

## **Standard Pharmaceutical Product Information (Rx Product Only)**

					Intro	oduction Type	e:	New Item		Final Version			Date:	24-03-	2021	
PRODUCT INFORMATION									SPECIAL HANDLING AND STORAGE REQUIREMENTS*							
Company Name: Encube Ethicals Inc. ANDA Application: ANDA									a. Temperature – Indicate the USP temperature range for this product.							
Application Number for NDA	212438	212438					Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F									
DUNS:   11-698-2244									•	mperature Range Re	quirement					
Proprietary Name (If Applicable								(write in) Store at controlled room temeperature								
	pplicable) and Established Name: Clindamycin Phosphate Gel USP, 1% 21922-027-05 Individual Unit NDC: UPC: 32:								(	,		Otoro at com	101100 1001111	omoporataro		
UDI CVX Code:					MVX Code:					Is this product to be shipped to customers on ice?  No						
Description: Clear transparent gel, free from lumps and foreign particles. Packed in laminated tube with standup cap and legible label.							Is this product to be shipped to customers on dry ice?									
Active Ingredient(s): Clindamycin Phosphate USP							b. Contact for temperature excursion questions:  Name:  Dipti Kamani									
URL for Additional Product Information:									Number:				919-767-3292			
	200 Meredith Avenue, Suite 101A				Address 2:				Group E-			usreg@encubeethicals.com				
City:	Durham			State:	NC	Kamesh.V@encubeethicals.com										
Key Contact:	Kamesh Venugopal			Email:					c. Special regulations for product in any states?							
Phone Number:	1-919-767-3292			Fax:	Fax: 984-439-2761					Special returns requirements for this product?						
Product Therapeutic Classific	ation:	in the treatment of acne							<u> </u>							
	d. Store product (unit of sale) upright?															
ADDITIONAL PRODUCT INFORMATION PRODUCT DESCRIPTION INFORMATION									Protect product (unit of sale) from light?							
Is the Product									e. Shelf life: 24 Months							
a legend device?				00 //					Initial sh	elf life at launch (if d	different):				Months	
reverse numbered?				Size: 30 g tube					,	•		!				
co-licensed?	o-licensed?			Strength: 1%					ORDER INFORMATION							
Is the Product				Strength.		1 70										
Is the Product Unit of Use			Dosage Form	:	Topical Gel			Unit of S			What is the		unit?			
										Bottle		21922-027-0				
If Unit Dose, is item bar coded						х	Box/Carton		(Write-in, e.	g. 1 Box of 10	) Vials)					
				Product Shap	Product Shape:					Ampule				_		
If Unit Dose NDC, indicate NDC here: 21922-027-05				-						Glass Tube		Minimum or	der quantity	?		
Country of Origin					Product Color: Clear Transparent Gel					Vial Liquid Sgl						
										Vial Liquid Sgi  Vial Liquid Multi If Yes, how many of which package type?						
Is this product covered under the Trade Agreements Act (TAA)?				Product Impri	Product Imprint:					Vial Powder Sql			Each	on paonago ty	ρυ.	
										Vial Power Multi			Inner/Carton	/Pack		
<u> </u>	'	Other: Write In			Case											
			FOR GENERIC DRUG PRODU	CTS							1					
Authorized Generic *If Authorized Generic, other section								PHAR	RMACY ORDE	R / BILL UNI1						
I. Orange Book Rating: AB fields are not applicable						Rec. sell unit to custom	ner?		Rx billing un	it to pharma	cy:					
II. Generic Equivalent to What Brand?: CLEOCIN T (Clindamycin Phosphate Gel USP, 1%)													Each			
									(Write-in, e.g. 1 Vial)		_		Gram			
		DRUG SUPPI	LY CHAIN SECURITY ACT (DSC:	SA) INFORMATION								x	Milliliter			
		•	Vac	<b></b>	8906005	2072444				ITEM A	ND PACKING	INFORMATIO	SM .			
Does supplier meet DSCSA de Is product exempt from DSCS			Yes No	GLN:	8906003	0273444				II EWI A	ND PACKING	INFORMATIO	JN			
If yes, select exemption:	PA:		140							Dimen	sions (US m	smts.)	Volume			
Other exemption - Write in:										Weight Lbs.	Depth	Height	Width	(Cube)	# Pieces:	
Is product repackaged?			No	If Yes, was origin	al product	purchased dir	rect from		Item:							
Is product sold by manufactur	rer's exclusive distrib		No	mfr?						0.08816	4.3307087	1.3779528	1.1811024	7.04824244	1	
Has FDA granted waiver/excep			No	If yes, attach doc	umentation	n from FDA.			Box/Carton/Bundle/	2.46848	7.4015748	4.5275591	5.7086614	191.303335	24	
									Inner Pack:	2.40040	7.4013746	4.5275591	3.7000014	191.303333	24	
			GTIN PRODUCT INFORMATION						Case:	16.00104	13.976378	7.992126	11.811024	1319.30284	144	
			Salea							10.00101	10.070070	7.002.20	11.011021	1010.00201		
			Level Un			_		IN-14	Pallet:	622.98264	43.346457	40.15748	36.889764	64213.4393	5184	
Serialized?	Yes	х	Item x  Box/Carton/Bundle/Inner Pack  Case Pallet			Linear		4 30321922027052								
If not, when?				<b>x</b> 2D						Case: 3219220270						
Items aggregated?	Yes			x 2D 2D	<u> </u>							5				
		X	rallet	2D 2D	_ X	x Linear 5		321922027056	COST	ST INFORMATION		WHOLESALER USE ONLY:		<b>/</b> ·		
	2D Linear 2D Linear				— H			MA ORMANION			OLLOAL	EN-UOL ONE	•			
				2D 2D	$\vdash$	Linear	<del></del>		Regular Cost			Vendor #:	j			
			2D	$\vdash$	Linear			Invoice Cost (WAC) (\$)			Whsl. Code	#:				
								Federal Excise Tax Per	Unit of Sale		Fineline Cod					
•									As of date:							
			Attach copy of SAFETY DATA S	HEET (SDS) or non haz	zard letter, F	PACKAGE INS	SERT, LABEL	AND PHOTO OF PRO	DUCT PACKAGING and BAI	RCODE.						
											(1					