

Standard Pharmaceutical Product Information (Rx Product Only)

					Introductio	n Type:	New Item		Final Version			Date:	12-0	9-22
			PRODUCT INFORMATION						SPECIAL HANDL	ING AND ST	ORAGE REQ	UIREMENTS	*	
Company Name: CREEKWOOD PHARMACEUTICALS LLC Application: Application:							a. Temperature – Indicate the USP temperature range for this product.							
Application Number for ND	A/ANDA/BLA (drug);	:	DESI				Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F							
DUNS:	118572848							Other Temperature Range Requirement						
Proprietary Name (If Applicable) and Established Name: ESTERIFIED ESTROGENS AND METHYLTESTOSTERONE TABLETS								rite in)	•					
Selling Unit NDC:							11							
UDI NA			CVX Code: MVX Code: NA					Is this product to be shipped to customers on ice? No						
Description: ESTERIFIED ESTROGENS AND METHYLTESTOSTERONE TABLETS HALF STRENGTH							Is this product to be shipped to customers on dry ice? No							
Active Ingredient(s): ESTROGENS ESTERIFIED 0.625MG ; METHYLTESTOSTERONE 1.25 MG								b. Contact for temperature excursion questions:						
IDI (Address I Destruction of the Control of the								Name:	Sujit Sakpal					
URL for Additional Product Information: https://dailymed.nlm.nih. Address: 1130, US 46 W, SUITE 21			gov/dailymed/drugInfo.cfm?setid=710ec569-b90a-4f30-b66a-7bb6154c584f Address 2:					Number Group E	551-303-9330 sujit@creekwoodpharma.com					
City:	PARSIPPANY		NI			- Group E	man.		3ujit @ Creek	woodpriarria	COIII			
Key Contact: PAUL THOMAS				PAUL@CREEK	PAUL@CREEKWOODPHARMA.COM		c. Special regulations	for product in any s	states?			No		
Phone Number:			Fax:					Special returns requirements for this pro-			luct? No			
Product Therapeutic Classification: HORMONE							<u> </u>							
ADDITIONAL PRODUCT INFORMATION PRODUCT DESCRIPTION INFORMATION							d. Store product (unit of sale) upright? Protect product (unit of sale) from light? No Yes							
			PRODUCT DESCRIPTION INFORMATION				IMATION	1 I	product (unit or sale	e) from light?				
Is the Product a legend device? No								e. Shelf life:	helf life at launch (if	J:66====4\.			24	Months Months
reverse numbered?			Size:	15 MM			Illitial Si	nen me at launtin (ii	umerenty.			24	WOITIIS	
co-licensed?					0.625MG + 1.25 MG		ORDER INFORMATION							
Is the Product Drop-Ship Only			Strength:	0.625M	IG + 1.25 MG									
Is the Product		Unit of Use		Dosage Form	: TABLE	TS		Unit of S				NDC selling	unit?	
								x	Bottle Box/Carton		1 bottle of 1	00 Tablets g. 1 Box of 1	0 \ / (= =)	
If Unit Dose, is item bar code	ed to unit dose for hosp	pital scanning?		Day days Observed	0)/41.6	DIADED DIOON	IVEY TABLETO		Ampule		(vviite-iii, e	g. 1 B0x 01 1	U VIAIS)	
If Unit Dose NDC, indicate N	IDC here:		Product Shape: OVAL SHAPED BICONVEX TABLETS				NVEX TABLETS	Glass Minimum order quantity? Yes						
Country of Origin Product Color: DARK GRE						GREEN			Tube Vial Liquid Sgl					
Is this product covered under the Trade Agreements Act (TAA)?				Product Imprint: 829			Vial Liquid Multi If Yes, how many of which package type?							
								Vial Powder Sql 12 Each Vial Power Multi Inner/Carton/Pack						
									Other: Write In		1	Case	/rack	
									DUAD	NA OV ODDI	-D / DII	-		
Authorized Generic *If Authorized Generic, other section fields are not applicable						PHARMACY ORDER / BILL UNIT								
I. Orange Book Rating: II. Generic Equivalent to What Brand?: COVARYX, EEMT			ileius are not applicable					Rec. sell unit to customer? 1 bottle of 100 Tablets			Rx billing unit to pharmacy:			
II. Generic Equivalent to wha	at Brand?:	COVARTA, EEIVIT						(Write-in, e.g. 1 Vial)	UU Tablets		X	Each Gram		
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION								(vviite iii, e.g. i viai)				Milliliter		
										ND DAGGE				
Does supplier meet DSCSA Is product exempt from DSC			Yes No	GLN: 850045940003				ITEM AND PACKING INFORMATION						
If yes, select exemption:									Woight I be	Dime	nsions (US n	nsmts.)	Volume	# Diocasa
Other exemption - Write in:	:								Weight Lbs.	Depth	Height	Width	(Cube)	# Pieces:
Is product repackaged?	deleader d'ata		No No	If Yes, was origin from mfr?	nal product purcha	ased direct		Item:	0.167	1.75	1.75	3.25	9.953125	1
Is product sold by manufact Has FDA granted waiver/exc			No	If yes, attach doc	umentation from	FDA.		Box/Carton/Bundle/					0	
								Inner Pack:					U	
			GTIN PRODUCT INFORMATION Saleab					Case:	2	7.25	7.33	3.375	179.355938	12
		_	Level Unit			Quantity	GTIN-14	Pallet:	354	48	40	35	67200	177
Serialized?	Yes	х	Item	2D	Linear	1	00382619103014	una		70	40	- 55	07200	
If not, when?			Box/Carton/Bundle/Inner Pack Case X	2D 2D	Linear	12		UPC:	Case: Carton:					
items aggregateu?	tems aggregated?						-							
i	X Pales X 20 Linear 177							COST INFORMATION WHOLESALER USE ONLY:						
	2D Linear													
				Linear			Regular Cost			Vendor #:				
				2D		Linear								
				2D	Linear			Invoice Cost (WAC) (\$			Whsl. Code			
					Linear			Federal Excise Tax Pe			Whsl. Code Fineline Co			
					Linear									
			Attach copy of SAFETY DATA SHE	2D		GE INSERT, LA	BEL AND PHOTO OF PRO	Federal Excise Tax Pe As of date:	r Unit of Sale					