



Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type: New Item

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	Zydus Pharmaceuticals USA Inc.
Application Number for NDA/ANDA/BLA, Med Device:	206748
Rx Product/Proprietary Name:	Glyburide and Metformin HCL Tablets, USP 1.25mg/250mg 100 count
NDC:	68382-653-01
CVX Code:	
UPC:	368382653017
MVX Code:	
Description:	white to off-white colored, capsule shaped, biconvex coated tablets, debossed with "653" on one side and plain on the other side
Active ingredients:	Glyburide & Metformin
URL for Additional Product Information:	www.zydususa.com
Address:	73 Route 31 North
City:	Pennington
State:	NJ
Zip:	08534
Key Contact:	
Phone Number:	(609) 730 1900
Email:	
Fax:	(609) 730 1991

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
<input type="checkbox"/>	I. Freezer – between -25 and -10 C (-13° – 14° F)
<input type="checkbox"/>	II. Cold – between 2 and 8 C (36° – 46° F)
<input type="checkbox"/>	III. Cool – between 8 and 15 C (46° – 59° F)
<input checked="" type="checkbox"/>	IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F)
<input type="checkbox"/>	V. Avoid Excessive Heat – above 40 C (>104° F)
<input type="checkbox"/>	VI. Other Temperature Range Requirement (write in) _____
<input type="checkbox"/>	VII. No Requirement
b. Contact for temperature excursion questions:	
Name:	_____
Number:	_____
Is this product to be shipped to customers on ice?	No
Is this product to be shipped to customers on dry ice?	No
c. Special regulations for product in certain states?	
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	No
e. Shelf life:	
24	Months
Initial shelf life at launch (if different):	_____ Months

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Brand Name:	Glucovance
III. Generic Equivalent for Brand:	Glyburide and Metformin HCL Tablets, USP 1.25mg/250mg 100 count

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
DUNS:	156861945
Is product exempt from DSCSA?	No
If yes, select exemption:	_____
Other exemption - Write in:	_____
Is product repackaged?	No
If Yes, was original product purchased direct from mfr?	_____
Is product sold by manufacturer's exclusive distributor?	No
Are any waivers granted for product ID/barcode?	No
If yes, attach documentation from FDA	_____

ADDITIONAL PRODUCT INFORMATION	
Is the Product... Direct Ship Item	No
Legend Device?	No
State Control?	No
ARCOS reportable?	No
Co-Licensed?	No
Controlled Substance?	No
Schedule No.?	_____
(incl. N for non-narcotic)	
Controlled Substance Code:	_____
Hazardous Material/Cytotoxic Agent?	No
Is Item... _____	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	_____
Is it reverse numbered?	_____

ORDER INFORMATION	
Unit of Sale	Each
What is the NDC selling unit?	Each
(Write-in, e.g. 1 Box of 10 Vials)	
Minimum order quantity?	Yes
If Yes, how many of which package type?	
Each	_____
Inner/ Carton/ Pack	_____
Case	_____
Other: Write In	1

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width:		
Item:	9.25g		2.982	1.609	4.798038	
Box/ Carton:					0	
Case:	4.5 lbs	6.7	4.45	9.85	293.67775	24
Pallet:	900 lbs	47	39	47	86151	198
UPC:	Case:					
	Carton:					

PHARMACY ORDER / BILL UNIT	Other Product Information
Rec. sell unit to customer?	Size/Strength/Form:
(Write-in, e.g. 1 Vial)	100/1.25-250mg/Tablet
Rx billing unit to pharmacy:	Product Shape:
<input checked="" type="checkbox"/> Each	Capsule
<input type="checkbox"/> Gram	Product Color:
<input type="checkbox"/> Milliliter	white to off-white
	Product Imprint:
	"653"

COST INFORMATION		
Regular Cost Per Unit of Sale (\$)	Invoice Cost (WAC) (\$)	Federal Excise Tax Per Unit of Sale
	\$8.55	
As of date: <input type="text" value="6/13/2016"/>		

WHOLESALE USE ONLY:	
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: _____