

Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014						Introduction	n Type:	New Item]	Final Version			Date:	2/27/	/2018	
PRODUCT INFORMATION										SPECIAL HANDLING AND STORAGE REQUIREMENTS*						
Company Name:	ZYDUS PHARMACE		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):			206534	206534				Temperature Range Controlled Room – between					en 20 and 25 C (68° − 77°		
	156861945								Other To	emperature Range Re	equirement				-	
	(If Applicable) and Established Name: DILTIAZEM HYDROCHLORIDE EXTENDED									rite in)]	
Selling Unit NDC: UDI	68382-596-16		Individual Unit NDC: CVX Code:			MVX Code:		61	lo this n	raduat to be objected t	to quotomoro o	n ioo?		No		
									Is this product to be shipped to customers on ice? Is this product to be shipped to customers on dry ice? No							
Description: White to off white pellets filled in size "0" empty hard gelatin capsules with opaque light blue colored cap & opaque grey colored body imprinted with "596" in black ink.										Is this product to be shipped to customers on dry ice? No						
Active Ingredient(s): DILTIAZEM									b. Contact for tempera							
URL for Additional Product Information:									Numbe	r:						
	73 ROUTE 31 NORTH				Address 2:			Group I	E-mail:							
	PENNINGTON				State: NJ Zip: 08534 Email:				. Consist remulations	for muchinet in only	4-42			No		
Key Contact: Phone Number:	(609) 730 1900				Fax: (609) 730 1998				c. Special regulations	returns requirements		rt?		INU		
Product Therapeutic Classifi									J Special	rotamo roquiromonto	Tor time product					
										d. Store product (unit of sale) upright? No						
ADDITIONAL PRODUCT INFORMATION PRODUCT DESCRIPTION INFORMATION									Protect product (unit of sale) from light? No							
Is the Product									e. Shelf life:					24	Months	
a legend device?	I			Size:			90 COUNT		Initial s	different):				Months		
reverse numbered?								ORDER INFORMATION								
Is the Product				Str	Strength: 180MG						ORDER IIII OI					
Is the Product		Neither		Do	sage Form:	CAPSU	II ES		Unit of	<u>S</u> ale		What is the				
				Dosage Form.				X	Bottle		1 BOTTLE C					
If Unit Dose, is item bar coded to unit dose for hospital scanning?										Box/Carton Ampule		(Write-in, e.	g. 1 Box of 1	o viais)		
If Unit Dose NDC, indicate NDC here:					Product Shape: CAPSULES					Glass		Minimum or	der quantit	y?	Yes	
					Product Color: OPAQUE LIGHT BLUE & OPAQUE GREY					Tube						
Country of Origin										Vial Liquid Sgl Vial Liquid Multi		If Vos. how	many of wh	ich package	typo?	
Is this product covered under the Trade Agreements Act (TAA)?					Product Imprint: "596"				Vial Powder Sql			Each	ion package	type:		
										Vial Power Multi			Inner/Cartor	n/Pack		
		Other: Write In	7	Х	Case											
			FOR GENERIC DRUG PR	RODUCIS												
Authorized Generic *If Authorized Generic, other section								ER / BILL UNIT								
I. Orange Book Rating: AB			1	fields are not applicable			Rec. sell unit to customer?□			Rx billing unit to pharmacy:						
II. Generic Equivalent to What Brand?: CARDIZEM CD												Х	Each			
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION									(Write-in, e.g. 1 Vial)				Gram Milliliter			
		DROG COLLE	TOTAIN OLOGICITY AGY	(BOOOK) IIII OK	MATION								wiiiiiitei			
Does supplier meet DSCSA			Yes	GLN:		036382000002				ITEM AI	ND PACKING	INFORMATI	ON			
Is product exempt from DSC	SA?		No	_							Dimon	sions (US m	amta \	Valores.		
If yes, select exemption: Other exemption - Write in:										Weight Lbs.	Depth	Height	Width	Volume (Cube)	# Pieces:	
Is product repackaged?			No	If Yes,	was original	product purcha	ased direct		Item:	0.04	2.12	3.97	2.12	17.842768	1	
Is product sold by manufactu			No	from n		antelle f	ED A		Day 10 - 11 15 11 1	0.04	2.12	5.57	۷.۱۷	17.072700	'	
Has FDA granted waiver/exc	ception/exemption for	product?	No	_ If yes,	attach docum	nentation from	FDA.		Box/Carton/Bundle/ Inner Pack:					0		
			GTIN PRODUCT INFOR	RMATION					Case:	5.04	40.00	0.05	F 4.4	E00.00004	0.4	
				Saleable						5.24	13.26	8.85	5.11	599.66361	24	
0	NI-		Level	Unit	V lop [1,		GTIN-14 00368382596161	Pallet:	494.79	48	40	48	92160	2184	
Serialized? If not, when?	No 11/1/2018	1 X	Item Box/Carton/Bundle/Inner Pack	X	X 2D 2D	Linear Linear	1	00300302390101	UPC:	Case:						
Items aggregated?	Yes		Case		X 2D 2D	Linear 24	24	40368382596169		Carton:						
	X Pallet X 2D Linear 80368382596						80368382596167									
								COST	INFORMATION			WHOLESAL	ER USE ONL	-Y:		
					Linear			Regular Cost			Vendor #:					
				2D	Linear			Invoice Cost (WAC) (\$		\$76.18	Whsl. Code	#:				
			<u> </u>				_ _		Federal Excise Tax Po	-		Fineline Co	de:			
									As of date:	9/7/2018						
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING a																
*Please provide any addition	nal information on pag			5/1221 (505)			or Designated Dr		Signatu							