



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: Final VersionDate:

PRODUCT INFORMATION	
Company Name:	Sciegen Pharmaceuticals Inc.
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	205101
DUNS:	079391286
Proprietary Name (If Applicable) and Established Name:	Gabapentin Tablets, USP 600 mg, 100's per Bottle
Selling Unit NDC:	50228-177-01
Individual Unit NDC:	1 Bottle
UPC:	350228177016
UDI	
CVX Code:	
MVX Code:	
Description:	White to off white, Modified Capsule shape, biconvex tablets debossed SG on one side and 177 on other side with bisect line on both sides
Active Ingredient(s):	Gabapentin
URL for Additional Product Information:	
Address:	89 arkay drive
City:	Hauppauge
Key Contact:	Siva Reddy.P.V
Phone Number:	631-434-2723, 631-524-5509
Product Therapeutic Classification:	Anticonvulsant
Application:	ANDA
State:	NY
Zip:	11788
Email:	sivareddy@sciegenpharm.com
Fax:	631-357-3178

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	Controlled Room – between 20 and 25 C (68° – 77° F)
Temperature Range	
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:	631-524-5509
Group E-mail:	sivareddy@sciegenpharm.com
c. Special regulations for product in any states?	No
Special returns requirements for this product?	
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):	

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:	0.6890" X 0.3661"
Strength:	600mg
Dosage Form:	Tablet
Product Shape:	Modified Capsule shape
Product Color:	White to off white
Product Imprint:	SG' on one side and '177' on other side

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> yes Bottle	1 Bottle of 100 Tablets
<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Power Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity? Yes
	If Yes, how many of which package type?
	24 Bottles Each
	per Case Inner/Cartron/Pack
	3 Cases Case

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

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
bottle	<input checked="" type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
	<input type="checkbox"/> 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?	
Has FDA granted waiver/exception/exemption for product?	No
GLN:	350228000000
If Yes, was original product purchased direct from mfr?	
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Depth	Height	Width	Volume (Cube)	# Pieces:
Item:	0.26	NA	3.8	2.1	#VALUE!	100 Tablets per Bottle
Box/Cartron/Bundle/Inner Pack:	NA	NA	NA	NA	#VALUE!	NA
Case:	7	13.8	5	9.1	627.9	24 Bottles per Case
Pallet:	860	48	48	40	92160	117 Cases per Pallet
UPC:	Case:	350228177016				
	Cartron:					

GTIN PRODUCT INFORMATION						
Serialized?	Level	Saleable Unit	Quantity	GTIN-14		
Yes	<input checked="" type="checkbox"/> Item	<input checked="" type="checkbox"/>	1	00350228177016		
If not, when?	<input type="checkbox"/> Box/Cartron/Bundle/Inner Pack					
Items aggregated?	<input checked="" type="checkbox"/> Case		24	20350228177010		
	<input type="checkbox"/> Pallet					

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)		Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:			

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? No
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#

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:

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? No
If Yes, is it managed with a pharmacy registry?
Website URL:
Comments / Details: (For example, iPledge program?)
REMS:
REMS Program Manager Name:
Supplier Manages REMS registry exclusively:
Wholesale distributor support:
Provider Name:
Site Enrollment Number assigned by Supplier:
Phone:
DEA #:
PCPDP #:
NPI #:

Registry:
Registry Program Contact Name:
Phone:

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 1877-671-6307
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:

Miscellaneous notes and barcode area.

