



Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2021

Introduction Type: Post Launch Change

Final Version

Date:

PRODUCT INFORMATION

Company Name: Jubilant Cadista Pharmaceuticals Inc. **Application:** ANDA

Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 04362

Medical Device Class, if applicable:

DUNS: 022490515

Proprietary Name (If Applicable) and Established Name: Prednisone Tablets

Selling Unit NDC: 59746-175-09 **Unit of Use NDC:** **UPC:** 3-59746-175-09-2

UDI **CVX Code:** **MVX Code:**

Description: Prednisone 20mg 500ct Tablets

Active Ingredient(s): Prednisone

URL for Additional Product Information: www.cadista.com/products/full-product-list

Address: 790 Township Line Road **Address 2:** Suite 325

City: Yardley **State:** PA **Zip:** 19067

Key Contact: Customer Service **Email:** customer.service@cadista.com

Phone Number: (800) 313-4623 **Fax:** N/A

Product Therapeutic Classification: Corticosteroid

SPECIAL HANDLING AND STORAGE REQUIREMENTS*

a. Temperature – Indicate the USP temperature range for this product.

Temperature Range:

Other Temperature Range Requirement (write in):

Notes:

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 Service

Number: (800) 313-4623

Group E-mail: customer.service@cadista.com

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: Months

Initial shelf life at launch (if different): Months

ADDITIONAL PRODUCT INFORMATION

The product is a legend device? No

If yes, enter class # a product kit? No

If yes, list NDCs of component parts reverse numbered? No

co-licensed? No

latex-free? Yes

preservative-free? No

correctional institution block? Yes

opioid? No

Cannabinoid? No

If Unit Dose, is item bar coded to unit dose for hospital scanning?

If Unit Dose, indicate NDC here:

Is the Product... Direct-Ship Only

Is the Product... Neither

Orphan Drug Status

FDA Approval Status

Allergens Present

Country of Origin

Is this product covered under the Trade Agreements Act (TAA)? Yes

PRODUCT DESCRIPTION INFORMATION

Size: 500 count

Strength: 20mg

Dosage Form: TABLETS

Product Shape: Round

Product Color: Peach

Product Imprint: TL 175

ORDER INFORMATION

Unit of Sale

<input checked="" type="checkbox"/>	Bottle
<input type="checkbox"/>	Box/Carton
<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 Power Multi
<input type="checkbox"/>	Other: Write In

What is the NDC selling unit? (Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity? Yes

If Yes, how many of which package type?

<input type="text" value="12"/>	Each
<input type="text"/>	Inner/Carton/Pack
<input type="text"/>	Case

FOR GENERIC DRUG PRODUCTS

Authorized Generic *If Authorized Generic, other section fields are not applicable

I. Orange Book Rating:

II. Generic Equivalent to What Brand?:

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? (Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy:

<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

If yes, attach documentation from FDA.

GLN: 0359746000004

GCP: 0359746

If yes, was original product purchased direct from mfr?

Provide source manufacturer for repackaged product:

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.54	2.7	2.7	5.4	39.37	1
Box/Carton/Bundle/Inner Pack:					0.00	
Case:	6.84	11.25	8.5	6	573.75	12
Pallet:					0.00	

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	1		00359746175092	
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	12		40359746175090	
<input type="checkbox"/> Pallet				

COST INFORMATION

Regular Cost

Invoice Cost (WAC) (\$)

As of date:

Vendor #:

Whsl. Code #:

Fineline Code:



Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2021

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?
 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?
 (If yes, attach SDS with special instructions.) No

e. Does the product contain DEHP? No

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

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard? No

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

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard? No

Is the product restricted for air shipment? If so, indicate restriction: No

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

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No
 NFPA Storage Level:

Is the product a NIOSH hazardous drug? No
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics:

REMS or REGISTRY RESTRICTIONS

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

Med Guide Required No
 Limited Distribution Requirement No
 Comments / Details: (For example, iPledge program?)

REMS:

REMS Program Manager Name: Phone:
 Supplier Manages REMS registry exclusively:
 Wholesale distributor support:
 Provider Name: DEA #:
 Site Enrollment Number assigned by Supplier: NCPDP#:
 NPI #:

Comments

Registry:

Registry Program Contact Name: Phone:
 Comments

ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? No Controlled Substance Code

Controlled by State(s)? No Listed Chemical (List I or II) No

ARCOS Reportable? No If yes, indicate which:

Schedule No. Is it a scheduled listed chemical product?: No

CLASS OF TRADE RESTRICTION:

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

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

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:

