

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

Version 2021						Introduction Type:	New Item		x Final Version			Date:	08/14	4/2024		
			PRODUCT INFORMAT	TION					SPECIAL HAND	LING AND STO	RAGE REQUI	REMENTS*				
Company Name:										a. Temperature – Indicate the USP temperature range for this product.						
Application Number for NDA/AN				20	5101	Арриоцион.	AUGA		emperature Range	Controlled Room	n – between 2) and 25 C (6	38° – 77° F)			
Medical Device Class, if applica		co i o(ii)(iiiou uo i	· · · · · · · · · · · · · · · · · · ·										,			
DUNS:	118582565				1			را ا	Other Temperature Range I	Requirement						
Proprietary Name (If Applicable)		lame: Gabar	pentin Tablets, USP 800 mg	- 100s					(write in)	requirement						
Selling Unit NDC:	82619-146-01	Januar Gabar	Unit of Use NDC:	1000	82619-146-01	UPC: N38	2619146011	l N	Notes							
UDI	NA		CVX Code:		1	MVX Code: NA										
Description:	M/hita to off white	Madified Canaula C	Shape, biconvex film coated	tablet debeses	d CC an ana a	ide and 170 an ather side	with bigget line on both		s this product to be shipped	d to customore o	n ioo?		No	1		
Description:	sides.	e, iviodilied Capsule S	mape, biconvex mm coated	tablet debosse	a SG on one si	ide and 176 on other side	with disect line on both		s this product to be shipped s this product to be shipped				No	-		
Active Ingredient(s):	Sides.	Gabapentin							s this product to be shipped	a to customers of	if dry ice:		140	1		
Active ingredient(s).		Оарарспап						b. Contact for te	emperature excursion qu	estions:						
URL for Additional Product Infor	mation:								lame:		SUJIT SAK	PAL				
Address:	1130 US 46 W					Address 2: Suite	21		lumber:		551-303-93					
City:	Parsippany				State:	NJ Zip	: 07054		Group E-mail:		sujit@cre	ekwoodpha	arma.com			
Key Contact:	Paul Thomas				Email:	paul@creekwoodp			•			•				
Phone Number:	1-732-344-022				Fax:			c. Special regula	ations for product in any	states?			No	1		
Product Therapeutic Classification	on:	Anticonvulsant						s	Special returns requirement	s for this product	t?		No			
-					-											
	ADDITI	ONAL PRODUCT IN	FORMATION			PRODUCT DESC	RIPTION INFORMATION	d. Store produc	t (unit of sale) upright?				No	1		
The product is?			Is the Product	Direct-Ship	Only			Р	Protect product (unit of sa	ale) from light?			No	í		
a legend device?		No	Is the Product	Unit of Use	Uy		19 mm	e. Shelf life:	rotoot product (driit or st	iic) ii oiii iigiit .			24	Months		
if yes, enter class #		110	Orphan Drug Status			Size:			nitial shelf life at launch (if different):				Months		
a product kit?		No	o.p.ia.i D. ag otatao				800 mg	-	milai onon mo at laanon (1		
if yes, list NDCs of			FDA Approval Status			Strength:				ORDER INFOR	MATION					
component parts			• •			Dosage Form:	Tablets									
reverse numbered?		No				Dosage Form:		u	Jnit of Sale		What is the	NDC selling	g unit?			
co-licensed?		No	Allergens Present						x Bottle		1 Bottle of 1	00 Capsules	3			
latex-free?		Yes				Product Shape:	CAPSULE		Box/Carton		(Write-in, e	.g. 1 Box of 1	10 Vials)			
preservative-free?		Yes				i roduct onape.			Ampule							
correctional institution block?	•	No				Product Color:	white (white to off white)		Glass		Minimum o	rder quantity	y?	Yes		
opioid?		No				Froduct Color.			Tube							
Cannabinoid?		No	Country of Origin	INDIA		Product Imprint:	SG;178		Vial Liquid Sgl							
If Unit Dose, is item bar coded to	unit dose for					i roudot imprima			Vial Liquid Multi		If Yes, how		ich package	type?		
hospital scanning?		No	Is this product covered in						Vial Powder Sql		x	Each				
If Unit Dose, indicate NDC here:			Trade Agreements Act (TAA)?	No				Vial Power Multi			Inner/Cartor	n/Pack			
									Other: Write In		3	Case				
			FOR GENERIC DRUG PR	DDUCTS												
					Au		uthorized Generic, other		PH/	ARMACY ORDER	R / BILL UNIT					
I. Orange Book Rating:						sect	ion fields are not applicable	Rec. sell unit to	customer?		Rx billing u	nit to pharm	пасу:			
II. Generic Equivalent to What Br	rand?:	Neurontin (gabape	ntin) Tablets						1 Bottle		Х	Each		ļ		
								(Write-in, e.g. 1	Vial)			Gram				
		DRUG SUPPL	Y CHAIN SECURITY ACT (DSCSA) INFOR	RMATION							Milliliter		ļ		
		•	Vaa	_		05004504000			ITEM	AND PACKING	NEODMATIO	N				
Does supplier meet DSCSA defin		urer?	Yes		GLN:	850045940003			IIEM	AND PACKING	INFORMATIO	N				
Is product exempt from DSCSA?														Ų		
If yes, select exemption:					GCP:	850045940			Weight Lbs.		sions (US msr		Volume	Saleable #		
Other exemption - Write in:										Depth	Width	Height	(Cube)	Pieces		
Is product repackaged?			No	_		riginal product		Item/Each:	0.308	NA	4.44	2.30	#VALUE!	100 tabs		
Is product sold by manufacturer			No No	_		irect from mfr?								per bottle		
Has FDA granted waiver/exception		product?	No		Provide sour	ce manufacturer for rep	packaged product	Box/Carton/Bun	ndle/							
If yes, attach documentation fro	om FDA.							Inner Pack:						0.11		
		CTIN	N AND HIBCC PRODUCT IN	IEODMATION				Case:	8	14.50	4.50	9.20	600.3	24 bottles per case		
		GIII	AND RIBCC PRODUCT II	NFORMATION				Dollet								
Saleable Unit of Measure	ć	Saleable Quantity	HIBCC		CTI	N-14	Unit of Use GTIN-14	Pallet:		48.00	54.00	40.00	103680	77 Cases per pallet		
x Item/Each	`		ПІВСС				382619146011							per paner		
Box/Carton/Bundle/Inner Pack								COST INFORMATION WHOLESALER USE ONLY:								
x Case		24			203	82619146015			OCCI INI CIMILATICI			WHOLLOAL	ER OOL ONE			
		2			203	02010140010		Regular Cost			Vendor #:					
	_							Invoice Cost (W	(AC) (\$)		Whsl. Code	#-				
x Pallet					-			5.55 5551 (**	···-, (* /							
X Pallet											Fineline Co	de:				
X Pallet	_							As of date:			Fineline Co	de:				
X Paliet								As of date:			Fineline Co	de:				
X Pallet								As of date:			Fineline Co	de:				
X Pauet			Attach copy of SAFETY DAT	A SHEET (SD:	S) or non hazar	rd letter, PACKAGE INSE	RT, LABEL AND PHOTO OF		GING and BARCODE.		Fineline Co	de:				



