



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:** ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 206381
Medical Device Class, if applicable: []
DUNS: 079391286
Proprietary Name (if Applicable) and Established Name: Rosuvastatin Tablets, USP 10 mg, 1000's count per bottle
Selling Unit NDC: 50228-117-10 **Unit of Use NDC:** 1 bottle **UPC:** 350228117104
UDI: [] **CVX Code:** [] **MX Code:** []
Description: Pink colored, round, biconvex, film coated tablets, debossed with SG on one side and 117 on other side.
Active Ingredient(s): Rosuvastatin
URL for Additional Product Information: []
Address: 89 arkay drive **Address 2:** []
City: Hauppauge **State:** NY **Zip:** 11788
Key Contact: Siva Reddy, P.V. **Email:** sivareddy@sciegenpharm.com
Phone Number: 631-424-2723, 631-524-5509 **Fax:** 631-357-3178
Product Therapeutic Classification: Hyperlipidemia

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? [] 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: 631-424-2727 XT 107, 631-524-5509
Group E-mail: sivareddy@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? [] Yes
e. Shelf life: Initial shelf life at launch (if different): [] 24 Months
 [] 24 Months

ADDITIONAL PRODUCT INFORMATION

The product is a legend device? [] No
 if yes, enter class # []
 a product kit? []
 if yes, list NDCs of component parts reverse numbered? []
 co-licensed? [] No
 latex-free? []
 preservative-free? []
 correctional institution block? []
 opioid? []
 Cannabinoid? []
 If Unit Dose, is item bar coded to unit dose for hospital scanning? []
 If Unit Dose, indicate NDC here: []
Is the Product... Direct-Ship Only []
Is the Product... Unit of Use []
Orphan Drug Status []
FDA Approval Status []
Allergens Present []
Country of Origin USA []
 Is this product covered under the Trade Agreements Act (TAA)? [] Yes

PRODUCT DESCRIPTION INFORMATION

Size: 0.2283
Strength: 10 mg
Dosage Form: Tablet
Product Shape: Round
Product Color: Pink
Product Imprint: "SG" on one side and "117" on other side

ORDER INFORMATION

Unit of Sale
 Yes Bottle
 Box/Carton
 Ampule
 Glass
 Tube
 Vial Liquid Sgl
 Vial Liquid Multi
 Vial Powder Sgl
 Vial Power Multi
 Other: Write In []
What is the NDC selling unit? 1 Bottle of 1000 Tablets
 (Write-in, e.g. 1 Box of 10 Vials)
Minimum order quantity? [] Yes
If Yes, how many of which package type?
 24 Bottles Each
 per Case Inner/ Carton/Pack
 1 Cases Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: AB [] Authorized Generic *If Authorized Generic, other section fields are not applicable
II. Generic Equivalent to What Brand?: Crestor

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? [] Bottle
 (Write-in, e.g. 1 Vial)
Rx billing unit to pharmacy:
 X Each
 Gram
 Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? [] Yes
Is product exempt from DSCSA? [] No
GLN: 0350228000000
GCP: []
If yes, was original product purchased direct from mfr? []
Provide source manufacturer for repackaged product []

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.24	NA	2.3	3.9	#VALUE!	1000 tabs per bottle
Box/Carton/Bundle/Inner Pack:	NA	NA	NA	NA	#VALUE!	NA
Case:	6.4	13.4	9	4.5	542.7	24 bottles per case
Pallet:	372	48	40	54	103680	52 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	[]	00350228117104	[]
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack	[]	[]	[]	[]
<input checked="" type="checkbox"/> Case	24	[]	20350228117108	[]
<input type="checkbox"/> Pallet	[]	[]	[]	[]

COST INFORMATION

Regular Cost []
Invoice Cost (WAC) (\$) \$67.15
As of date: []
WHOLESALE USE ONLY:
Vendor #: []
Whsl. Code #: []
Fineline Code: []



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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.) No
- e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT? (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 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? 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?

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#

ADD'L STORAGE INFORMATION

Is the Product...

- Controlled Substance? no Controlled Substance Code
- Controlled by State(s)?
- ARCOS Reportable?
- Schedule No.
- 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:

MISCELLANEOUS NOTES and/or Image of Product Barcode:

Release DATE

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? No

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

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

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 6315245509

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?



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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> <ul style="list-style-type: none"> a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> c. Fax <input type="checkbox"/> d. Phone only <input type="checkbox"/> e. Supplier Web Site only <input type="checkbox"/> <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>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 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><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>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: 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>	<p>Return Instructions</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> <p>ADDITIONAL INFORMATION</p> <p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Other Data Information Required to Process PO:	
<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>	
Miscellaneous Notes:	
<p><input type="text"/></p>	