



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Product Post Launch Change Final VersionDate:

PRODUCT INFORMATION	
Company Name:	Jubilant Cadista Pharmaceuticals Inc.
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	A75317
DUNS:	022490515
Proprietary Name (If Applicable) and Established Name:	Terazosin Hydrochloride Capsules
Selling Unit NDC:	59746-0386-10
UDI	CVX Code: <input type="text"/> MVX Code: <input type="text"/>
UPC:	3-59746-386-10-8
Description:	Terazosin Hydrochloride 10mg 1000ct Capsules
Active Ingredient(s):	Terazosin
URL for Additional Product Information:	www.cadista.com
Address:	207 Kiley Drive Salisbury
Key Contact:	Jackie Emershaw
Phone Number:	(410) 912-3722
Product Therapeutic Classification:	<input type="text"/>
Application:	ANDA
State:	MD
Zip:	21801
Email:	Jackie.Emershaw@cadista.com
Fax:	(215) 443-9646

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)	<input type="text"/>
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:	Customer Support
Number:	(800) 313-4623
Group E-mail:	<input type="text"/>
c. Special regulations for product in any states?	No
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	No
Protect product (unit of sale) from light?	No
e. Shelf life:	
Initial shelf life at launch (if different):	<input type="text"/> Months

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	<input type="checkbox"/> Yes
reverse numbered?	<input type="checkbox"/> No
co-licensed?	<input type="checkbox"/> No
Is the Product... Direct-Ship Only	<input type="checkbox"/>
Is the Product... <input type="text"/>	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>
If Unit Dose NDC, indicate NDC here:	<input type="text"/>
Country of Origin	<input type="text"/>
Is this product covered under the Trade Agreements Act (TAA)?	<input type="checkbox"/>

PRODUCT DESCRIPTION INFORMATION	
Size:	1000CT
Strength:	10MG
Dosage Form:	CAP
Product Shape:	SIZE 3 CAPSULE
Product Color:	GREEN OPAQUE
Product Imprint:	TL 386

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 Case of 12 bottles
<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? <input type="checkbox"/> 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 Power Multi	<input type="text"/> Case
<input type="checkbox"/> Other: Write In	

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

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

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is product exempt from DSCSA?	No <input type="checkbox"/>
If yes, select exemption:	<input type="text"/>
Other exemption - Write in:	<input type="text"/>
Is product repackaged?	No <input type="checkbox"/>
Is product sold by manufacturer's exclusive distributor?	No <input type="checkbox"/>
Has FDA granted waiver/exception/exemption for product?	No <input type="checkbox"/>
GLN:	0359746000004
If Yes, was original product purchased direct from mfr?	<input type="checkbox"/>
If yes, attach documentation from FDA.	<input type="text"/>

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/Cartron/Bundle/Inner Pack:	0.669	3.48	6.33	3.48	22.0284	1
Case:	8.17	14	6.75	10.5	992.25	12
Pallet:					0	
UPC:	Case:					
	Cartron:					

GTIN PRODUCT INFORMATION						
Serialized?	If not, when?	Items aggregated?	Level		Quantity	GTIN-14
			Saleable Unit	Unit		
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Item	1	00359746386108
			<input type="checkbox"/>	Box/Cartron/Bundle/Inner Pack		
			<input checked="" type="checkbox"/>	Case	12	40359746386106
			<input type="checkbox"/>	Pallet		
			<input type="checkbox"/>	2D		
			<input type="checkbox"/>	2D		
			<input type="checkbox"/>	2D		
			<input type="checkbox"/>	2D		
			<input type="checkbox"/>	2D		
			<input type="checkbox"/>	2D		
			<input type="checkbox"/>	2D		

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost	<input type="text"/>	Vendor #:	<input type="text"/>
Invoice Cost (WAC) (\$)	\$176.40	Whsl. Code #:	<input type="text"/>
Federal Excise Tax Per Unit of Sale	<input type="text"/>	Fineline Code:	<input type="text"/>
As of date:	<input type="text"/>		

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant? No
 Is the product a CA Prop 65 carcinogen? No
 Is the product a CA Prop 65 reproductive toxicant? No
 Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions? No
 (If yes, attach SDS with special instructions.)