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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): SDS Hazard Classification a. Cytotoxic? No b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? No Organic Corrosive Is the product a CA Prop 65 reproductive toxicant? No Inorganic Oxidizer Does the product label bear a CA Prop 65 warning? No Steroid/Androgen Contact Hazard Does the product have an Aerosol class? If yes, c. Contact Hazard? No d. Does this product require special clean-up instructions? No identify NFPA Storage Level: (If yes, attach SDS with special instructions.) NFPA Storage Level: e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No Is the product a NIOSH hazardous drug? Nο (if yes, answer a-e below and provide SDS) If ves. indicate which: a. UN/Identification Number b. Proper Shipping Name Hazardous Waste Identification c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? No EPA Hazardous Waste Code: Waste Characteristics Is this product regulated for shipment by IATA? No REMS or REGISTRY RESTRICTIONS (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name Is there a REMS on this product? Nο c. DOT Hazard Class If Yes, is it managed with a pharmacy registry? d. Packing Group Website URL: e. Inhalation Hazard? No Is the product restricted for air shipment? If so, indicate restriction: No Med Guide Required No Passenger Limited Distribution Requirement No Comments / Details: (For example, iPledge program?) Cargo Passenger & Cargo Is this a reportable quantity? REMS: No RQ Threshold: REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Is this a marine pollutant? Is this product shipped utilizing an authorized DOT exception or Special Permit? Wholesale distributor support: No (if yes, identify method below) DEA #: Provider Name: NCPDP# Limited Quantity Site Enrollment Number assigned Consumer Commodity, ORM-D NPI #: by Supplier: Small Quantity (49 CFR 173.4) Special Permit; DOT-SP IT IS NOT A REMS PRODUCT Comments Special Provision (listed in Column 7 of 49 CFR 172.101); Registry: Phone: Registry Program Contact Name: ADD'L STORAGE INFORMATION IT IS NOT A REMS PRODUCT Comments Is the Product... RETURN INSTRUCTIONS 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: Contact tel. # if product received damaged: Schedule No. Is it a scheduled listed chemical product?: No Is product returnable for credit: CLASS OF TRADE RESTRICTION: URL/Link to returns policy: https://creekwoodpharma.com/wp-content/uploads/2023/07/Return-Goods-Policy.pdf No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes Restricted to retail pharmacy only: Special regulations or returns requirements for this product in certain states? Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) If so, which states? Other requirements? Comments? Comments: MISCELLANEOUS NOTES and/or Image of Product Barcode:

