



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

Version 2020

Introduction Type:  New Item

Final Version

Date:

PRODUCT INFORMATION			
Company Name:	Modavar Pharmaceuticals LLC (U.S. Agent for Cadila Pharmaceuticals Limited)		Application: ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	203379		
DUNS:	858949204		
Proprietary Name (if Applicable) and Established Name:	Glyburide Tablets, USP 2.5mg		
Selling Unit NDC:	7224103911	Unit of Use NDC:	UPC: 372241039119
UDI		CVX Code:	MXV Code:
Description:	Glyburide Tablets, USP 2.5mg 1000s		
Active Ingredient(s):	Glyburide 2.5mg		
URL for Additional Product Information:	<a href="http://www.modavar.com">www.modavar.com</a>		
Address:	1016 16th St., NW, Suite 602	Address 2:	
City:	Washington	State:	DC
Key Contact:	Lewis "Lew" Soars	Zip:	20036
Phone Number:	(202) 868-2391	Email:	<a href="mailto:Lewis@Modavar.com">Lewis@Modavar.com</a>
Product Therapeutic Classification:	ANTIDIABETIC	Fax:	(202)355-9784

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
<b>a. Temperature – Indicate the USP temperature range for this product.</b>	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77° F)
Other Temperature Range Requirement (write in)	
Notes	
Is this product to be shipped to customers on ice?	<input type="checkbox"/> No
Is this product to be shipped to customers on dry ice?	<input type="checkbox"/> No
<b>b. Contact for temperature excursion questions:</b>	
Name:	Customer Service
Number:	800-688-4697
Group E-mail:	<a href="mailto:ModavarCS@Modavar.com">ModavarCS@Modavar.com</a>
<b>c. Special regulations for product in any states?</b>	
Special returns requirements for this product?	<input type="checkbox"/> No
<b>d. Store product (unit of sale) upright?</b>	
Protect product (unit of sale) from light?	<input type="checkbox"/> No
<b>e. Shelf life:</b>	
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is? a legend device?	<input type="checkbox"/> No	Is the Product... Direct And Drop-Ship	<input type="checkbox"/> Neither
if yes, enter class # a product kit?	<input type="text"/>	Orphan Drug Status	<input type="text"/>
if yes, list NDCs of component parts	<input type="text"/>	FDA Approval Status	<input type="text"/>
reverse numbered?	<input type="checkbox"/> No	Allergens Present	See Package Insert - patient specific
co-licensed?	<input type="checkbox"/> No	Country of Origin	India
latex-free?	<input type="checkbox"/> Yes	Is this product covered under the Trade Agreements Act (TAA)?	<input type="checkbox"/> No
preservative-free?	<input type="checkbox"/> Yes		
correctional institution block?	<input type="checkbox"/> No		
opioid?	<input type="checkbox"/> No		
Cannabinoid?	<input type="checkbox"/> No		
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>		
If Unit Dose, indicate NDC here:	<input type="text"/>		
		Size:	1000 ct bottle
		Strength:	2.5mg
		Dosage Form:	Tablet
		Product Shape:	Round, biconvex
		Product Color:	peach to light-peach
		Product Imprint:	C12' on one side; horizontal bisect on other

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 bottle of 1000 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="checkbox"/> 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="6"/> Each
<input type="checkbox"/> Vial Power Multi	<input type="text" value="x"/> Inner/Carton/Pack
<input type="checkbox"/> Other: Write In	<input type="text"/>

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB1
II. Generic Equivalent to What Brand?:	Micronase®
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

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

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION		
Does supplier meet DSCSA definition of manufacturer?	<input type="checkbox"/> Yes	GLN: 372241000003
Is product exempt from DSCSA?	<input type="checkbox"/> No	
If yes, select exemption: Other exemption - Write in:	<input type="text"/>	
Is product repackaged?	<input type="checkbox"/> No	If Yes, was original product purchased direct from mfr?
Is product sold by manufacturer's exclusive distributor?	<input type="checkbox"/> No	If yes, attach documentation from FDA.
Has FDA granted waiver/exception/exemption for product?	<input type="checkbox"/> No	