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing																								
<p>Purchase orders may be accepted by:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">a. EDI</td> <td style="width: 25%;"><input type="text"/></td> <td style="width: 25%;">Fax Number:</td> <td style="width: 25%;"><input type="text"/></td> </tr> <tr> <td>b. Autofax</td> <td><input type="text"/></td> <td>Fax Number:</td> <td><input type="text"/></td> </tr> <tr> <td>c. Fax</td> <td><input type="text"/></td> <td>Phone No.:</td> <td><input type="text"/></td> </tr> <tr> <td>d. Phone only</td> <td><input type="text"/></td> <td>Site Address:</td> <td><input type="text"/></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td><input type="text"/></td> <td></td> <td></td> </tr> </table> <p>Minimum Order Quantity: <input style="width: 80%;" type="text"/></p> <p>Supplier's Customer Service Number: <input style="width: 95%;" type="text"/></p> <p>Contracted 3PL company / contact #:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Phone:</td> <td><input style="width: 80%;" type="text"/></td> </tr> </table>	a. EDI	<input type="text"/>	Fax Number:	<input type="text"/>	b. Autofax	<input type="text"/>	Fax Number:	<input type="text"/>	c. Fax	<input type="text"/>	Phone No.:	<input type="text"/>	d. Phone only	<input type="text"/>	Site Address:	<input type="text"/>	e. Supplier Web Site only	<input type="text"/>			Name:	<input style="width: 80%;" type="text"/>	Phone:	<input style="width: 80%;" type="text"/>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input style="width: 80%;" type="text"/></p> <p>Shipping lead time of PO: <input style="width: 50%;" type="text"/> Hours <input style="width: 50%;" type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="text"/></p> <p>Ships for second day receipt: <input type="text"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="text"/></p>
a. EDI	<input type="text"/>	Fax Number:	<input type="text"/>																						
b. Autofax	<input type="text"/>	Fax Number:	<input type="text"/>																						
c. Fax	<input type="text"/>	Phone No.:	<input type="text"/>																						
d. Phone only	<input type="text"/>	Site Address:	<input type="text"/>																						
e. Supplier Web Site only	<input type="text"/>																								
Name:	<input style="width: 80%;" type="text"/>																								
Phone:	<input style="width: 80%;" type="text"/>																								
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing																								
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input style="width: 95%; height: 40px;" type="text"/></p>	<p>Overnight receipt available: <input type="text"/></p> <p>PO Receipt cut off time: <input style="width: 80%;" type="text"/></p> <p>Days of week overnight is available:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Monday</td></tr> <tr><td><input type="checkbox"/></td><td>Tuesday</td></tr> <tr><td><input type="checkbox"/></td><td>Wednesday</td></tr> <tr><td><input type="checkbox"/></td><td>Thursday</td></tr> <tr><td><input type="checkbox"/></td><td>Friday</td></tr> </table> <p>Priority Overnight receipt available: <input type="text"/></p> <p>PO Receipt Cut off time: <input style="width: 80%;" type="text"/></p> <p>Saturday Overnight receipt available: <input type="text"/></p> <p>PO Receipt Cut off time: <input style="width: 80%;" type="text"/></p> <p>Order receipt method:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Phone:</td> <td style="width: 30%;"><input type="text"/></td> <td style="width: 20%;">Phone #:</td> <td style="width: 30%;"><input type="text"/></td> </tr> <tr> <td>Fax:</td> <td><input type="text"/></td> <td>Fax #:</td> <td><input type="text"/></td> </tr> <tr> <td>EDI:</td> <td><input type="text"/></td> <td></td> <td></td> </tr> </table> <p>Overnight Fees apply: <input type="text"/></p> <p>Other fees apply: <input type="text"/></p>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	Phone:	<input type="text"/>	Phone #:	<input type="text"/>	Fax:	<input type="text"/>	Fax #:	<input type="text"/>	EDI:	<input type="text"/>				
<input type="checkbox"/>	Monday																								
<input type="checkbox"/>	Tuesday																								
<input type="checkbox"/>	Wednesday																								
<input type="checkbox"/>	Thursday																								
<input type="checkbox"/>	Friday																								
Phone:	<input type="text"/>	Phone #:	<input type="text"/>																						
Fax:	<input type="text"/>	Fax #:	<input type="text"/>																						
EDI:	<input type="text"/>																								
Class of Trade Restriction:	Return Instructions																								
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="text"/></p> <p>Restricted to retail pharmacy only: <input type="text"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="text"/></p> <p>Restricted from US territories? (explain in comments) <input type="text"/></p> <p>Comments: <input style="width: 95%; height: 40px;" type="text"/></p>	<p>Contact # if product is received damaged: <input style="width: 80%;" type="text"/></p> <p>Is product returnable for credit: <input type="text"/></p> <p>URL/Link to returns policy: <input style="width: 80%;" type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="text"/></p> <p>If so, which states? Other requirements? Comments?</p> <div style="border: 1px solid black; height: 30px; width: 95%;"></div>																								
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION																								
<p>Patient Procedure Date: <input style="width: 60%;" type="text"/></p> <p>Physician Name: <input style="width: 80%;" type="text"/></p> <p>Physician/Clinic Phone #: <input style="width: 80%;" type="text"/></p> <p>Physician State License #: <input style="width: 80%;" type="text"/></p> <p>Physician/Clinic DEA #: <input style="width: 80%;" type="text"/></p> <p>Physician/Clinic Specialty: <input style="width: 80%;" type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="text"/></p> <p>Is product order for restocking purposes? <input type="text"/></p>																								
Miscellaneous Notes:																									
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>																									