



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:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	200816
DUNS:	156861945
Proprietary Name (If Applicable) and Established Name:	LANSOPRAZOLE DELAYED-RELEASE ORALLY DISINTEGRATING TABLETS, 30MG
Selling Unit NDC:	6838277277
Individual Unit NDC:	
UPC:	368382772770
UDI	
CVX Code:	
MVX Code:	
Description:	white to off-white, round, uncoated tablets with buff to light brown speckles, with '772' debossed on one side of the tablet and plain on other side.
Active Ingredient(s):	LANSOPRAZOLE
URL for Additional Product Information:	
Address:	73 ROUTE 31 NORTH
City:	PENNINGTON
State:	NJ
Address 2:	
Zip:	08534
Key Contact:	
Phone Number:	(609) 730 1900
Fax:	(609) 730 1998
Product Therapeutic Classification:	

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	Controlled Room – between 20 and 25 C (68° – 77°)
Temperature Range	
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?	No
Special returns requirements for this product?	
d. Store product (unit of sale) upright?	No
Protect product (unit of sale) from light?	No
e. Shelf life:	24 Months
Initial shelf life at launch (if different):	

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?	
If Unit Dose NDC, indicate NDC here:	
Country of Origin	
Is this product covered under the Trade Agreements Act (TAA)?	

PRODUCT DESCRIPTION INFORMATION	
Size:	100 COUNT
Strength:	30MG
Dosage Form:	TABLETS
Product Shape:	ROUND
Product Color:	WHITE TO OFF-WHITE
Product Imprint:	772

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

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Generic Equivalent to What Brand?:	PRAVACID SOLUTAB
<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:					0	
Box/Cartron/Bundle/Inner Pack:	0.39	3.07	3.78	7.2	83.55312	1
Case:	6.42	12.68	8.07	11.81	1208.48896	12
Pallet:	328	48	40	48	92160	432
UPC:	Case:					
	Carton:					

GTIN PRODUCT INFORMATION						
Serialized?	Level	Saleable Unit	Quantity	GTIN-14		
No						
If not, when?						
Items aggregated?						
	<input checked="" type="checkbox"/> Box/Cartron/Bundle/Inner Pack	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2D		
	<input checked="" type="checkbox"/> Case	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2D	00368382772770	1
	<input checked="" type="checkbox"/> Pallet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2D	40368382772778	12
				2D	50368382772775	
				2D		
				2D		
				2D		
				2D		

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$902.25	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	11/30/2018		