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT or IATA? No
 (if yes, answer a-e below and provide SDS)

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?

Is the product restricted for air shipment? If so, indicate restriction:

Passenger

Cargo

Passenger & Cargo

Is this a reportable quantity? No
 RQ Threshold:

Is this a marine pollutant? No

Is this product shipped utilizing an authorized DOT exception or Special Permit?
 No (if yes, identify method below)

Limited Quantity

Consumer Commodity, ORM-D

Small Quantity (49 CFR 173.4)

Special Permit; DOT-SP

Special Provision (listed in Column 7 of 49 CFR 172.101);
 SP#

ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? No

Controlled by State(s)?

ARCOS Reportable?

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II)

If yes, indicate which:

Is it a scheduled listed chemical product?

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only: No

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

SDS Hazard Classification

<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard

Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug?
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No
 If Yes, is it managed with a pharmacy registry?
 Website URL:

Comments / Details: (For example, iPledge program?)

REMS: No

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:
 Provider Name:

Site Enrollment Number assigned by Supplier:

DEA #:
 PCPDP #:
 NPI #:

Comments:

Registry:

Registry Program Contact Name: Phone:

Comments:

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit:

URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:



Standard Pharmaceutical Product Information (Page 3)

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing																								
<p>Purchase orders may be accepted by:</p> <table border="0"> <tr> <td>a. EDI</td> <td><input type="checkbox"/></td> <td>Yes</td> <td></td> </tr> <tr> <td>b. Autofax</td> <td><input type="checkbox"/></td> <td>Yes</td> <td>Fax Number: <input type="text"/></td> </tr> <tr> <td>c. Fax</td> <td><input type="checkbox"/></td> <td>Yes</td> <td>Fax Number: <input type="text"/></td> </tr> <tr> <td>d. Phone only</td> <td><input type="checkbox"/></td> <td></td> <td>Phone No.: <input type="text"/></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td><input type="checkbox"/></td> <td></td> <td>Site Address: <input type="text"/></td> </tr> </table> <p>Minimum Order Quantity: <input type="text" value="12"/></p> <p>Supplier's Customer Service Number: <input type="text" value="(410) 912-3722"/></p> <p>Contracted 3PL company / contact #:</p> <table border="0"> <tr> <td>Name:</td> <td><input type="text"/></td> </tr> <tr> <td>Phone:</td> <td><input type="text"/></td> </tr> </table>	a. EDI	<input type="checkbox"/>	Yes		b. Autofax	<input type="checkbox"/>	Yes	Fax Number: <input type="text"/>	c. Fax	<input type="checkbox"/>	Yes	Fax Number: <input type="text"/>	d. Phone only	<input type="checkbox"/>		Phone No.: <input type="text"/>	e. Supplier Web Site only	<input type="checkbox"/>		Site Address: <input type="text"/>	Name:	<input type="text"/>	Phone:	<input type="text"/>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
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e. Supplier Web Site only	<input type="checkbox"/>		Site Address: <input type="text"/>																						
Name:	<input type="text"/>																								
Phone:	<input type="text"/>																								
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing																								
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <table border="0"> <tr><td><input type="checkbox"/></td><td>Monday</td></tr> <tr><td><input type="checkbox"/></td><td>Tuesday</td></tr> <tr><td><input type="checkbox"/></td><td>Wednesday</td></tr> <tr><td><input type="checkbox"/></td><td>Thursday</td></tr> <tr><td><input type="checkbox"/></td><td>Friday</td></tr> </table> <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method:</p> <table border="0"> <tr> <td>Phone:</td> <td><input type="text"/></td> <td>Phone #:</td> <td><input type="text"/></td> </tr> <tr> <td>Fax:</td> <td><input type="text"/></td> <td>Fax #:</td> <td><input type="text"/></td> </tr> <tr> <td>EDI:</td> <td><input type="text"/></td> <td></td> <td></td> </tr> </table> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	Phone:	<input type="text"/>	Phone #:	<input type="text"/>	Fax:	<input type="text"/>	Fax #:	<input type="text"/>	EDI:	<input type="text"/>				
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Other Data Information Required to Process PO:																									
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>																									
Miscellaneous Notes:																									
<p><input type="text"/></p>																									