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Width	Height		
Item/Each:	0.383604336	2.637795276	2.637795	4.7637795	33.146202	1
Box/Carton/Bundle/Inner Pack:	3.25	8.27	5.51	5.91	269.30511	6
Case:	13.01	17.322	11.81	6.7	1370.6379	24
Pallet:	566.24	47.24	39.37	47.24	87858.785	1008

GTIN AND HIBCC PRODUCT INFORMATION				
Saleable Unit of Measure	Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	1		00372241039119	NOS
<input checked="" type="checkbox"/> Box/Carton/Bundle/Inner Pack	6		20372241039113	
<input checked="" type="checkbox"/> Case	24		40372241039117	
<input checked="" type="checkbox"/> Pallet	1008		50372241039114	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$45.26	Whsl. Code #:	
As of date:	2/24/2022	Fineline 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:

*Lew Soars*

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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION													
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <span style="float: right;">No</span></p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant?            Is the product a CA Prop 65 carcinogen? <span style="float: right;">No</span>            Is the product a CA Prop 65 reproductive toxicant? <span style="float: right;">No</span>            Does the product label bear a CA Prop 65 warning? <span style="float: right;">No</span></p> <p>c. Contact Hazard? <span style="float: right;">No</span></p> <p>d. Does this product require special clean-up instructions?            (If yes, attach SDS with special instructions.) <span style="float: right;">No</span></p> <p>e. Does the product contain DEHP? <span style="float: right;">No</span></p> <p>Is this product regulated for shipment by DOT?            (if yes, answer a-e below and provide SDS) <span style="float: right;">No</span></p> <p>a. UN/Identification Number <input style="width: 100%;" type="text"/></p> <p>b. Proper Shipping Name <input style="width: 100%;" type="text"/></p> <p>c. DOT Hazard Class <input style="width: 100%;" type="text"/></p> <p>d. Packing Group <input style="width: 100%;" type="text"/></p> <p>e. Inhalation Hazard? <span style="float: right;">No</span></p> <p>Is this product regulated for shipment by IATA?            (if yes, answer a-e below and provide SDS) <span style="float: right;">No</span></p> <p>a. UN/Identification Number <input style="width: 100%;" type="text"/></p> <p>b. Proper Shipping Name <input style="width: 100%;" type="text"/></p> <p>c. DOT Hazard Class <input style="width: 100%;" type="text"/></p> <p>d. Packing Group <input style="width: 100%;" type="text"/></p> <p>e. Inhalation Hazard? <span style="float: right;">No</span></p> <p>Is the product restricted for air shipment? If so, indicate restriction:  <input type="checkbox"/> Passenger  <input type="checkbox"/> Cargo  <input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <span style="float: right;">No</span>            RQ Threshold: <input style="width: 50%;" type="text"/></p> <p>Is this a marine pollutant? <span style="float: right;">No</span></p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit?            No (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity  <input type="checkbox"/> Consumer Commodity, ORM-D  <input type="checkbox"/> Small Quantity (49 CFR 173.4)  <input type="checkbox"/> Special Permit; DOT-SP  <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);            SP# <input style="width: 50%;" type="text"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">SDS Hazard Classification</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Organic</td> <td style="border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 5px;"> <input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 5px;">           Is the product a NIOSH hazardous drug? <span style="float: right;">No</span>            If yes, indicate which: <input style="width: 100%;" type="text"/> </td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">Hazardous Waste Identification</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; padding: 2px;">EPA Hazardous Waste Code: <input style="width: 60%;" type="text"/></td> <td style="border: none; padding: 2px;">Waste Characteristics <input style="width: 35%;" type="text"/></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>Is there a REMS on this product? <span style="float: right;">No</span></p> <p>If Yes, is it managed with a pharmacy registry? <input style="width: 100%;" type="text"/></p> <p>Website URL: <input style="width: 