



Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type: Post Launch Change

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	ZYDUS PHARMACEUTICALS (USA) INC.
Application:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	77-580
DUNS:	156861945
Proprietary Name (If Applicable) and Established Name:	Haloperidol Tablets, USP 20 mg, 100 ct
Selling Unit NDC:	68382-081-01
Individual Unit NDC:	
UPC:	368382081018
UDI	
CVX Code:	
MVX Code:	
Description:	Coral, capsuled-shaped, flat-faced, beveled-edge tablets debossed with the logo of "ZC", "09" and bisect on one side and plain on other side.
Active Ingredient(s):	Haloperidol
URL for Additional Product Information:	www.zydususa.com
Address:	73 ROUTE 31 NORTH
City:	PENNINGTON
Key Contact:	
Phone Number:	(609) 730 1900
Product Therapeutic Classification:	
State:	NJ
Address 2:	
Zip:	08534
Email:	
Fax:	(609) 730 1998

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77°)
Other Temperature Range Requirement (write in)	
Is this product to be shipped to customers on ice?	No
Is this product to be shipped to customers on dry ice?	No
b. Contact for temperature excursion questions:	
Name:	
Number:	
Group E-mail:	
c. Special regulations for product in any 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:	
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	No
reverse numbered?	No
co-licensed?	No
Is the Product... Direct-Ship Only	
Is the Product... Neither	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>
If Unit Dose NDC, indicate NDC here:	
Country of Origin	
Is this product covered under the Trade Agreements Act (TAA)?	<input type="checkbox"/>

PRODUCT DESCRIPTION INFORMATION	
Size:	100 COUNT
Strength:	20 MG
Dosage Form:	TABLETS
Product Shape:	CAPSULED
Product Color:	CORAL
Product Imprint:	ZC 09

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit? □
<input checked="" type="checkbox"/> Bottle	1 BOTTLE OF 100 TABLETS
<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	Minimum order quantity? Yes
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	If Yes, how many of which package type?
<input type="checkbox"/> Vial Liquid Multi	<input type="text"/> Each
<input type="checkbox"/> Vial Powder Sgl	<input type="text"/> Inner/Cartron/Pack
<input type="checkbox"/> Vial Powder Multi	<input type="text" value="1"/> Case
<input type="checkbox"/> Other: Write In	

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Generic Equivalent to What Brand?:	Haloperidol
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer? □	Rx billing unit to pharmacy:
(Write-in, e.g. 1 Vial)	<input checked="" type="checkbox"/> Each
	<input type="checkbox"/> Gram
	<input type="checkbox"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
GLN:	036382000002
If Yes, was original product purchased direct from mfr?	
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Depth	Height	Width	Volume (Cube)	# Pieces:
Item:	38.0 G	1.615	3.025	1.615	7.88988063	
Box/Cartron/Bundle/Inner Pack:					0	
Case:	3.3	7.76	4.06	11.54	363.574624	24
Pallet:	733	47.24	50.39	39.37	93717.2771	4752
UPC:	Case:					
	Cartron:					

GTIN PRODUCT INFORMATION						
Serialized?	Level	Saleable Unit	Quantity	GTIN-14		
No	<input checked="" type="checkbox"/> Item	<input checked="" type="checkbox"/>	1	00368382081018		
If not, when? 1/1/2018	<input checked="" type="checkbox"/> Box/Cartron/Bundle/Inner Pack	<input checked="" type="checkbox"/>				
Items aggregated? Yes	<input checked="" type="checkbox"/> Case	<input checked="" type="checkbox"/>	24	40368382081016		
	<input checked="" type="checkbox"/> Pallet	<input checked="" type="checkbox"/>		80368382081014		

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$174.38	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	8/10/2018		

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: