



Introduction Type:

Date: 09/22/2026

PRODUCT INFORMATION					
Company Name:		CREEKWOOD PHARMACEUTICALS LLC			
Application Number for NDA/ANDA/BLA; PMA/510(k):		A218162			
Medical Device Class, if applicable:					
DUNS:		118582565			
Proprietary Name (If Applicable) and Established Name:		Haloperidol Tablets, USP 1 mg			
Selling Unit NDC:		82619-106-01			
UDI		Unit of Use NDC: 82619-106-01 CVX Code: UPC: 382619106015 MVX Code:			
Description: Yellow, round shaped flat faced beveled edge uncoated tablets scored on one side and debossed with '299' on other side					
Active Ingredient(s): Haloperidol, USP					
URL for Additional Product Information:					
Address:		1130 US 46 W			
City:		Parsippany			
Key Contact:		Paul Thomas			
Phone Number:		1-732-344-0222			
Product Therapeutic Classification:		Antipsychotic			
State:		NJ			
Email:		paul@creekwoodpharma.com			
Fax:					
Address 2:		Suite 21			
Zip:		07054			
Additional Product Information					
The product is?		No			
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		No			
Is the Product... Unit of Use		No			
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:		6 mm			
Strength:		1 mg			
Dosage Form:		Tablet			
Product Shape:		Round shaped			
Product Color:		Yellow			
Product Imprint:		299			
FOR GENERIC DRUG PRODUCTS					
I. Orange Book Rating: AB					
II. Generic Equivalent to What Brand?: Haldol					
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?		No			
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?		No			
Provide source manufacturer for repackaged product					
GTIN AND HIBCC PRODUCT INFORMATION					
Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
x Item/Each		1		00382619106015	00382619106015
Box/Carton/Bundle/Inner Pack					
x Case		60		20382619106019	
x Pallet		6720			
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?					
Protect product (unit of sale) from light? No					
e. Shelf life:					
Initial shelf life at launch (if different): 36 Months					
ORDER INFORMATION					
Unit of Sale					
x Bottle	What is the NDC selling unit?				
Box/Carton	1 bottle of 100 Tablets				
Ampule	(Write-in, e.g. 1 Box of 10 Vials)				
Glass	Minimum order quantity? Yes				
Tube					
Vial Liquid Sgl	If Yes, how many of which package type?				
Vial Liquid Multi	60 Each				
Vial Powder Sgl	Inner/Carton/Pack				
Vial Power Multi	1 Case				
Other: Write In					
PHARMACY ORDER / BILL UNIT					
Rec. sell unit to customer?					
1 bottle of 100 tablets					
(Write-in, e.g. 1 Vial)					
HCPCS J-Code:					
Rx billing unit to pharmacy:					
x Each					
Gram					
Milliliter					
ITEM AND PACKING INFORMATION					
Weight Lbs.	Dimensions (US msmts.)	Volume (Cube)	Saleable # Pieces		
Depth	Width	Height			
Item/Each:	0.05	1.5	2.35	3.53	1
Box/Carton/Bundle/ Inner Pack:					
Case:	4.16	9.6	8.07	6.8	526.81 60
Pallet:	466.75	38.5	32.28	48.22	59926.85 6720
COST INFORMATION					
WHOLESALE USE ONLY:					
Regular Cost					
Invoice Cost (WAC) (\$)					
As of date:					
Vendor #:					
Whsl. Code #:					
Fineline Code:					
Signature:					

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:



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

Version 2024

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
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:																			
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?																			
MISCELLANEOUS NOTES and/or Image of Product Barcode:																			



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

Version 2024

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:	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: ☐ 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:	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?