



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

Version 2021

Introduction Type:

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	Strides Pharma Inc.
Application:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	201087
Medical Device Class, if applicable:	
DUNS:	11-8344-504
Proprietary Name (If Applicable) and Established Name:	Amlodipine, Valsartan, and Hydrochlorothiazide Tablets
Selling Unit NDC:	64380-199-01
Unit of Use NDC:	
UPC:	364380199014
CVX Code:	
MVX Code:	
Description:	Peach to light brown, film coated, oval shaped biconvex tablets, debossed with 'P' on one side of the tablet and '174' on the other
Active Ingredient(s):	Amlodipine Besylate; Hydrochlorothiazide; Valsartan
URL for Additional Product Information:	
Address:	1 Ram Ridge Road
City:	Chestnut Ridge
State:	NY
Zip:	10977
Key Contact:	
Phone Number:	609-773-5008
Product Therapeutic Classification:	anti-anginal; anti-hypertensive; diuretic

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° F)
Other Temperature Range Requirement (write in)	Excursions permitted to 15° to 30°C (59° to 86°F)
Notes	
Is this product to be shipped to customers on ice?	<input type="text" value="No"/>
Is this product to be shipped to customers on dry ice?	<input type="text" value="No"/>
b. Contact for temperature excursion questions:	
Name:	Petronia Anderson
Number:	845.682.3200
Group E-mail:	petronia.anderson@stridesusa.com
c. Special regulations for product in any states?	
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="text" value=""/>
e. Shelf life:	<input type="text" value="36"/> Months
Initial shelf life at launch (if different):	<input type="text" value=""/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?		Is the Product...	Direct-Ship Only
a legend device?	<input type="text" value="No"/>	Is the Product...	Neither
if yes, enter class #		Orphan Drug Status	
a product kit?	<input type="text" value="No"/>	FDA Approval Status	
if yes, list NDCs of component parts		Allergens Present	
reverse numbered?	<input type="text" value="No"/>	Country of Origin	US
co-licensed?	<input type="text" value="No"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="Yes"/>
latex-free?	<input type="text" value="Yes"/>	Size:	30
preservative-free?	<input type="text" value="Yes"/>	Strength:	10mg / 160mg / 12.5mg
correctional institution block?	<input type="text" value="No"/>	Dosage Form:	Tablet
opioid?	<input type="text" value="No"/>	Product Shape:	Oval
Cannabinoid?	<input type="text" value="No"/>	Product Color:	peach to light brown
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text" value=""/>	Product Imprint:	P 174
If Unit Dose, indicate NDC here:			

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 Bottle of 30 tablets
<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="text" value="Yes"/>
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Sgl	<input type="text" value="24"/> Each
<input type="checkbox"/> Vial Powder Multi	<input type="text" value=""/> Inner/Cartron/Pack
<input type="checkbox"/> Other: Write In	<input type="text" value=""/> Case

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?:	Exforge HCT

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

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input type="text" value="Yes"/>
Is product exempt from DSCSA?	<input type="text" value="No"/>
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	<input type="text" value="No"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="No"/>
Has FDA granted waiver/exception/exemption for product?	<input type="text" value="No"/>
If yes, attach documentation from FDA.	
GLN:	0359556421464
GCP:	
If yes, was original product purchased direct from mfr?	<input type="text" value=""/>
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:	0.09	2.05	2.05	3.37	14.162425	1
Box/Cartron/Bundle/Inner Pack:	1.2	6.5	8.5	3.75	207.1875	12
Case:	2.7	13.25	9	4.25	506.8125	24
Pallet:	470	48	40	51.75	99360	3696

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		00364380199014	
<input checked="" type="checkbox"/> Box/Cartron/Bundle/Inner Pack	12		20364380199018	
<input checked="" type="checkbox"/> Case	24		50364380199019	
<input type="checkbox"/> Pallet				

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$271.45	Whsl. Code #:	
As of date:		Fineline Code:	

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:



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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?

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:

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
 Limited Distribution Requirement
 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

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:



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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:	ADDITIONAL INFORMATION
<input type="text"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>