



Date: 08-19-2026

PRODUCT INFORMATION			
Company Name:		CREEKWOOD PHARMACEUTICALS LLC	
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):		A219460	
Medical Device Class, if applicable:			
DUNS:	118582565		
Proprietary Name (If Applicable) and Established Name:		Propranolol Extended Release Capsule USP, 60mg	
Selling Unit NDC:	82619-132-02	Unit of Use NDC:	82619-132-02
UDI	NA	CVX Code:	
		UPC:	382619132021
		MXV Code:	NA
Description:	Light blue opaque body and white opaque cap, size "3" hard gelatin capsule imprinted with "325" on cap and "60" on body in black ink, filled with white to off white spherical pellets.		
Active Ingredient(s):	Propranolol Hydrochloride		
URL for Additional Product Information:			
Address:	1130 US 46 W		Address 2:
City:	Parsippany	State:	NJ
Key Contact:	Paul Thomas	Zip:	07054
Phone Number:	1-732-344-022	Email:	paul@creekwoodpharma.com
Fax:			
Product Therapeutic Classification:	Anti Hypertensive		

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?	No	Is the Product... Direct-Skip Only Orphan Drug Status	Size: 15.8mm
a legend device? if yes, enter class # a product kit?	No	FDA Approval Status	Strength: 60mg
reverse numbered? co-licensed? latex-free? preservative-free? correctional institution block? opioid? cannabinoid?	No No Yes Yes No No No	Allergens Present	Dosage Form: Capsules
If Unit Dose, is item bar coded to unit dose for hospital scanning? If Unit Dose, indicate NDC here:	No	Country of Origin INDIA	Product Shape: Capsule shape
		Is this product covered under the Trade Agreements Act (TAA)? No	Product Color: Light blue and white (opaque)
			Product Imprint: "325" on cap and "60" on body in black ink

FOR GENERIC DRUG PRODUCTS			
I. Orange Book Rating:		Authorized Generic	*If Authorized Generic, other section fields are not applicable
II. Generic Equivalent to What Brand?:	Inderal LA		

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION			
Does supplier meet DSCSA definition of manufacturer?	Yes	GLN:	850045940003
Is product exempt from DSCSA?		GCP:	850045940
If yes, select exemption: Other exemption - Write in:			
Is product repackaged?	No	If yes, was original product purchased direct from mfr?	
Has FDA granted waiver/exemption for product?	No	Provide source manufacturer for repackaged product	
If yes, attach documentation from FDA.			

GTIN AND HIBCC PRODUCT INFORMATION				
Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
X Item/Each	1		00382619132021	382619132021
X Box/Carton/Bundle/Inner Pack	24		20382619132025	
X Case	27			
X Pallet				

*Please provide any additional information on page 2.

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): Notes: Is this product to be shipped to customers on ice? No Is this product to be shipped to customers on dry ice? No						
b. Contact for temperature excursion questions: Name: SUJIT SAKPAL Number: 551-303-9330 Group E-mail: sujit@creekwoodpharma.com						
c. Special regulations for product in any states? Special returns requirements for this product? No						
d. Store product (unit of sale) upright? No Protect product (unit of sale) from light? No						
e. Shelf life: Initial shelf life at launch (if different): 24 Months						

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
x Bottle	1 bottle of 500 Capsule
Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
Ampule	
Glass	
Tube	
Vial Liquid Sgl	
Vial Liquid Multi	
Vial Powder Sgl	
Vial Power Multi	
Other: Write In	
	Minimum order quantity? Yes
	If Yes, how many of which package type?
	24 Each
	Inner/Carton/Pack
	1 Case

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
Bottles 500 Capsule	X Each
(Write-in, e.g. 1 Vial)	Gram
	Milliliter

ITEM AND PACKING INFORMATION						
	Weight Lbs.	Dimensions (US msmts.)			Volume	Saleable #
		Depth	Width	Height	(Cube)	Pieces
Item/Each:	0.370	3.03	3.03	5.90	54.17	1
Box/Carton/Bundle/ Inner Pack:						
Case:	9.56	12.99	9.84	13.38	1710.25	24
Pallet:	258.19	38.97	29.52	40.15	46188.34	27

COST INFORMATION	WHOLESALE USE ONLY:	
Regular Cost		Vendor #:
Invoice Cost (WAC) (\$)		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.

See new p. 3 for Designated Drop Ship Only.

