



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

Version 2021

Introduction Type:

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	Sciegen Pharmaceuticals Inc
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	205237
Medical Device Class, if applicable:	
DUNS:	079391286
Proprietary Name (If Applicable) and Established Name:	Lacosamide Tablets, USP 50 mg, 60's count per bottle
Selling Unit NDC:	50228-192-60
UDI	
Unit of Use NDC:	1 bottle
UPC:	350228192606
CVX Code:	
MX Code:	
Description:	Pink, oval, film coated tablets debossed with 'SG' on one side and '192' on the other
Active Ingredient(s):	Lacosamide
URL for Additional Product Information:	
Address:	89 arkay drive
City:	Hauppauge
Key Contact:	Siva Reddy, P.V
Phone Number:	631-424-2723, 631-524-5509
Product Therapeutic Classification:	Anti - Epileptic
State:	NY
Address 2:	
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.	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77° F)
Other Temperature Range Requirement (write in)	
Notes	
Is this product to be shipped to customers on ice?	<input type="checkbox"/> No
Is this product to be shipped to customers on dry ice?	<input type="checkbox"/> No
b. Contact for temperature excursion questions:	
Name:	Siva Reddy, P.V.
Number:	631-424-2727 XT 107, 631-524-5509
Group E-mail:	sivareddy@sciegenpharm.com
c. Special regulations for product in any states?	<input type="checkbox"/> No
Special returns requirements for this product?	<input type="checkbox"/> No
d. Store product (unit of sale) upright?	<input type="checkbox"/> Yes
Protect product (unit of sale) from light?	<input type="checkbox"/>
e. Shelf life:	
Initial shelf life at launch (if different):	<input type="text"/> 24 Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?		Is the Product... Direct-Ship Only	
a legend device?	<input type="checkbox"/> No	Is the Product... Unit of Use	
if yes, enter class #		Orphan Drug Status	
a product kit?	<input type="checkbox"/>	FDA Approval Status	
if yes, list NDCs of component parts		Allergens Present	
reverse numbered?	<input type="checkbox"/> No	Country of Origin	USA
co-licensed?	<input type="checkbox"/> No	Is this product covered under the Trade Agreements Act (TAA)?	<input type="checkbox"/> Yes
latex-free?	<input type="checkbox"/>	Size:	0.4016" x 0.1850"
preservative-free?	<input type="checkbox"/>	Strength:	50 mg
correctional institution block?	<input type="checkbox"/>	Dosage Form:	Tablet
opioid?	<input type="checkbox"/>	Product Shape:	Oval
Cannabinoid?	<input type="checkbox"/>	Product Color:	Pink
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>	Product Imprint:	"SG" on one side and "192" on other side
If Unit Dose, indicate NDC here:			

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Yes Bottle	1 Bottle of 60 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="checkbox"/> Yes
<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="checkbox"/> 24 Bottles Each
<input type="checkbox"/> Vial Power Multi	<input type="checkbox"/> per Case Inner/ Carton/Pack
<input type="checkbox"/> Other: Write In	<input type="checkbox"/> 1 Cases Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Generic Equivalent to What Brand?:	VIMPAT
<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="checkbox"/> Bottle	<input checked="" type="checkbox"/> X 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?	<input type="checkbox"/> Yes
Is product exempt from DSCSA?	<input type="checkbox"/> No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	<input type="checkbox"/> No
Is product sold by manufacturer's exclusive distributor?	<input type="checkbox"/> No
Has FDA granted waiver/exemption/exemption for product?	<input type="checkbox"/> No
If yes, attach documentation from FDA.	
GLN:	035022800000
GCP:	
If yes, was original product purchased direct from mfr?	<input type="checkbox"/>
Provide source manufacturer for repackaged product	

ITEM AND PACKING INFORMATION						
	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.06	NA	1.5	2.9	#VALUE!	60 tablets per bottle
Box/ Carton/ Bundle/ Inner Pack:	NA	NA	NA	NA	#VALUE!	NA
Case:	1.9	11.5	7.2	4.1	339.48	24 bottles per case
Pallet:	310	48	40	48	92160	138 case per pallet

GTIN AND HIBCC PRODUCT INFORMATION				
Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	1		00350228192606	
<input checked="" type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	24		20350228192600	
<input type="checkbox"/> Pallet				

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Invoice Cost (WAC) (\$)	\$5.10	Vendor #:	
As of date:		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?

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?  
 Is the product a CA Prop 65 carcinogen?   
 Is the product a CA Prop 65 reproductive toxicant?   
 Does the product label bear a CA Prop 65 warning?

c. Contact Hazard?

d. Does this product require special clean-up instructions?  
 (If yes, attach SDS with special instructions.)

e. Does the product contain DEHP?

Is this product regulated for shipment by DOT?  
 (if yes, answer a-e below and provide SDS)

a. UN/Identification Number: UN2811

b. Proper Shipping Name:

c. DOT Hazard Class: Toxic SOLID , Organic N.O.S (Lacosamide)

d. Packing Group: III

e. Inhalation Hazard?

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?

Is the product restricted for air shipment? If so, indicate restriction:  No

Passenger  
 Cargo  
 Passenger & Cargo

Is this a reportable quantity?   
 RQ Threshold:

Is this a marine pollutant?

Is this product shipped utilizing an authorized DOT exception or Special Permit?  
 (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

Organic  
 Inorganic  
 Steroid/Androgen

Corrosive  
 Oxidizer  
 Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level:   
 NFPA Storage Level:

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?   
 If Yes, is it managed with a pharmacy registry?   
 Website URL:

Med Guide Required   
 Limited Distribution Requirement   
 Comments / Details: (For example, iPledge program?)

**REMS:**

REMS Program Manager Name:  Phone:   
 Supplier Manages REMS registry exclusively:   
 Wholesale distributor support:   
 Provider Name:  DEA #:   
 Site Enrollment Number assigned by Supplier:  NCPDP#:   
 NPI #:

Comments:

**Registry:**

Registry Program Contact Name:  Phone:   
 Comments:

### ADD'L STORAGE INFORMATION

Is the Product...  
 Controlled Substance?  Yes  No  
 Controlled by State(s)?  Yes  No  
 ARCOS Reportable?  Yes  No  
 Schedule No.  5

Controlled Substance Code:   
 Listed Chemical (List I or II)  No  
 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:

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 and/or Image of Product Barcode:



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

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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	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>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p>	<p><b>Purchase order daily receipt cut off time by supplier</b></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 type="text"/></p>	<p><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>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:	
<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 type="text"/></p>	
Other Data Information Required to Process PO:	Return Instructions
<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>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>If so, which states? Other requirements? Comments? <input type="text"/></p>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<p><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>