



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

Version 2020

Introduction Type: New Item

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	<input type="text" value="Xiromed LLC"/>
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	<input type="text" value="212977"/>
DUNS:	<input type="text" value="080228637"/>
Proprietary Name (If Applicable) and Established Name:	<input type="text" value="OMEPRAZOLE"/>
Selling Unit NDC:	<input type="text" value="70700-150-01"/>
UDI	<input type="text"/>
Description:	<input type="text" value="Omeprazole Delayed-Release Capsules, USP 20mg"/>
Active Ingredient(s):	<input type="text" value="OMEPRAZOLE"/>
URL for Additional Product Information:	<input type="text"/>
Address:	<input type="text" value="180 Park Ave"/>
City:	<input type="text" value="Florham Park"/>
Key Contact:	<input type="text" value="David Hernandez"/>
Phone Number:	<input type="text" value="844-947-6633"/>
Product Therapeutic Classification:	<input type="text"/>

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)
Other Temperature Range Requirement (write in)	<input type="text"/>
Notes	<input type="text"/>
Is this product to be shipped to customers on ice?	<input type="text" value="No"/>
Is this product to be shipped to customers on dry ice?	<input type="text" value="No"/>
b. Contact for temperature excursion questions:	
Name:	<input type="text" value="Steven Yeung"/>
Number:	<input type="text" value="844-947-6633"/>
Group E-mail:	<input type="text" value="steven.yeung@xiromed.com"/>
c. Special regulations for product in any states?	<input type="text" value="No"/>
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	<input type="text" value="Yes"/>
Protect product (unit of sale) from light?	<input type="text" value="Yes"/>
e. Shelf life:	<input type="text" value="24"/> Months
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device?	<input type="text" value="No"/>	Is the Product... Direct-Ship Only	<input type="text" value="Neither"/>
if yes, enter class # a product kit?	<input type="text"/>	Is the Product... Orphan Drug Status	<input type="text"/>
if yes, list NDCs of component parts reverse numbered?	<input type="text"/>	FDA Approval Status	<input type="text"/>
co-licensed?	<input type="text" value="No"/>	Allergens Present	<input type="text" value="Not made with natural rubber latex."/>
latex-free?	<input type="text" value="No"/>	Country of Origin	<input type="text" value="Spain"/>
preservative-free?	<input type="text" value="Yes"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="Yes"/>
correctional institution block?	<input type="text" value="No"/>		
opioid?	<input type="text" value="No"/>		
Cannabinoid?	<input type="text" value="No"/>		
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text"/>		
If Unit Dose, indicate NDC here:	<input type="text"/>		
Size:	<input type="text" value="100ct"/>	Strength:	<input type="text" value="20MG"/>
Dosage Form:	<input type="text" value="CAPSULE"/>	Product Shape:	<input type="text" value="Oval"/>
Product Color:	<input type="text" value="White body and cap with black printing"/>	Product Imprint:	<input type="text" value="*20* and *XI*"/>

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 Bottle containing 100 capsules"/>
<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="text" value="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="text" value="24"/> Each
<input type="checkbox"/> Vial Power Multi	<input type="text"/>
<input type="checkbox"/> Other: Write In	<input type="text"/>

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	<input type="text" value="AB"/>
II. Generic Equivalent to What Brand?:	<input type="text" value="Prilosec"/>
<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="1 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?	<input type="text" value="Yes"/>
Is product exempt from DSCSA?	<input type="text" value="No"/>
If yes, select exemption:	GLN: <input type="text" value="0370700000007"/>
Other exemption - Write in:	<input type="text"/>
Is product repackaged?	<input type="text" value="No"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="No"/>
Has FDA granted waiver/exception/exemption for product?	<input type="text" value="No"/>

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Depth	Width	Height	Volume (Cube)	# Pieces:
Box/Carton/Bundle/Inner Pack:					0	
Case:	4.8	11.375	7.9375	4.25	383.72852	24
Pallet:					0	

GTIN AND HIBCC PRODUCT INFORMATION				
Saleable Unit of Measure	Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="00370700150016"/>	<input type="text"/>
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Case	<input type="text" value="24"/>	<input type="text"/>	<input type="text" value="10370700150013"/>	<input type="text"/>
<input type="checkbox"/> Pallet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost	<input type="text"/>	Vendor #:	<input type="text"/>
Invoice Cost (WAC) (\$)	<input type="text" value="7.50"/>	Whsl. Code #:	<input type="text"/>
As of date:	<input type="text"/>	FineLine Code:	<input type="text"/>



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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? 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? No
(If yes, attach SDS with special instructions.)
- 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? No

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 Substance Code
- Controlled by State(s)? No Listed Chemical (List I or II) No
- ARCOS Reportable? No If yes, indicate which:
- Schedule No. Is it a scheduled listed chemical product?: No

CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes
- Restricted to retail pharmacy only:
- Restricted to hospital, clinics, and physician offices only:
- Restricted from US territories? (explain in comments)
- Comments:

SDS Hazard Classification

- 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: 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 No
- Limited Distribution Requirement No
- 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: PCPDP#:
 - NPI #:
 - Comments
- Registry:**
 - Registry Program Contact Name: Phone:
 - 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:

