



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

Version 2021

Introduction Type: Post Launch Change

Final Version

Date: 6/17/2024

PRODUCT INFORMATION

Company Name: Jubilant Cadista Pharmaceuticals Inc. Application: ANDA
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 201170
 Medical Device Class, if applicable:
 DUNS: 022490515
 Proprietary Name (If Applicable) and Established Name: Losartan Potassium Tablets
 Selling Unit NDC: 59746-334-10 Unit of Use NDC: UPC: 3-59746-334-10-9
 UDI: CVX Code: MVX Code:
 Description: Losartan Potassium 50mg 1000ct Tablet
 Active Ingredient(s): Losartan Potassium
 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: Antihypertensive

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?
 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): 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... Orphan Drug Status
 FDA Approval Status:
 Allergens Present:
 Country of Origin: US
 Is this product covered under the Trade Agreements Act (TAA)? Yes

PRODUCT DESCRIPTION INFORMATION

Size: 1000 count
 Strength: 50mg
 Dosage Form: TABLETS
 Product Shape: Oval, Scored
 Product Color: Green
 Product Imprint: C / 334

ORDER INFORMATION

Unit of Sale: Bottle
 Box/Carton
 Ampule
 Glass
 Tube
 Vial Liquid Sgl
 Vial Liquid Multi
 Vial Powder Sgl
 Vial Power Multi
 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?
 Each
 Inner/Carton/Pack
 Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: Authorized Generic *If Authorized Generic, other section fields are not applicable
 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:
 Each
 Gram
 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		
Box/Carton/Bundle/Inner Pack:	0.41	2.4	2.4	4.75	27.36	1
Case:	7.77	10.25	7.75	8.25	655.36	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		00359746334109	
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	12		40359746334107	
<input type="checkbox"/> Pallet				

COST INFORMATION

Regular Cost:
 Invoice Cost (WAC) (\$):
 As of date:
 Vendor #:
 Whsl. Code #:
 Finline Code:

*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:



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)

- 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)

- 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:

- Passenger No
- Cargo No
- Passenger & Cargo No

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 Yes Controlled Substance Code
- Controlled by State(s)? No Yes Listed Chemical (List I or II) No Yes
- ARCOS Reportable? No Yes If yes, indicate which:
- Schedule No. Is it a scheduled listed chemical product?: No Yes

CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes No
- Restricted to retail pharmacy only:
- Restricted to hospital, clinics, and physician offices only:
- Restricted from US territories? (explain in comments)
- Comments:

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

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

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No Yes Website URL:

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

REMS: REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Yes No Wholesale distributor support: Yes No Provider Name: DEA #: Site Enrollment Number assigned by Supplier: NCPDP#: NPI #:

Comments

Registry: Registry Program Contact Name: Phone: Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: Is product returnable for credit: Yes No URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states? Yes No If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:



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

Version 2021

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"/> b. Autofax <input type="checkbox"/> c. Fax <input type="checkbox"/> d. Phone only <input type="checkbox"/> e. Supplier Web Site only <input type="checkbox"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/> Fax Number: <input type="text"/> Fax Number: <input type="text"/> Phone No.: <input type="text"/> Site Address: <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"/>			
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"/>		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"/>	
Miscellaneous Notes:			
<input type="text"/>		ADDITIONAL INFORMATION	
		Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>	