



Date: 09/22/2026

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*			
Company Name: CREEKWOOD PHARMACEUTICALS LLC				Application: ANDA			
Application Number for NDA/ANDA/BLA; PMA/510(k): A218162				NDA 505(b) Type:			
Medical Device Class, if applicable:							
DUNS: 118582565							
Proprietary Name (If Applicable) and Established Name: Haloperidol Tablets, USP 2 mg							
Selling Unit NDC: 82619-107-01				Unit of Use NDC: 82619-107-01			
UDI				UPC: 382619107012			
CVX Code:				MXV Code:			
Description: Yellow, round shaped flat faced beveled edge uncoated tablets scored on one side and debossed with '297' on other side							
Active Ingredient(s): Haloperidol, USP							
URL for Additional Product Information:							
Address: 1130 US 46 W				Address 2: Suite 21			
City: Parsippany				State: NJ			
Key Contact: Paul Thomas				Zip: 07054			
Phone Number: 1-732-344-022				Email: paul@creekwoodpharma.com			
Fax:							
Product Therapeutic Classification: Antipsychotic							
ADDITIONAL PRODUCT INFORMATION				PRODUCT DESCRIPTION INFORMATION			
The product is?				Is the Product...			
a legend device?				Direct-Ship Only			
if yes, enter class #				Unit of Use			
a product kit?				Orphan Drug Status			
if yes, list NDCs of component parts				FDA Approval Status			
reverse numbered?				Allergens Present			
co-licensed?				Not present			
latex-free?				Country of Origin			
preservative-free?				INDIA			
correctional institution block?				Product Shape: Round shaped			
opioid?				Product Color: Yellow			
Cannabinoid?				Product Imprint: 297			
If Unit Dose, is item bar coded to unit dose for hospital scanning?				Is this product covered under the Trade Agreements Act (TAA)?			
If Unit Dose, indicate NDC here:				No			
FOR GENERIC DRUG PRODUCTS							
I. Orange Book Rating: AB							
II. Generic Equivalent to What Brand?: Haldol							
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							
Saleable Unit of Measure							
RFID tag(Y/N)							
Saleable Quantity							
HIBCC							
GTIN-14							
Unit of Use GTIN-14							
X Item/Each							
X Box/Carton/Bundle/Inner Pack							
X Case							
X Pallet							
Regular Cost							
Invoice Cost (WAC) (\$)							
As of date:							
Signature:							
WHOLESALE USE ONLY:							
Vendor #:							
Whsl. Code #:							
Fineline Code:							
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?							
d. Store product (unit of sale) upright?							
Protect product (unit of sale) from light?							
e. Shelf life:							
Initial shelf life at launch (if different):							
ORDER INFORMATION							
Unit of Sale							
What is the NDC selling unit?							
Minimum order quantity?							
If Yes, how many of which package type?							
PHARMACY ORDER / BILL UNIT							
Rec. sell unit to customer?							
Rx billing unit to pharmacy:							
HCPCS J-Code:							
ITEM AND PACKING INFORMATION							
Weight Lbs.							
Dimensions (US msmts.)							
Volume (Cube)							
Saleable # Pieces							
Item/Each:							
Box/Carton/Bundle/Inner Pack:							
Case:							
Pallet:							
COST INFORMATION							
WHOLESALE USE ONLY:							
Regular Cost							
Invoice Cost (WAC) (\$)							
As of date:							
Signature:							
WHOLESALE USE ONLY:							
Vendor #:							
Whsl. Code #:							
Fineline Code:							



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? 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)

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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?