



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

Version 2024 Introduction Type: Final Version Date:

PRODUCT INFORMATION	
Company Name:	Novadoz Pharmaceuticals, LLC
Application Number for NDA/ANDA/BLA; PMA/510(k):	211479
Medical Device Class, if applicable:	
DUNS:	08-110-9687
Proprietary Name (If Applicable) and Established Name:	Dapagliflozin and Metformin HCl Extended-Release Tabs 10mg-1000mg_30
Selling Unit NDC:	72205-437-01
Unit of Use NDC:	
UPC:	372205437012
CVX Code:	
MXV Code:	
Description:	Brown coloured, Oval shaped, biconvex, film coated tablets debossed with "MD4" on one side and plain on other side.
Active Ingredient(s):	Dapagliflozin (Amorphous) Metformin Hydrochloride USP
URL for Additional Product Information:	
Address:	20 Duke Road
City:	Piscataway
Key Contact:	
Phone Number:	908-360-1500
Product Therapeutic Classification:	

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	Temperature Range <input type="text" value="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?	<input type="text" value="No"/>
Is this product to be shipped to customers on dry ice?	<input type="text" value="No"/>
b. Contact for temperature excursion questions:	Name: <input type="text" value="P. Krishna Reddy"/>
	Number: <input type="text" value="040-30449311"/>
	Group E-mail: <input type="text" value="krishna_p@msnlabs.com"/>
c. Special regulations for product in any states?	<input type="text" value="No"/>
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	<input type="text" value="No"/>
Protect product (unit of sale) from light?	<input type="text" value="No"/>
e. Shelf life:	<input type="text" value="24"/> Months
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?		Is the Product... Direct-Ship Only	<input type="text" value="Neither"/>
a legend device?	<input type="text" value="No"/>	Is the Product... Orphan Drug Status	
if yes, enter class #		FDA Approval Status	
a product kit?	<input type="text" value="No"/>	Allergens Present	
if yes, list NDCs of component parts		Country of Origin	<input type="text" value="India"/>
reverse numbered?	<input type="text" value="No"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="No"/>
co-licensed?	<input type="text" value="No"/>		
latex-free?	<input type="text" value="Yes"/>		
preservative-free?	<input type="text" value="Yes"/>		
correctional institution block?	<input type="text" value="No"/>		
opioid?	<input type="text" value="No"/>		
Cannabinoid?	<input type="text" value="No"/>		
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text" value=""/>		
If Unit Dose, indicate NDC here:	<input type="text" value="72205-437-01"/>		
		Size:	<input type="text" value="30"/>
		Strength:	<input type="text" value="10mg/ 1000mg"/>
		Dosage Form:	<input type="text" value="Tablets"/>
		Product Shape:	<input type="text" value="Oval shaped"/>
		Product Color:	<input type="text" value="Brown coloured"/>
		Product Imprint:	<input md4"="" on"="" type="text" value="film coated tablets debossed with "/>

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 Bottle of 30 Tablets"/>
<input type="checkbox"/> Box/ Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	Minimum order quantity? <input type="text" value=""/>
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Sgl	<input type="text" value="24"/> Each
<input type="checkbox"/> Vial Power Multi	<input type="text" value=""/>
<input type="checkbox"/> Other: Write In	<input type="text" value=""/>

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	<input type="text" value="AB"/> <input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable
II. Generic Equivalent to What Brand?:	<input type="text" value="XIGDUO XR"/>

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text" value=""/>	<input type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
HCPCS J-Code:	<input type="checkbox"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input type="text" value="Yes"/>
Is product exempt from DSCSA?	<input type="text" value="No"/>
If yes, select exemption:	<input type="text" value=""/>
Other exemption - Write in:	
Is product repackaged?	<input type="text" value="No"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="No"/>
Has FDA granted waiver/exception/exemption for product?	<input type="text" value="No"/>
If yes, attach documentation from FDA.	
GLN:	<input type="text" value="8904159670843"/>
GCP:	<input type="text" value="89041596"/>
If yes, was original product purchased direct from mfr?	<input type="text" value=""/>
Provide source manufacturer for repackaged product	

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:	0.165	NA	1.771	4.112	103	1
Case:	5.12	12.4	8.66	5.31	570.21	24
Pallet:	613.98	47.24	39.37	43.11	80177.651	2,688

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		00372205437012	00372205437012
NA Box/ Carton/ Bundle/ Inner Pack		NA		NA	
Yes Case		24 Bottles in Case		30372205437013	
Yes Pallet		2688 Bottles in Pallet		60372205437017	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$80.00	Whsl. Code #:	
As of date:	4/4/2026	Fineline Code:	



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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)

- 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? (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? Yes

Is the product restricted for air shipment? If so, indicate restriction:

- Passenger No
- Cargo No
- Passenger & Cargo No

Is this a reportable quantity? Yes

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#

ADD'L STORAGE INFORMATION

Is the Product...

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

CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes No
- Restricted to retail pharmacy only: No Yes
- Restricted to hospital, clinics, and physician offices only: No Yes
- Restricted from US territories? (explain in comments) No Yes

Comments:

SDS Hazard Classification

- Organic Corrosive
- Inorganic Oxidizer
- Steroid/Androgen Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No

Is the product a NIOSH hazardous drug? 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 Yes
If Yes, is it managed with a pharmacy registry? No Yes
Website URL:

Med Guide Required No Yes
Limited Distribution Requirement No Yes
Comments / Details: (For example, iPledge program?)

REMS: No Yes
REMS Program Manager Name: Phone:
Supplier Manages REMS registry exclusively: No Yes
Wholesale distributor support: No Yes
Provider Name: DEA #:
Site Enrollment Number assigned by Supplier: NCPDP#:
NPI #:

Comments

Registry: No Yes
Registry Program Contact Name: Phone:
Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit: No Yes
URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states? No Yes

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

