

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

Version 2020					Introduction Type:			Final Version			Date:	6/26/	/2020	
			PRODUCT INFORMATIO	N				SPECIAL HAN	IDLING AND STOR	AGE REQUI	REMENTS*			
Company Name: Amneal Specialty, a Division of Amneal Pharmaceuticals, LLC Application: NDA								a. Temperature – Indicate the USP temperature range for this product.						
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 17-078 Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F)														
DUNS:	827748190						Other Te	mperature Range	Requirement					
Proprietary Name (If Applicable)		ame: Dexed	(wr	ite in)										
Selling Unit NDC:	64896-674-10		Unit of Use NDC:			9667410-4	Notes							
UDI			CVX Code:		MVX Code:									
Description: Each capsule, with brown cap and natural body, contains dextroamphetamine sulfate. The 10-mg capsule is imprinted in white with IX and 10 mg on Is this product to be shipped to customers on ice? No														
Active Ingredient(s):       dextroamphetamine sulfate       Is this product to be shipped to customers on dry ice?       No														
URL for Additional Product Information: b. Contact for temperature excursion questions: Name: Name:														
Address: 400 Crossing Blvd. Third Floor Address 2:							Number: 877-835-5472 option 1							
City:	Bridgewater	Group E-mail:												
Key Contact:														
Phone Number:	866-525-7270	Cerebral Stimulan		Fax:	866-525-7271	-525-7271 c. Special regulations for product in any states? Special returns requirements for this product?					No			
Product Therapeutic Classification	on:	Cerebral Stimulan	ITS				Special r	returns requiremen	ts for this product?			No		
	ADDITIONAL PRODUCT INFORMATION PRODUCT DESCRIPTION INFORMATION d. Store product (unit of sale) upright? No													
The product is?				Direct-Ship Only				product (unit of s	ale) from light?			Yes		
a legend device?		No	Is the Product	only	Size:	90	e. Shelf life:	- Sease (unit of S	,			36	Months	
if yes, enter class #			Orphan Drug Status		Size:		Initial sh	helf life at launch (	(if different):				Months	
a product kit?		No			Strength:	10 mg								
if yes, list NDCs of component parts			FDA Approval Status		-	Capsules				IATION				
reverse numbered?		No			Dosage Form:	Capsules	Unit of S	Sale		What is the	NDC selling	unit?		
co-licensed?		No	Allergens Present					Bottle		1 bottle of 90				
latex-free?					Product Shape:	capsule shaped		Box/Carton		(Write-in, e.	g. 1 Box of 1	0 Vials)		
preservative-free?					i roudot onapoi			Ampule						
correctional institution block? opioid?		No			Product Color:	brown cap and natural body		Glass Tube		Minimum o	der quantity	7	Yes	
Cannabinoid?		No No	Country of Origin	USA		imprinted in white with IX		Vial Liquid Sgl						
If Unit Dose, is item bar coded to	unit dose for				Product Imprint:	and 10 mg on the brown		Vial Liquid Multi		If Yes, how	many of wh	ch package	type?	
hospital scanning?			Is this product covered und			cap and is imprinted in white with 674 and 10 mg		Vial Powder Sql		24	Each			
If Unit Dose, indicate NDC here:			Trade Agreements Act (TAA	A)? <u>No</u>		on the natural body		Vial Power Multi Other: Write In			Inner/Cartor Case	/Pack		
			FOR GENERIC DRUG PROD					Other. White in		1	Case			
			TOR GENERIC DRUGTROD	0013			-							
Authorized Generic "If Authorized Generic, other								PHARMACY ORDER / BILL UNIT						
I. Orange Book Rating:					sectio	n fields are not applicable	Rec. sell unit to custon	ner?		Rx billing u	nit to pharm	acy:		
II. Generic Equivalent to What Bra	and?:										Each			
							(Write-in, e.g. 1 Vial)				Gram			
		DRUG SUPPL	LY CHAIN SECURITY ACT (DS	CSA) INFORMATION			-				Milliliter			
Does supplier meet DSCSA defin		rer?	Yes	GLN:				ITEN	I AND PACKING I	NFORMATION	N			
Is product exempt from DSCSA?			No						<b>_</b>					
If yes, select exemption: Other exemption - Write in:								Weight Lbs.	Dimensi Depth	ons (US msn Width	nts.) Height	Volume (Cube)	# Pieces:	
Is product repackaged?			No	If Yes, was origin	nal product purchased		Item/Each:	10.01			-	(Gabe)		
Is product sold by manufacturer	s exclusive distribu	itor?	No	direct from mfr?				49.04 gm	2.875"	1.75"	4.0625"		1	
Has FDA granted waiver/exception			No	If yes, attach doo	cumentation from FDA.		Box/Carton/Bundle/							
		CT!	IN AND HIBCC PRODUCT INFO				Inner Pack:							
		GII	IN AND HIBGE PRODUCT INFO	DRMATION			Case:	3.25 lbs	11.875"	10.8125"	4.875"		24	
Saleable Unit of Measure		Quantity	HIBCC	GTIN-	14	Unit of Use GTIN-14	Pallet:	508 lbs	47 5"	33.5"	63.5"		144	
X Item/Each		1		00364	896674104			300 005	47.5	33.5	03.5		144	
	Box/Cartor/Bundle/Inner Pack													
X         Case         24         50364896674109           Pallet						COST INFORMATION WHOLESALER USE ONLY:								
							Regular Cost			Vendor #:				
							Invoice Cost (WAC) (\$)		\$2,109.72	Whsl. Code				
										Fineline Co	de:			
	_						As of date:			-				
			Attach copy of SAFETY DATA		Ind latter BACKAGE INC					1				
*Please provide any additional in	formation on page	2	Allacit copy of SAFETT DATA	UTION NAZA		gnated Drop Ship Only.	Signatur							
					- 30 p. 0 101 Desi	grand a stop strip only.	orgitatui			L				

