



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type:

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	Sciegen Pharmaceuticals Inc.
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	78420
DUNS:	079391286
Proprietary Name (If Applicable) and Established Name:	Nabumetone Tablets, USP 750 mg, 500's per Bottle
Selling Unit NDC:	50228-466-05
UDI	
Individual Unit NDC:	
UPC:	350228466059
CVX Code:	
MVX Code:	
Description:	White colored, Oval shaped, Biconvex, film coated tablets, debossed with 'SG' on one side '466' on other side.
Active Ingredient(s):	
URL for Additional Product Information:	
Address:	89 arkay drive
City:	Hauppauge
Key Contact:	Siva Reddy.P.V
Phone Number:	6314342723, 6315245509
Product Therapeutic Classification:	Anti Inflammatory
Application:	ANDA
State:	NY
Zip:	11788
Email:	sivareddyp@sciegenpharm.com
Fax:	6313573178

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:	6315245509
Group E-mail:	sivareddyp@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:	0.3504" X 0.7480"
Strength:	750mg
Dosage Form:	Tablets
Product Shape:	Oval
Product Color:	White
Product Imprint:	'SG' on one side '466' on other side

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> yes Bottle	1 Bottle of 500 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 Powder Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity? Yes
	If Yes, how many of which package type?
	12 Bottles Each
	per Case Inner/Case/Pack
	3 Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Generic Equivalent to What Brand?:	Relafen
<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:
<input type="text" value="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:	1.2	NA	7.3	3.8	#VALUE!	500 Tablets per Bottle
Box/Carton/Bundle/Inner Pack:	NA	NA	NA	NA	#VALUE!	NA
Case:	15	13.3	9.6	11.4	1455.552	12 Bottles per Case
Pallet:	870	48	48	40	92160	55 Cases per Pallet
UPC:	Case:	350228466059				
	Carton:					

GTIN PRODUCT INFORMATION							
Serialized?	Level	Saleable Unit	Quantity	GTIN-14			
Yes	<input checked="" type="checkbox"/>	Item	<input checked="" type="checkbox"/>	2D	<input checked="" type="checkbox"/>	1	00350228466059
If not, when?		Box/Carton/Bundle/Inner Pack		2D			
Items aggregated?	No	Case	<input checked="" type="checkbox"/>	2D	<input checked="" type="checkbox"/>	12	20350228466053
		Pallet		2D			
				2D			
				2D			
				2D			
				2D			
				2D			

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?
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?
(if yes, answer a-e below and provide SDS) No

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	
<input checked="" type="checkbox"/> Organic	<input type="checkbox"/> Corrosive
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard
<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input type="text"/>	
Is the product a NIOSH hazardous drug? <input type="checkbox"/> No	
If yes, indicate which: <input type="text"/>	

Hazardous Waste Identification	
EPA Hazardous Waste Code:	<input type="text"/>

REMS or REGISTRY RESTRICTIONS	
Is there a REMS on this product?	<input type="checkbox"/> No
If Yes, is it managed with a pharmacy registry?	<input type="checkbox"/>
Website URL:	<input type="text"/>
Comments / Details: (For example, iPledge program?) <input type="text"/>	

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?	<input type="checkbox"/> No
Controlled by State(s)?	<input type="checkbox"/> No
ARCOS Reportable?	<input type="checkbox"/>
Schedule No. (inc. N for non-narcotic)	<input type="text"/>
Controlled Substance Code	<input type="text"/>
Listed Chemical (List I or II)	<input type="checkbox"/>
If yes, indicate which:	<input type="text"/>
Is it a scheduled listed chemical product?:	<input type="checkbox"/>

CLASS OF TRADE RESTRICTION:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	<input type="checkbox"/>
Restricted to retail pharmacy only:	<input type="checkbox"/>
Restricted to hospital, clinics, and physician offices only:	<input type="checkbox"/>
Restricted from US territories? (explain in comments)	<input type="checkbox"/>
Comments:	<input type="text"/>

RETURN INSTRUCTIONS	
Contact tel. # if product received damaged:	<input type="text" value="6315245509"/>
Is product returnable for credit:	<input type="checkbox"/>
URL/Link to returns policy:	<input type="text"/>
Special regulations or returns requirements for this product in certain states?	<input type="checkbox"/> No
If so, which states? Other requirements? Comments? <input type="text"/>	

MISCELLANEOUS NOTES and/or Image of Product Barcode:	
<input type="text"/>	

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