



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

Version 2021 Introduction Type: [] Final Version Date: []

PRODUCT INFORMATION	
Company Name:	Xiromed LLC
Application:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	218326
Medical Device Class, if applicable:	
DUNS:	790387927
Proprietary Name (if Applicable) and Established Name:	GUANFACINE TABLETS, USP
Selling Unit NDC:	70700-302-01
Unit of Use NDC:	
UPC:	370700302019
UDI	
CVX Code:	
MXV Code:	
Description:	2 mg; white, oval, flat-faced, beveled-edge tablet with "XI" on one side and "131" on other side.
Active Ingredient(s):	GUANFACINE Tablets USP
URL for Additional Product Information:	
Address:	180 Park Avenue
City:	Florham Park
Key Contact:	David Hernandez
Phone Number:	(845) 649-7130
Product Therapeutic Classification:	Attention Deficit Hyperactivity Disorder (ADHD), hypertension
Address 2:	
State:	NJ
Zip:	07932
Email:	usregulatory@xiromed.com
Fax:	862-286-0932

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)	None
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:	Vipul Gandhi
Number:	862-895-6230
Group E-mail:	US-Quality-Xiromed@xiromed.com
c. Special regulations for product in any states?	
Special returns requirements for this product?	<input type="checkbox"/> No
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="checkbox"/> No
e. Shelf life:	
Initial shelf life at launch (if different):	<input type="checkbox"/> 24 Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?	<input type="checkbox"/> No	Is the Product... Direct-Ship Only	<input type="checkbox"/>
a legend device?	<input type="checkbox"/>	Is the Product... Neither	<input type="checkbox"/>
if yes, enter class #		Orphan Drug Status	
a product kit?	<input type="checkbox"/> No	FDA Approval Status	
if yes, list NDCs of component parts		Allergens Present	No
reverse numbered?	<input type="checkbox"/> No	Country of Origin	India
co-licensed?	<input type="checkbox"/> No	Is this product covered under the Trade Agreements Act (TAA)?	<input type="checkbox"/> No
latex-free?	<input type="checkbox"/> Yes	Size:	11mm
preservative-free?	<input type="checkbox"/> Yes	Strength:	2 MG
correctional institution block?	<input type="checkbox"/> Yes	Dosage Form:	Tablets
opioid?	<input type="checkbox"/> No	Product Shape:	Oval
Cannabinoid?	<input type="checkbox"/> No	Product Color:	white
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/> No	Product Imprint:	"XI" on one side and "131" on other side
If Unit Dose, indicate NDC here:			

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

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Generic Equivalent to What Brand?:	TENEX
<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:
1 Bottles with 100 Tablets	<input checked="" type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input checked="" 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/exception/exemption for product?	<input type="checkbox"/> No
If yes, attach documentation from FDA.	
GLN:	00370700000007
GCP:	
If yes, was original product purchased direct from mfr?	<input type="checkbox"/>
Provide source manufacturer for repackaged product	

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:					0	
Case:	3	11.0625	7.625	3.625	305.77441	24
Pallet:	770	48	40	52	99840	6000

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		00370700302019	
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	24		10370700302016	
<input type="checkbox"/> Pallet				

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$60.00	Whsl. Code #:	
As of date:		Fineline Code:	



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Version 2021

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? 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 Yes
- Controlled by State(s)? No Yes
- ARCOS Reportable? No Yes
- Schedule No.
- Controlled Substance Code
- Listed Chemical (List I or II) No Yes
- If yes, indicate which:
- 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 No Yes
- Restricted to retail pharmacy only: No Yes
- Restricted to hospital, clinics, and physician offices only: No Yes
- Restricted from US territories? (explain in comments) No Yes
- Comments:

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 Yes
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 Yes
If Yes, is it managed with a pharmacy registry? No Yes
Website URL:

Med Guide Required No Yes
Limited Distribution Requirement No Yes
Comments / Details: (For example, iPledge program?)

REMS:
REMS Program Manager Name: Phone:
Supplier Manages REMS registry exclusively: No Yes
Wholesale distributor support: No Yes
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:
Is product returnable for credit: No Yes
URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states? No Yes
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	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 #: Name: <input type="text"/> 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>	
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:	
<input type="text"/>	
	ADDITIONAL INFORMATION
	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>