Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: | [ ] Final Version | **Date:**

PRODUCT INFORMATION

Company Name: Sciegen Pharmaceuticals Inc | **Application:** ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 205794
DUNS: 0793912286
Proprietary Name (If Applicable) and Established Name: Bupropion Hydrochloride Extended- Release Tablets,USP (SR) 150 mg, 500s
Selling Unit NDC: 50228-175-05 | **Individual Unit NDC:** 1 Bottle | **UPC:** 350228175050
UDI | **CVX Code:** | **MVX Code:**
Description: Purple , round, biconvex tablets, debossed with 'SG 175' on one side and plain on other side.
Active Ingredient(s): Bupropion Hydrochloride
URL for Additional Product Information:

Address: 89 Arkay Drive | **Address 2:**
City: Hauppauge | **State:** NY | **Zip:** 11788
Key Contact: Siva Reddy, P.V. | **Email:** sivareddyp@sciegenpharm.com
Phone Number: 631-424-2727 XT 107, 631-524-5509 | **Fax:** 631-357-3178
Product Therapeutic Classification: Antidepressant

ADDITIONAL PRODUCT INFORMATION

Is the Product…
a legend device? No
reverse numbered? No
co-licensed? No
Is the Product… Direct-Ship Only
Is the Product… Unit of Use

If Unit Dose, is item bar coded to unit dose for hospital scanning?
If Unit Dose NDC, indicate NDC here:
Country of Origin: USA
Is this product covered under the Trade Agreements Act (TAA)? Yes

PRODUCT DESCRIPTION INFORMATION

Size: 0.4291
Strength: 150mg
Dosage Form: Tablet
Product Shape: Round
Product Color: Purple
Product Imprint: SG 175'

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° I
Other Temperature Range Requirement (write in):
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: Siva Reddy , P.V.
Number: 631-424-2723 XT 107, 631-524-5509
Group E-mail: sivareddyp@sciegenpharm.com

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? No

e. Shelf life: 24 **Months**
Initial shelf life at launch (if different): **Months**

ORDER INFORMATION

Unit of Sale

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

What is the NDC selling unit? 1 Bottle
(Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity? Yes

If Yes, how many of which package type?

12 Bottles	Each
per Case	Inner/Carton/Pack
3 Cases	Case

FOR GENERIC DRUG PRODUCTS

[ ] Authorized Generic *If Authorized Generic, other section fields are not applicable

I. Orange Book Rating: AB1
II. Generic Equivalent to What Brand?: Wellbutrin SR

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?
(Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy:
[ ] Each
[ ] Gram
[ ] Milliliter

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

GLN: 0350228000000
If Yes, was original product purchased direct from mfr?
If yes, attach documentation from FDA.

GTIN PRODUCT INFORMATION

Serialized? Yes
If not, when?
Items aggregated? No

	Level	Saleable Unit				Quantity	GTIN-14
X	Item	X	X	2D	Linear	1	00350228175050
	Box/Carton/Bundle/Inner Pack			2D	Linear		
X	Case		X	2D	Linear	12	20350228175054
	Pallet			2D	Linear		
				2D	Linear		
				2D	Linear		
				2D	Linear		
				2D	Linear		

ITEM AND PACKING INFORMATION

	Weight Lbs.	Dimensions (US msmts.) Depth	Height	Width	Volume (Cube)	# Pieces:
Item:	0.55	NA	5.3	2.9	#VALUE!	500 Tablets per Bottle
Box/Carton/Bundle/ Inner Pack:	NA	NA	NA	NA	#VALUE!	NA
Case:	7.5	12.9	8.5	9.8	1074.57	12 Bottles per Case
Pallet:	570	48	48	40	92160	70 cases per Pallet
UPC:	**Case:**	350228175050				
	Carton:					

COST INFORMATION

Regular Cost
Invoice Cost (WAC) ($)
Federal Excise Tax Per Unit of Sale
As of date:

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 or 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?

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

- [X] Organic
- [ ] Inorganic
- [ ] Steroid/Androgen
- [ ] Corrosive
- [ ] Oxidizer
- [ ] Contact Hazard
- [ ] Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug? No

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?

If Yes, is it managed with a pharmacy registry?

Website URL:

Comments / Details: (For example, iPledge program?)

REMS:

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned by Supplier:

DEA #:

PCPDP #:

NPI #:

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

ADD'L STORAGE INFORMATION

Is the Product…

Controlled Substance?	No
Controlled by State(s)?	No
ARCOS Reportable?	
Schedule No. (inc. N for non-narcotic)	
Controlled Substance Code	
Listed Chemical (List I or II)	
If yes, indicate which:	
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: 1877-671-4307

Is product returnable for credit:

URL/Link to returns policy:

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

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?