100%;" type="text"/></p> <p>Med Guide Required <span style="float: right;">No</span></p> <p>Limited Distribution Requirement <span style="float: right;">No</span></p> <p>Comments / Details: (For example, iPledge program?) <input style="width: 100%;" type="text"/></p> <p><b>REMS:</b> <span style="float: right;">No</span></p> <p>REMS Program Manager Name: <input style="width: 60%;" type="text"/> Phone: <input style="width: 20%;" type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input style="width: 100%;" type="text"/></p> <p>Wholesale distributor support: <input style="width: 100%;" type="text"/></p> <p>Provider Name: <input style="width: 60%;" type="text"/> DEA #: <input style="width: 20%;" type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input style="width: 60%;" type="text"/> PCPDP#: <input style="width: 20%;" type="text"/></p> <p>NPI #: <input style="width: 20%;" type="text"/></p> <p>Comments <input style="width: 100%;" type="text"/></p> <p><b>Registry:</b> <span style="float: right;">No</span></p> <p>Registry Program Contact Name: <input style="width: 60%;" type="text"/> Phone: <input style="width: 20%;" type="text"/></p> <p>Comments <input style="width: 100%;" type="text"/></p> </div>	<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	<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 100%;" type="text"/>		Is the product a NIOSH hazardous drug? <span style="float: right;">No</span> If yes, indicate which: <input style="width: 100%;" type="text"/>		EPA Hazardous Waste Code: <input style="width: 60%;" type="text"/>	Waste Characteristics <input style="width: 35%;" type="text"/>
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EPA Hazardous Waste Code: <input style="width: 60%;" type="text"/>	Waste Characteristics <input style="width: 35%;" type="text"/>												
ADD'L STORAGE INFORMATION													
<p>Is the Product...</p> <p>Controlled Substance? <span style="float: right;">No</span> Controlled Substance Code <input style="width: 100%;" type="text"/></p> <p>Controlled by State(s)? <span style="float: right;">No</span> Listed Chemical (List I or II) <span style="float: right;">No</span></p> <p>ARCOS Reportable? <span style="float: right;">No</span> If yes, indicate which: <input style="width: 100%;" type="text"/></p> <p>Schedule No. <input style="width: 100%;" type="text"/> Is it a scheduled listed chemical product?: <span style="float: right;">No</span></p>													
CLASS OF TRADE RESTRICTION:													
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <span style="float: right;">Yes</span></p> <p>Restricted to retail pharmacy only: <span style="float: right;">No</span></p> <p>Restricted to hospital, clinics, and physician offices only: <span style="float: right;">No</span></p> <p>Restricted from US territories? (explain in comments) <span style="float: right;">No</span></p> <p>Comments: <input style="width: 100%;" type="text"/></p>													
RETURN INSTRUCTIONS													
<p>Contact tel. # if product received damaged: <input style="width: 100%;" type="text" value="800-688-4697"/></p> <p>Is product returnable for credit: <span style="float: right;">Yes</span></p> <p>URL/Link to returns policy: <input style="width: 100%;" type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <span style="float: right;">No</span></p> <p>If so, which states? Other requirements? Comments? <input style="width: 100%;" type="text"/></p>													
MISCELLANEOUS NOTES and/or Image of Product Barcode:													
<input style="width: 100%; height: 100%;" type="text"/>													



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

Version 2020

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 #: <input type="text"/> 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"/>	<b>Purchase order daily receipt cut off time by supplier</b> 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="checkbox"/> Drop Ship service fee billed with each order: <input type="checkbox"/> Drop Ship miscellaneous fees billed: <input type="checkbox"/> Comments: <input type="text"/>	<b>Overnight receipt available:</b> <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 <b>Priority Overnight receipt available:</b> <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> <b>Saturday Overnight receipt available:</b> <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: <input type="checkbox"/> Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="checkbox"/> 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"/>