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

Version 2024 | Introduction Type: New Item | x Final Version | Date: 01.06.2025

PRODUCT INFORMATION

Company Name:	Novadoz Pharmaceuticals LLC	Application:	ANDA
Application Number for NDA/ANDA/BLA; PMA/510(k):	217400	NDA 505(b) Type:	
Medical Device Class, if applicable:			
DUNS:	081109687		
Proprietary Name (If Applicable) and Established Name:	Famotidine Tablets, USP 40mg, 100		
Selling Unit NDC:	72205-146-91	Unit of Use NDC:	UPC: 372205146914
UDI		CVX Code:	MVX Code:
Description:	Famotidine Tablets USP, 40mg are white, round film-coated tablets debossed with "12" on one side and "plain" on the other side		
Active Ingredient(s):	Famotidine		
URL for Additional Product Information:			
Address:	20 Duke Road	Address 2:	Suite A
City:	Piscataway	State: NJ	Zip: 08854
Key Contact:		Email:	sales@novadozpharma.com
Phone Number:	908-360-1500	Fax:	732-902-2113
Product Therapeutic Classification:			

ADDITIONAL PRODUCT INFORMATION

The product is?	Anti ulcer drug	Is the Product…	Direct-Ship Only
a legend device?		Is the Product…	Neither
if yes, enter class #		Orphan Drug Status	
a product kit?			
if yes, list NDCs of component parts		FDA Approval Status	Approved for Orphan Indication
reverse numbered?			
co-licensed?	No	Allergens Present	
latex-free?	Yes		
preservative-free?	Yes		
correctional institution block?			
opioid?	No		
Cannabinoid?	No	Country of Origin	India
If Unit Dose, is item bar coded to unit dose for hospital scanning?			
If Unit Dose, indicate NDC here:		Is this product covered under the Trade Agreements Act (TAA)?	No

PRODUCT DESCRIPTION INFORMATION

Size:	100
Strength:	40mg
Dosage Form:	Tablets
Product Shape:	Round film coated tablets
Product Color:	white
Product Imprint:	Debossed with "12" on one side and "plain" on the other side

FOR GENERIC DRUG PRODUCTS

Authorized Generic | *If Authorized Generic, other section fields are not applicable

I. Orange Book Rating:

II. Generic Equivalent to What Brand?:

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer?	Yes	GLN:	8904159670843
Is product exempt from DSCSA?	No		
If yes, select exemption:		GCP:	89041596
Other exemption - Write in:			
Is product repackaged?	No	If yes, was original product purchased direct from mfr?	
Is product sold by manufacturer's exclusive distributor?	No		
Has FDA granted waiver/exception/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	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
Yes	Item/Each	1	Bottle of 30 Tablets		00372205146914	00372205146914
x	Box/Carton/Bundle/Inner Pack		NA		NA	
Yes	Case	120	Bottles in Case		30372205146915	
Yes	Pallet	4800	Bottles in Pallet		50372205146919	

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:

Number:

Group E-mail:

c. Special regulations for product in any states? No

Special returns requirements for this product? No

d. Store product (unit of sale) upright? Yes

Protect product (unit of sale) from light? Yes

e. Shelf life: 24 Months

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 100 tablets	
	Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)	
	Ampule		
	Glass	Minimum order quantity?	Yes
	Tube		
	Vial Liquid Sgl		
	Vial Liquid Multi	If Yes, how many of which package type?	
	Vial Powder Sql	120	Each
	Vial Power Multi		Inner/Carton/Pack
	Other: Write In		Case

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer: 1 bottle

(Write-in, e.g. 1 Vial)

HCPCS J-Code:

Rx billing unit to pharmacy: Each | Gram | Milliliter

ITEM AND PACKING INFORMATION

	Weight Lbs.	Dimensions (US msmts.) Depth	Width	Height	Volume (Cube)	Saleable # Pieces
Item/Each:	0.109	1.53	NA	3.28	52	1
Box/Carton/Bundle/ Inner Pack:	NA	NA	NA	NA	NA	NA
Case:	14.11	16.34	10.43	8.46	1441.80	120
Pallet:	604.24	47.24	39.37	39.76	73947.19	4,800

COST INFORMATION

Regular Cost	
Invoice Cost (WAC) ($)	$4.14
As of date:	1/6/2025

WHOLESALER USE ONLY:

Vendor #:

Whsl. Code #:

Fineline Code:

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.

*Please provide any additional information on page 2.

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? (If yes, attach SDS with special instructions.)
- 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?

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?

Is the product restricted for air shipment? If so, indicate restriction: — No
- 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

Yes	Organic	No	Corrosive
No	Inorganic	No	Oxidizer
No	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

Is there a REMS on this product?
If Yes, is it managed with a pharmacy registry?
Website URL:

Med Guide Required
Limited Distribution Requirement
Comments / Details: (For example, iPledge program?)

REMS:
- REMS Program Manager Name: — Phone:
- Supplier Manages REMS registry exclusively:
- Wholesale distributor support:
- Provider Name: — DEA #:
- Site Enrollment Number assigned by Supplier: — NCPDP#: — NPI #:

Comments

Registry:
- Registry Program Contact Name: — Phone:
- Comments

ADD'L STORAGE INFORMATION

Is the Product…

Controlled Substance?	No	Controlled Substance Code	
Controlled by State(s)?	No	Listed Chemical (List I or II)	
ARCOS Reportable?		If yes, indicate which:	
Schedule No.		Is it a scheduled listed chemical product?:	

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:

RETURN INSTRUCTIONS

Contact tel. # if product 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 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

Purchase orders may be accepted by:

a. EDI
b. Autofax — Fax Number:
c. Fax — Fax Number:
d. Phone only — Phone No.:
e. Supplier Web Site only — Site Address:

Minimum Order Quantity:
Supplier's Customer Service Number:
Contracted 3PL company / contact #: Name:
Phone:

Standard Order Receipt and Processing

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?