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

Version 2020 | Introduction Type: Post Launch Change | [ ] Final Version | Date: 10/8/2021

PRODUCT INFORMATION

Company Name:	Xiromed LLC
Application:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	210124
DUNS:	080228637
Proprietary Name (If Applicable) and Established Name:	FLUOROURACIL
Selling Unit NDC:	70700-189-22
Unit of Use NDC:	
UPC:	370700189221
UDI	
CVX Code:	
MVX Code:	
Description:	Fluorouracil Injection, USP 5g/100mL 1x100mL Multiple-dose vial
Active Ingredient(s):	FLUOROURACIL
URL for Additional Product Information:	
Address:	180 Park Ave
Address 2:	Suite 101
City:	Florham Park
State:	NJ
Zip:	07932
Key Contact:	David Hernandez
Email:	david.hernandez@xiromed.com
Phone Number:	844-947-6633
Fax:	862-286-0932
Product Therapeutic Classification:	

ADDITIONAL PRODUCT INFORMATION

The product is?	
a legend device?	No
if yes, enter class #	
a product kit?	No
if yes, list NDCs of component parts	
reverse numbered?	No
co-licensed?	No
latex-free?	Yes
preservative-free?	Yes
correctional institution block?	Yes
opioid?	No
Cannabinoid?	No
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…	Neither
Orphan Drug Status	
FDA Approval Status	
Allergens Present	Container closure is not made with natural rubber latex.
Country of Origin	India
Is this product covered under the Trade Agreements Act (TAA)?	No

PRODUCT DESCRIPTION INFORMATION

Size:	1 x 100mL multiple-dose vial
Strength:	5GM/100ML (50MG/ML)
Dosage Form:	INJECTABLE
Product Shape:	
Product Color:	
Product Imprint:	

FOR GENERIC DRUG PRODUCTS

[ ] Authorized Generic — *If Authorized Generic, other section fields are not applicable

I. Orange Book Rating: AP

II. Generic Equivalent to What Brand?:

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
GLN:	0370700000007
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
If Yes, was original product purchased direct from mfr?	
If yes, attach documentation from FDA.	

GTIN AND HIBCC PRODUCT INFORMATION

	Saleable Unit of Measure	Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
x	Item/Each	1		00370700189221	
	Box/Carton/Bundle/Inner Pack				
x	Case	20		20370700189225	
	Pallet				

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:	Steven Yeung
Number:	844-947-6633
Group E-mail:	steven.yeung@xiromed.com

c. Special regulations for product in any states? No

Special returns requirements for this product? No

d. Store product (unit of sale) upright?

Protect product (unit of sale) from light? Yes

e. Shelf life: 24 Months

Initial shelf life at launch (if different): Months

ORDER INFORMATION

Unit of Sale		What is the NDC selling unit?
	Bottle	1 Box containing 1 Vial
x	Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
	Ampule	
	Glass	Minimum order quantity? Yes
	Tube	
	Vial Liquid Sgl	
	Vial Liquid Multi	If Yes, how many of which package type?
	Vial Powder Sql	20 Each
	Vial Power Multi	Inner/Carton/Pack
	Other: Write In	Case

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer: 1 Box containing 1 Vial (Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy:

x	Each
	Gram
	Milliliter

ITEM AND PACKING INFORMATION

	Weight Lbs.	Dimensions (US msmts.) Depth	Width	Height	Volume (Cube)	# Pieces:
Item/Each:	0.309	2.165	2.165	4.528	21.223755	1
Box/Carton/Bundle/ Inner Pack:					0	
Case:	7.937	11.22	9.055	5.315	539.98859	20
Pallet:					0	

COST INFORMATION

Regular Cost	
Invoice Cost (WAC) ($)	$59.40
As of date:	

WHOLESALER USE ONLY:

Vendor #:	
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? Yes

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

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT? 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 this product regulated for shipment by 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? Yes
RQ Threshold: 500

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

- ☐ Organic
- ☐ Inorganic
- ☐ Steroid/Androgen
- ☐ Corrosive
- ☐ Oxidizer
- ☐ Contact Hazard
- ☐ Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug? Yes
If yes, indicate which: Group 1 items (antineoplastic)

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

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:

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:

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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

Purchase orders may be accepted by:

a. EDI
b. Autofax — Fax Number:
c. Fax — Fax Number:
d. Phone only — Phone No.:
e. Supplier Web Site only — Site Address:

Minimum Order Quantity:
Supplier's Customer Service Number:
Contracted 3PL company / contact #: Name:
Phone:

Standard Order Receipt and Processing

Purchase order daily receipt cut off time by supplier
Cut off time:

Shipping lead time of PO: Hours Days

Ships same day for next day receipt:
Ships for second day receipt:
Ships regular ground for 3-10 days receipt:

Expedited Freight Charges or Other Designated Drop Ship Fees:

Expedited freight fees billed with each order:
Drop Ship service fee billed with each order:
Drop Ship miscellaneous fees billed:
Comments:

Overnight and Priority Overnight PO Processing

Overnight receipt available:
PO Receipt cut off time:
Days of week overnight is available:
Monday
Tuesday
Wednesday
Thursday
Friday

Priority Overnight receipt available:
PO Receipt Cut off time:

Saturday Overnight receipt available:
PO Receipt Cut off time:

Order receipt method: Phone: Phone #:
Fax: Fax #:
EDI:

Overnight Fees apply:
Other fees apply:

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:

Other Data Information Required to Process PO:

Patient Procedure Date:
Physician Name:
Physician/Clinic Phone #
Physician State License #
Physician/Clinic DEA #:
Physician/Clinic Specialty:

Return Instructions

Contact # if product is 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:

ADDITIONAL INFORMATION

Is product order for scheduled patient procedure?
Is product order for restocking purposes?