



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: Final VersionDate:

PRODUCT INFORMATION	
Company Name:	Auromedics Pharma LLC
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	212455
DUNS:	968961354
Proprietary Name (If Applicable) and Established Name:	Naloxone Hydrochloride Injection USP (0.4 mg/mL) (SDV) (10 Vials)
Selling Unit NDC:	55150-327-10
Individual Unit NDC:	55150-327-10
UPC:	355150327102
CVX Code:	
MXV Code:	
Description:	Naloxone Hydrochloride Injection, USP (0.4 mg/mL) (SDV) (10 Vials)
Active Ingredient(s):	Naloxone Hydrochloride
URL for Additional Product Information:	
Address:	279 Princeton-Hightstown Road
City:	East Windsor
Key Contact:	
Phone Number:	888-238-7880
Product Therapeutic Classification:	Opioid Reversal Agent

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)	Store at 20° to 25°C (68° to 77°F).
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:	
Number:	
Group E-mail:	
c. Special regulations for product in any states?	No
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	No
Protect product (unit of sale) from light?	No
e. Shelf life:	
Initial shelf life at launch (if different):	18 Months

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	No
reverse numbered?	No
co-licensed?	No
Is the Product... Direct-Ship Only	
Is the Product... Neither	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input checked="" type="checkbox"/>
If Unit Dose NDC, indicate NDC here:	
Country of Origin	India
Is this product covered under the Trade Agreements Act (TAA)?	No

PRODUCT DESCRIPTION INFORMATION	
Size:	10 pack
Strength:	0.4 mg/mL
Dosage Form:	Liquid
Product Shape:	
Product Color:	
Product Imprint:	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Bottle	55150-327-10
<input checked="" type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Power Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity? Yes
	If Yes, how many of which package type?
	<input type="text" value="1"/> Each
	<input type="text" value="1"/> Inner/Carton/Pack
	<input type="text" value="1"/> Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AP <input type="checkbox"/> Authorized Generic <input type="checkbox"/> If Authorized Generic, other section fields are not applicable
II. Generic Equivalent to What Brand?:	Narcan® Injection 0.4 mg/mL (Adapt Pharma Operations Ltd.)

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text" value="10"/> vials	<input checked="" type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="text" value=""/> Gram
	<input type="text" value=""/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is product exempt from DSCSA?	No <input checked="" type="checkbox"/>
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No <input checked="" type="checkbox"/>
Is product sold by manufacturer's exclusive distributor?	No <input type="checkbox"/>
Has FDA granted waiver/exception/exemption for product?	No <input type="checkbox"/>
GLN:	
If Yes, was original product purchased direct from mfr?	<input checked="" type="checkbox"/>
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Item:	0.7561	3.54	1.97	1.38	9.623844	10 Vials
Box/Carton/Bundle/Inner Pack:	7.561	11.1	4.72	7.48	391.89216	300 vials
Case:	16.312	12.2047	10.2362	8.6614	1082.06654	600 vials
Pallet:	1076.963	48	45.94	40	88204.8	38400 vials
UPC:	Case:	50355150327107				
	Carton:	00355150327102				

GTIN PRODUCT INFORMATION						
Serialized?	Level	Item	Saleable Unit	Quantity	GTIN-14	Items aggregated?
<input checked="" type="checkbox"/>	Box/Carton/Bundle/Inner Pack		<input checked="" type="checkbox"/>	10	00355150327102	<input type="checkbox"/>
<input type="checkbox"/>	Case		<input checked="" type="checkbox"/>	300	30355150327103	<input type="checkbox"/>
<input type="checkbox"/>	Pallet		<input checked="" type="checkbox"/>	600	50355150327107	<input type="checkbox"/>
<input type="checkbox"/>			<input checked="" type="checkbox"/>	38400	70355150327101	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$115.00	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:			

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

e. Does the product contain DEHP? []

Is this product regulated for shipment by DOT or 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:

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 by State(s)? No

ARCOS Reportable? No

Schedule No. (inc. N for non-narcotic) []

Controlled Substance Code []

Listed Chemical (List I or II) No

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 Yes

Restricted to retail pharmacy only: No

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) []

Comments: []

SDS Hazard Classification

<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> 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: []

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry? []

Website URL: []

Comments / Details: (For example, iPledge program?)
[]

REMS: No

REMS Program Manager Name: [] Phone: []

Supplier Manages REMS registry exclusively: []

Wholesale distributor support:
Provider Name: []

Site Enrollment Number assigned
by Supplier: []

DEA #: []

PCPDP #: []

NPI #: []

Comments: []

Registry: []

Registry Program Contact Name: [] Phone: []

Comments: []

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 888-238-7880

Is product returnable for credit: Yes

URL/Link to returns policy: http://auromedics.com/policies/return-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:

[]

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"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p style="margin-left: 20px;">Name: <input type="text"/></p> <p style="margin-left: 20px;">Phone: <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 style="width: 100%; height: 80px;" 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: <input type="checkbox"/> Phone: <input type="text"/> Phone #: <input type="text"/></p> <p style="margin-left: 20px;">Fax: <input type="text"/> Fax #: <input type="text"/></p> <p style="margin-left: 20px;">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:	Return Instructions
<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 style="width: 100%; height: 80px;" 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 style="width: 100%; height: 80px;" type="text"/></p>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
<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>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Miscellaneous Notes:	
<input style="width: 100%; height: 100px;" type="text"/>	