Signature:

Paul Thomas

Paul Thomas



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

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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?	☐ No		
Is the product a CA Prop 65 carcinogen?	☐ No		
Is the product a Pregabalin Capsules 75 mg	☐ No		
Does the product label bear a CA Prop 65 warning?	☐ No		
c. Contact Hazard?	☐ No		
d. Does this Pregabalin 75mg capsules are "Size 4" White body and orange cap, hard-gel (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)			
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)			
a. UN/Identification Number			
b. Proper Shipping Name			
c. DOT Hazard Class			
d. Packing Group			
e. Inhalation Hazard?	☐ No		
Is the product restricted for air shipment? If so, indicate restriction:			
☐ Passenger			
☐ Cargo			
☐ Passenger & Cargo			
Is this a reportable quantity?			
RQ Threshold:	☐ No		
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#			
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		☐ Yes	
Restricted to retail pharmacy only:		☐	
Restricted to hospital, clinics, and physician offices only:		☐	
Restricted from US territories? (explain in comments)		☐	
Comments:			
MISCELLANEOUS NOTES and/or Image of Product Barcode:			

SDS Hazard Classification	
☐ Organic	☐ Corrosive
☐ Inorganic	☐ Oxidizer
# ☐ Steroid/Androgen	☐ Contact Hazard
Does the product have an Aerosol class? If yes, identify NFPA Storage Level: ☐ No	
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	
4	
Is there a REMS on this product?	☐ No
75 mg	
Website URL:	
Med Guide Required	☐ No
Limited Distribution Requirement	☐ No
Comments / Details: (For example, iPledge program?) White body and Orange cap, printed with black ink	
REMS	☐ No
REMS Program Manager Name:	
Supplier Manages REMS registry exclusively:	☐
Wholesale distributor support:	☐
Provider Name:	
Site Enrollment Number assigned by Supplier:	
Phone:	
DEA #:	
NCPDP#:	
NPI #:	
Comments	IT IS NOT A REMS PRODUCT
Registry:	☐ No
Registry Program Contact Name:	
Phone:	
Comments	IT IS NOT A REMS PRODUCT

RETURN INSTRUCTIONS	
Contact tel. # if product received damaged:	
Is product returnable for credit: ☐	
URL/Link to returns policy: https://creekwoodpharma.com/wp-content/uploads/2023/07/Return-Goods-Policy.pdf	
Special regulations or returns requirements for this product in certain states? ☐	
If so, which states? Other requirements? Comments:	



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

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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: <table border="0"><tr><td>a. EDI</td><td>☐</td><td>Yes</td></tr><tr><td>b. Autofax</td><td>☐</td><td></td></tr><tr><td>c. Fax</td><td>☐</td><td></td></tr><tr><td>d. Phone only</td><td>☐</td><td></td></tr><tr><td>e. Supplier Web Site on 82619-124-01</td><td>☐</td><td></td></tr></table> Minimum Order Quantity: Units Supplier's Customer Service Number: Contracted 3PL company / c Pregabalin 75n Name: Direct customer solutions (R & S) Phone: 1-800-655-7556	a. EDI	☐	Yes	b. Autofax	☐		c. Fax	☐		d. Phone only	☐		e. Supplier Web Site on 82619-124-01	☐		Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days 82619-124-01 3.826E+11 Ships for second day receipt: Ships regular ground for 3-10 days receipt:
a. EDI	☐	Yes														
b. Autofax	☐															
c. Fax	☐															
d. Phone only	☐															
e. Supplier Web Site on 82619-124-01	☐															
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: ☐ PO Receipt cut off time: Days of week overnight is available: <table border="0"><tr><td>☐</td><td>Monday</td></tr><tr><td>☐</td><td>Tuesday</td></tr><tr><td>☐</td><td>Wednesday</td></tr><tr><td>☐</td><td>Thursday</td></tr><tr><td>☐</td><td>Friday</td></tr></table> Priority Overnight receipt available: ☐ PO Receipt Cut off time: Saturday Overnight receipt available: ☐ PO Receipt Cut off time: Order receipt method: Phone: Phone #: Fax: Fax #: EDI: White body and Orange cap, printed with black Overnight Fees apply: Other fees apply:	☐	Monday	☐	Tuesday	☐	Wednesday	☐	Thursday	☐	Friday					
☐	Monday															
☐	Tuesday															
☐	Wednesday															
☐	Thursday															
☐	Friday															
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:																
Other Data Information Required to Process PO:	Return Instructions															
Patient Procedure Date: Physician Name: Physician/Clinic Phone #: Physician State License #: Physician/Clinic DEA #: Physician/Clinic Specialty:	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? ☐															