Release DATE: 02/13/2024



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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:		Purchase order daily receipt cut off time by supplier						
a. EDI	Yes	Cut off time:						
b. Autofax	Fax Number:							
c. Fax	Fax Number:	Shipping lead time of PO: Hours Days						
d. Phone only	Phone No.:							
e. Supplier Web Site only	Site Address:	Ships same day for next day receipt:						
Minimum Order Quantity:	Units	Ships for second day receipt:						
Supplier's Customer Service Number:		Ships regular ground for 3-10 days receipt:						
Contracted 3PL company / contact #:	Name: Direct customer solutions (R & S)							
	Phone: 1-800-655-7556							
Expedited Freight Ch	arges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing						
Expedited freight fees billed with each order	er:	Overnight receipt available:						
Drop Ship service fee billed with each orde	er:	PO Receipt cut off time:						
Drop Ship miscellaneous fees billed:		Days of week overnight is available:						
Comments:		Tuesday						
		Wednesday						
		Thursday						
		Friday						
		Priority Overnight receipt available:						
Cli	ass of Trade Restriction:	PO Receipt Cut off time:						
	pharmacy, hospitals, clinics and physician offices	Saturday Overnight receipt available:						
Restricted to retail pharmacy only:	orial macy, nospitals, clinics and physician offices	PO Receipt Cut off time:						
Restricted to hospital, clinics, and physicia	on offices only:	Phone:						
Restricted from US territories? (explain in		Order receipt method: Fax: Fax #:						
Comments:		EDI:						
		Overnight Fees apply:						
		Other fees apply:						
Other Data In	formation Required to Process PO:	Return Instructions						
Patient Procedure Date:		Contact # if product is received damaged:						
Physician Name:		Is product returnable for credit:						
Physician/Clinic Phone #		URL/Link to returns policy:						
Physician State License #		one can to retain opensy.						
Physician/Clinic DEA #:		Special regulations or returns requirements for this product in certain states?						
Physician/Clinic Specialty:		If so, which states? Other requirements? Comments?						
	Miscellaneous Notes:							
		ADDITIONAL INFORMATION						
		Is product order for scheduled patient procedure?						
		Is product order for restocking purposes?						
		is product order for restocking purposes:						