



# 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, Med Device:	206747
Rx Product/Proprietary Name:	Voriconazole Tablets, 50 mg 30 count
NDC:	68382-735-06 UPC: 368382735065
CVX Code:	MXV Code:
Description:	white to off-white, round, biconvex, film-coated tablet debossed with "735" on one side and plain on the other side
Active ingredients:	Voriconazole
URL for Additional Product Information:	www.zydususa.com
Address:	73 Route 31 North Address 2:
City:	Pennington State: NJ Zip: 08534
Key Contact:	Email:
Phone Number:	(609) 730 1900 Fax: (609) 730 1991

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
<b>a. Temperature – Indicate the USP temperature range for this product.</b>	
<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>b. Contact for temperature excursion questions:</b>	
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
<b>c. Special regulations for product in certain states?</b>	
Special returns requirements for this product?	No
<b>d. Store product (unit of sale) upright?</b>	
Protect product (unit of sale) from light?	No
<b>e. Shelf life:</b>	
<input type="text" value="24"/> Months	Initial shelf life at launch (if different): <input type="text"/> Months

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB II. Brand Name: Vfend
III. Generic Equivalent for Brand:	Voriconazole Tablets, 50 mg 30 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		ORDER INFORMATION	
Is the Product... Direct Ship Item	_____	Unit of Sale	What is the NDC selling unit?
Legend Device?	No	<input checked="" type="checkbox"/> Bottle	Each
State Control?	No	<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
ARCOS reportable?	No	<input type="checkbox"/> Ampule	Minimum order quantity? Yes
Co-Licensed?	No	<input type="checkbox"/> Glass	If Yes, how many of which package type?
Controlled Substance?	No	<input type="checkbox"/> Tube	<input type="text"/> Each
Schedule No.?	_____	<input type="checkbox"/> Vial Liquid Sgl	<input type="text"/> Inner/ Carton/Pack
(incl. N for non-narcotic)	_____	<input type="checkbox"/> Vial Liquid Multi	<input type="text"/> Case
Controlled Substance Code:	_____	<input type="checkbox"/> Vial Powder Sgl	
Hazardous Material/Cytotoxic Agent?	No	<input type="checkbox"/> Vial Power Multi	
Is Item... _____		<input type="checkbox"/> Other: Write In	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	_____		
Is it reverse numbered?	_____		

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width:		
Item:	32.11 g		2.982	1.609	4.798038	
Box/ Carton:					0	
Case:	2.93 lbs	3.82	9.72	6.5	241.3476	24
Pallet:	600 lbs	47	39	47	86151	198
UPC:	Case:					
	Carton:					

WHOLESALE USE ONLY:	
Vendor #:	_____
Whsl. Code #:	_____
Fineline Code:	_____

PHARMACY ORDER / BILL UNIT	Other Product Information
Rec. sell unit to customer?	Size/Strength/Form:
_____ (Write-in, e.g. 1 Vial)	30/50mg/Tablet
Rx billing unit to pharmacy:	Product Shape:
<input checked="" type="checkbox"/> Each	Round
<input type="checkbox"/> Gram	Product Color:
<input type="checkbox"/> Milliliter	white to off-white
	Product Imprint:
	"735"

COST INFORMATION		
Regular Cost Per Unit of Sale (\$)	Invoice Cost (WAC) (\$)	Federal Excise Tax Per Unit of Sale
_____	_____	_____
As of date: <input type="text" value="5/5/2016"/>		

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: \_\_\_\_\_