



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

Version 2024

Introduction Type:

Final Version

Date: 07/04/2026

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																	
Company Name: CREEKWOOD PHARMACEUTICALS LLC Application: ANDA Application Number for NDA/ANDA/BLA; PMA/510(k): 218875 NDA 505(b) Type: Medical Device Class, if applicable: DUNS: 118582565 Proprietary Name (If Applicable) and Established Name: Atomoxetine Capsules USP 10 mg Selling Unit NDC: 82619-115-01 Unit of Use NDC: 82619-115-01 UPC: 382619115017 UDI: CVX Code: MXV Code: Description: White opaque body, white opaque cap, size '4' hard gelatin capsule. Imprinted with '381' on cap and '10' on body in black ink, filled with white to off white powder Active Ingredient(s): Atomoxetine Hydrochloride USP URL for Additional Product Information: Address: 1130 US 46 W City: Parsippany State: NJ Address 2: Suite 21 Zip: 07054 Key Contact: Paul Thomas Phone Number: 1-732-344-0222 Product Therapeutic Classification: Attention-Deficit/Hyperactivity Disorder (ADHD)				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: 24 Months Initial shelf life at launch (if different): 24 Months																																	
ADDITIONAL PRODUCT INFORMATION				PRODUCT DESCRIPTION INFORMATION																																	
The product is? a legend device? No if yes, enter class # a product kit? No if yes, list NDCs of component parts reverse numbered? No co-licensed? No latex-free? Yes preservative-free? Yes correctional institution block? No opioid? No Cannabinoid? No If Unit Dose, is item bar coded to unit dose for hospital scanning? No If Unit Dose, indicate NDC here:				Is the Product... Direct-Ship Only Is the Product... Unit of Use Orphan Drug Status FDA Approval Status Allergens Present Not present Country of Origin INDIA Is this product covered under the Trade Agreements Act (TAA)? No Size: Size 4 Strength: 10 mg Dosage Form: Capsule Product Shape: Capsule shaped Product Color: white (White Opaque) Product Imprint: 381 on cap and 10 on body																																	
FOR GENERIC DRUG PRODUCTS																																					
I. Orange Book Rating: II. Generic Equivalent to What Brand?: Strattera ☐ Authorized Generic *If Authorized Generic, other section fields are not applicable																																					
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION																																					
Does supplier meet DSCSA definition of manufacturer? Yes Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? No Is product sold by manufacturer's exclusive distributor? No Has FDA granted waiver/exception/exemption for product? No If yes, attach documentation from FDA. GLN: 850045940003 GCP: 850045940 If yes, was original product purchased direct from mfr? Provide source manufacturer for repackaged product																																					
GTIN AND HIBCC PRODUCT INFORMATION																																					
<table border="1"><thead><tr><th>Saleable Unit of Measure</th><th>RFID tag(Y/N)</th><th>Saleable Quantity</th><th>HIBCC</th><th>GTIN-14</th><th>Unit of Use GTIN-14</th></tr></thead><tbody><tr><td>X Item/Each</td><td></td><td>1</td><td></td><td>00382619115017</td><td>00382619115017</td></tr><tr><td>X Box/ Carton/ Bundle/ Inner Pack</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>X Case</td><td></td><td>60</td><td></td><td>20382619115011</td><td></td></tr><tr><td>X Pallet</td><td></td><td>96</td><td></td><td></td><td></td></tr></tbody></table>								Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14	X Item/Each		1		00382619115017	00382619115017	X Box/ Carton/ Bundle/ Inner Pack						X Case		60		20382619115011		X Pallet		96			
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COST INFORMATION				WHOLESALE USE ONLY:																																	
Regular Cost Invoice Cost (WAC) (\$) As of date:				Vendor #: Whsl. Code #: 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:



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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? Is the product a CA Prop 65 carcinogen? No Is the product a CA Prop 65 reproductive toxicant? No Does the product label bear a CA Prop 65 warning? No c. Contact Hazard? No d. Does this product require special clean-up instructions? No (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No (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? No (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? No RQ Threshold: 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#		SDS Hazard Classification <table><tr><td>☐ Organic</td><td>☐ Corrosive</td></tr><tr><td>☐ Inorganic</td><td>☐ Oxidizer</td></tr><tr><td>☐ Steroid/Androgen</td><td>☐ Contact Hazard</td></tr></table> Does the product have an Aerosol class? If yes, identify No NFPA Storage Level: NFPA Storage Level: Is the product a NIOSH hazardous drug? No If yes, indicate which:		☐ Organic	☐ Corrosive	☐ Inorganic	☐ Oxidizer	☐ Steroid/Androgen	☐ Contact Hazard										
☐ Organic	☐ Corrosive																		
☐ Inorganic	☐ Oxidizer																		
☐ Steroid/Androgen	☐ Contact Hazard																		
Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics																			
REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? Website URL: Med Guide Required No Limited Distribution Requirement No Comments / Details: (For example, iPledge program?) REMS: REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier: DEA #: NCPDP#: NPI #: Comments IT IS NOT A REMS PRODUCT Registry: Registry Program Contact Name: Comments IT IS NOT A REMS PRODUCT																			
ADD'L STORAGE INFORMATION Is the Product... <table><tr><td>Controlled Substance?</td><td> No </td><td>Controlled Substance Code</td><td> </td></tr><tr><td>Controlled by State(s)?</td><td> No </td><td>Listed Chemical (List I or II)</td><td> No </td></tr><tr><td>ARCOS Reportable?</td><td> No </td><td>If yes, indicate which:</td><td> </td></tr><tr><td>Schedule No.</td><td> </td><td>Is it a scheduled listed chemical product?:</td><td> No </td></tr></table>				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
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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:																			

Release DATE



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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: a. EDI b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Direct customer solutions (R & S) Phone: 1-800-655-7556	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: Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight and Priority Overnight PO Processing Overnight receipt available: PO Receipt cut off time: Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday 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: Overnight Fees apply: Other fees apply:
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: Patient Procedure Date: Physician Name: Physician/Clinic Phone #: Physician State License #: Physician/Clinic DEA #: Physician/Clinic Specialty:	Return Instructions 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?