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

Version 2024 | Introduction Type: New Item | X Final Version | Date: 3/31/2026

PRODUCT INFORMATION

Company Name: Novadoz Pharmaceuticals, LLC | Application: ANDA
Application Number for NDA/ANDA/BLA; PMA/510(k): 211478 | NDA 505(b) Type:
Medical Device Class, if applicable:
DUNS: 08-110-9687
Proprietary Name (If Applicable) and Established Name: Dapagliflozin Tablets 5 mg_30
Selling Unit NDC: 72205-432-01 | Unit of Use NDC: | UPC: 372205432017
UDI: | CVX Code: | MVX Code:
Description: yellow coloured, round, biconvex, film coated tablets debossed with "D1" on one side and "M" on other side.
Active Ingredient(s): Dapagliflozin (Amorphous)
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:
Product Therapeutic Classification:

ADDITIONAL PRODUCT INFORMATION

The product is?		Is the Product…	Direct-Ship Only
a legend device?	No	Is the Product…	Neither
if yes, enter class #		Orphan Drug Status	
a product kit?	No		
if yes, list NDCs of component parts		FDA Approval Status	
reverse numbered?	No		
co-licensed?	No	Allergens Present	
latex-free?	Yes		
preservative-free?	Yes		
correctional institution block?	No		
opioid?	No		
Cannabinoid?	No	Country of Origin	India
If Unit Dose, is item bar coded to unit dose for hospital scanning?		Is this product covered under the Trade Agreements Act (TAA)?	No
If Unit Dose, indicate NDC here:	72205-432-01		

PRODUCT DESCRIPTION INFORMATION

Size:	30
Strength:	5 mg
Dosage Form:	Tablets
Product Shape:	Round
Product Color:	yellow colour
Product Imprint:	film coated tablets debossed

FOR GENERIC DRUG PRODUCTS

Authorized Generic | *If Authorized Generic, other section fields are not applicable
I. Orange Book Rating: AB
II. Generic Equivalent to What Brand?: FARXIGA

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:
GCP: 89041596
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
Yes	Item/Each	Bottle of 30 tablets			00372205432017	00372205432017
NA	Box/Carton/Bundle/Inner Pack		NA		NA	
Yes	Case	24 Bottles in Case			30372205432018	
Yes	Pallet	4200 Bottles in Pallet			50372205432012	

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): NA
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: P. Krishna Reddy
Number: 040-30449311
Group E-mail: krishna_p@msnlabs.com

c. Special regulations for product in any states? No
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: 48 Months
Initial shelf life at launch (if different): 48 Months

ORDER INFORMATION

Unit of Sale:

x	Bottle
	Box/Carton
	Ampule
	Glass
	Tube
	Vial Liquid Sgl
	Vial Liquid Multi
	Vial Powder Sgl
	Vial Powder Multi
	Other: Write In

What is the NDC selling unit? 1 Bottle of 30 Tablets
(Write-in, e.g. 1 Box of 10 Vials)
Minimum order quantity? Yes
If Yes, how many of which package type?

24	Each
	Inner/Carton/Pack
	Case

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer:
(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:	0.07	NA	1.609	3.887	73	1
Box/Carton/Bundle/ Inner Pack:	NA	NA	NA	NA	NA	NA
Case:	2.79	10.03	7.08	4.92	349.38	24
Pallet:	529.26	47.24	39.37	40.35	75044.496	4,200

COST INFORMATION

Regular Cost
Invoice Cost (WAC) ($): $15.00
As of date: 4/4/2026

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.)	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)	No
a. UN/Identification Number	NA
b. Proper Shipping Name	
c. DOT Hazard Class	No
d. Packing Group	No
e. Inhalation Hazard?	No
Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS)	No
a. UN/Identification Number	No
b. Proper Shipping Name	No
c. DOT Hazard Class	Category 2
d. Packing Group	No
e. Inhalation Hazard?	No
Is the product restricted for air shipment? If so, indicate restriction:	No

- [ ] Passenger
- [ ] Cargo
- [ ] Passenger & Cargo

Is this a reportable quantity?	Yes
RQ Threshold:	5 litres or less for
Is this a marine pollutant?	Yes

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

- [X] Organic
- [ ] Inorganic
- [ ] Steroid/Androgen
- [ ] Corrosive
- [ ] Oxidizer
- [ ] 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?	No
If Yes, is it managed with a pharmacy registry?	
Website URL:	
Med Guide Required	
Limited Distribution Requirement	
Comments / Details: (For example, iPledge program?)	
REMS:	No
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	No
Controlled by State(s)?	No	Listed Chemical (List I or II)	
ARCOS Reportable?	No	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	No
Restricted to retail pharmacy only:	No
Restricted to hospital, clinics, and physician offices only:	No
Restricted from US territories? (explain in comments)	No
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?