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

Version 2020 For Des	ignated Drop Ship Only Products, Please Use Page 3
MATERIA	L HAZARD CLASSIFICATION and TRANSPORTATION
Is this product (check all that apply): a. Cytotoxic? N b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? N Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? N	D Organic Corrosive Oxidizer
c. Contact Hazard? N d. Does this product require special clean-up instructions? N (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? N Is this product regulated for shipment by DOT? N (if yes, answer a-e below and provide SDS)	b     Is the product a NIOSH hazardous drug?     No       b     If yes, indicate which:
a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	
Is this product regulated for shipment by IATA? N (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group	REMS or REGISTRY RESTRICTIONS       Is there a REMS on this product?     No       If Yes, is it managed with a pharmacy registry?     Website URL:
e. Inhalation Hazard? N Is the product restricted for air shipment? If so, indicate restriction: Passenger Cargo Passenger & Cargo	D     Med Guide Required       Limited Distribution Requirement
Is this a reportable quantity? No RQ Threshold:	REMS:     No       REMS Program Manager Name:     Phone:       Supplier Manages REMS registry exclusively:     Phone:       Wholesale distributor support:     Provider Name:       Provider Name:     DEA #:       Site Enrollment Number assigned     PCPDP#:       by Supplier:     NPI #:
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP# ADD'L STORAGE INFORMATION	Registry:     No       Registry Program Contact Name:     Phone:       Comments
Is the Product Controlled Substance? Yes Controlled Substance Code I100 Controlled by State(s)? No ARCOS Reportable? Yes If yes, indicate which: Schedule No. 2 Is it a scheduled listed chemical product?: N CLASS OF TRADE RESTRICTION:	Contact tel. # if product received damaged: 866-525-7270  Is product returnable for credit: URL/Link to returns policy:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices       N         Restricted to retail pharmacy only:       N         Restricted to hospital, clinics, and physician offices only:       N         Restricted from US territories? (explain in comments)       N         Comments:       N	D     Special regulations or returns requirements for this       p     product in certain states?
MISCEL	ANEOUS NOTES and/or Image of Product Barcode:



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

Version 2020 FOR DESIGNATED DROP SHIP PRODUCT ON	ILY - 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         b. Autofax         c. Fax         d. Phone only         e. Supplier Web Site only         Supplier's Customer Service Number:         Contracted 3PL company / contact #:         Name:         Phone:	Purchase order daily receipt cut off time by supplier         Cut off time:         Shipping lead time of PO:         Hours       Days         Ships same day for next day receipt:         Ships for second day receipt:         Ships regular ground for 3-10 days receipt:
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:         Drop Ship service fee billed with each order:         Drop Ship miscellaneous fees billed:         Comments:	Overnight receipt available:
	Priority Overnight receipt available:
Class of Trade Restriction:	PO Receipt Cut off time:
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:	Saturday Overnight receipt available:       PO Receipt Cut off time:         Order receipt method:       Phone:         Fax:       Fax #:         EDI:       Overnight Fees apply:         Other fees apply:       Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date:	Contact # if product is 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:	
	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure?
	Is product order for restocking purposes?