamphetamine Sulfate and Amphetamine Sulfate				b. Contact for temper Name:							
URL for Additional Product Information: www.zydususa.com									Numbe	r:						
	73 ROUTE 31 NORTH				Address 2:			Group	E-mail:							
	PENNINGTON				State: NJ Zip: 08534 Email:			4								
Key Contact: Phone Number:	(609) 730 1900				Fax: (609) 730 1998				c. Special regulations	s for product in any s returns requirements		1 +2		No No	<u>-</u>	
Product Therapeutic Classifi					(665) 750 1550				_ Special	returns requirements	ioi tilis piodut	,l:		INO	-	
										d. Store product (unit of sale) upright? Yes						
ADDITIONAL PRODUCT INFORMATION PRODUCT DESCRIPTION INFORMATION										Protect product (unit of sale) from light?						
Is the Product						e. Shelf life:					24	Months				
a legend device?				Size: 100 COUNT					Initial s	helf life at launch (if	different):				Months	
reverse numbered?											ORDER INFOR	MATION				
Is the Product					Strength: 7.5MG						DRUEK INFOR	IWATION				
Is the Product		Neither	•		Decese Forms	TABLE:	TC		Unit of	Sale		What is the	NDC selling	ı unit?□		
				Dosage Form: TABLETS				Х	Bottle		1 bottle of 10					
If Unit Dose, is item bar coded to unit dose for hospital scanning?										Box/Carton Ampule		(Write-in, e.	g. 1 Box of 1	0 Vials)		
If Unit Dose NDC, indicate NDC here:					Product Shape: ROUND					Glass		Minimum or	der quantity	v?	Yes	
					Product Color: BLUE					Tube			•	•		
Country of Origin						4				Vial Liquid Sgl		If Van ham		iah maalaana	· · · · · · · · · · · · · · · · · · ·	
Is this product covered under the Trade Agreements Act (TAA)?					Product Imprint: N 951					Vial Liquid Multi Vial Powder Sql			many or wn Each	ich package	type ?	
										Vial Power Multi			Inner/Cartor	n/Pack		
•			EOD OFWERIO PRIMA							Other: Write In	_	1	Case			
			FOR GENERIC DRUG P	PRODUCTS												
Authorized Generic *If Authorized Generic, other section								PHARMACY ORDER / BILL UNIT								
I. Orange Book Rating: II. Generic Equivalent to What Brand?: Adderall				fields are not applicable				Rec. sell unit to customer?□			Rx billing unit to pharmacy:					
			•								Х	Each	-			
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION									(Write-in, e.g. 1 Vial)				Gram Milliliter			
		DRUG SUFFI	ET CHAIN SECONTT AC	T (DSCSA) INT	ORWATION								wiiiiiitei			
Does supplier meet DSCSA		urer?	Yes	GLI	۱: [036382000002				ITEM A	ND PACKING	INFORMATI	ON			
Is product exempt from DSC	SA?		No	<u> </u>							D '	-: (110				
If yes, select exemption: Other exemption - Write in:								1		Weight Lbs.	Dimen Depth	sions (US m Height	smts.) Width	Volume (Cube)	# Pieces:	
Is product repackaged?	•		No	If Yo	es, was original	product purcha	ased direct		Item:	0.00	•				4	
Is product sold by manufact			No		n mfr?		•			0.09	1.77	3.23	1.77	10.119267	1	
Has FDA granted waiver/exc	ception/exemption for p	product?	No	If ye	es, attach docum	nentation from	FDA.		Box/Carton/Bundle/					0		
			GTIN PRODUCT INFO	RMATION					Inner Pack: Case:							
				Saleable						3.69	10.75	7.19	4.56	352.4538	24	
			Level	Unit				GTIN-14	Pallet:	709	48	51	40	97920	4320	
Serialized? If not, when?	No 11/1/2018	X	Item Rev/Carten/Rundle/Inner Back	Х	X 2D 2D	Linear	1	00368382951014	UPC:	Case:						
Items aggregated?	Yes	X	Box/Carton/Bundle/Inner Pack Case		X 2D 2D	Linear 24	24	40368382951012		Case.						
	X Pallet X 2D Linear						50368382951019									
	2D Linear						COST	INFORMATION			WHOLESAL	ER USE ONL	.Y:			
	2D Linear Linear Linear						Regular Cost			Vendor #:						
					2D	Linear			Invoice Cost (WAC) (\$	5)	\$74.55	Whsl. Code	#:			
					<u> </u>	-			Federal Excise Tax P	er Unit of Sale		Fineline Co				
									As of date:	11/6/2018						
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.												<u> </u>				
*Please provide any addition	nal information on nag		Audon copy of SAFETT DA	VIV OUEET (9F	•		or Designated D		ODUCT PACKAGING and Signati							