



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Drug Post Launch Change Other Final Version OtherDate:

PRODUCT INFORMATION	
Company Name:	Jubilant Cadista Pharmaceuticals Inc.
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	201506
DUNS:	022490515
Proprietary Name (If Applicable) and Established Name:	Valacyclovir Tablet
Selling Unit NDC:	59746-0324-37
Individual Unit NDC:	
UPC:	3-59746-324-37-7
CVX Code:	
MXV Code:	
Description:	Valacyclovir Tablet 500mg 250ct
Active Ingredient(s):	Valacyclovir
URL for Additional Product Information:	www.cadista.com
Address:	207 Kiley Drive Salisbury Key Contact: Jackie Emershaw Phone Number: (410) 912-3722
Address 2:	State: MD Zip: 21801 Email: Jackie.Emershaw@cadista.com Fax: (215) 443-9646
Product Therapeutic Classification:	

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
reverse numbered?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
co-licensed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the Product... Is the Product...	Direct-Ship Only <input type="checkbox"/>
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:	250ct
Strength:	500mg
Dosage Form:	TAB
Product Shape:	capsule shaped
Product Color:	Blue
Product Imprint:	"C324" "500"

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB <input type="checkbox"/> Authorized Generic <input type="checkbox"/> Other
II. Generic Equivalent to What Brand?:	Valtrex

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is product exempt from DSCSA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is product sold by manufacturer's exclusive distributor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has FDA granted waiver/exception/exemption for product?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
GLN:	8902805000006
If Yes, was original product purchased direct from mfr?	<input type="checkbox"/>
If yes, attach documentation from FDA.	

GTIN PRODUCT INFORMATION			
Serialized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If not, when?			
Items aggregated?	<input type="checkbox"/>		
Level	Saleable Unit	Quantity	GTIN-14
<input checked="" type="checkbox"/> Item		1	00359746324377
<input type="checkbox"/> Box/Case/Bundle/Inner Pack			
<input checked="" type="checkbox"/> Case		12	40359746324375
<input type="checkbox"/> Pallet			

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this product to be shipped to customers on dry ice?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Contact for temperature excursion questions:	
Name:	Customer Support
Number:	(800) 313-4623
Group E-mail:	
c. Special regulations for product in any states?	<input type="checkbox"/> No
Special returns requirements for this product?	<input type="checkbox"/> No
d. Store product (unit of sale) upright?	<input type="checkbox"/> No
Protect product (unit of sale) from light?	<input type="checkbox"/> No
e. Shelf life:	
Initial shelf life at launch (if different):	<input type="text"/> Months

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/Case	(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 checked="" type="checkbox"/> No
<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/Case/Pack
<input type="checkbox"/> Vial Power Multi	<input type="text"/> Case
<input type="checkbox"/> Other: Write In	

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

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/Case/Bundle/Inner Pack:	0.54	3	5.26	3	42.75	1
Case:	8.47	12.75	6.89	9.75	856.513125	12
Pallet:					0	
UPC:						

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$108.51	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:			

*Please provide any additional information on page 2.

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.

See new p. 3 for Designated Drop Ship Only.

Signature:

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#

SDS Hazard Classification

Organic Corrosive

Inorganic Oxidizer

Steroid/Androgen 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

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?

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?

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:

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
Purchase orders may be accepted by: 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"/> Minimum Order Quantity: <input type="text" value="12"/> Supplier's Customer Service Number: <input type="text" value="(410) 912-3722"/> Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/>	Purchase order daily receipt cut off time by supplier Cut off time: <input type="text"/> Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="checkbox"/> Ships for second day receipt: <input type="checkbox"/> Ships regular ground for 3-10 days receipt: <input type="checkbox"/>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="text"/> Drop Ship service fee billed with each order: <input type="text"/> Drop Ship miscellaneous fees billed: <input type="text"/> Comments: <input type="text"/>	Overnight receipt available: <input type="checkbox"/> PO Receipt cut off time: <input type="text"/> Days of week overnight is available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Priority Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Saturday Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="checkbox"/> Other fees apply: <input type="checkbox"/>
Class of Trade Restriction:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Restricted to retail pharmacy only: <input type="checkbox"/> Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> Restricted from US territories? (explain in comments) <input type="checkbox"/> Comments: <input type="text"/>	Return Instructions Contact # if product is received damaged: <input type="text"/> Is product returnable for credit: <input type="checkbox"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> If so, which states? Other requirements? Comments? <input type="text"/>
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: <input type="text"/> Physician Name: <input type="text"/> Physician/Clinic Phone #: <input type="text"/> Physician State License #: <input type="text"/> Physician/Clinic DEA #: <input type="text"/> Physician/Clinic Specialty: <input type="text"/>	
Miscellaneous Notes:	ADDITIONAL INFORMATION
<input type="text"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>