

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: <u>AuroMedics Pharma LLC</u> Number: <u>55150</u> Rx Product Name: <u>Ampicillin and Sulbactam for injection, USP 1.5g</u> <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC <u>55150-116-20</u> <input type="checkbox"/> UPC/GTIN Serialized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How? <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: <u>Ampicillin and Sulbactam for injection, USP 1.5 grams 10pack</u> URL for additional product information: <u>www.auromedics.com</u> Address: <u>6 Wheeling Road</u> City, State, Zip: <u>Dayton, NJ 08810</u> Key Contact: <u>Julie Faria</u> Email: <u>jfaria@aurobindousa.com</u> Phone Number: <u>732-823-4150</u> Fax: <u>732-601-4499</u> Is the Product... <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: <u>Ampicillin and Sulbactam</u> Country of Origin: <u>India</u> Harmonization Code Number for International Shipping: <u>2941.10.10</u> Is this product a Hazardous Material or Cytotoxic Agent? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;">Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</p>	a. Temperature – Indicate the USP temperature range for this product. I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="checkbox"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/> III. Cool – between 8 and 15 C (46° – 59° F) <input type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) <input checked="" type="checkbox"/> <p style="text-align: center;">allows for excursions between 15 and 30 C (59° – 86° F)</p> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <p style="text-align: center;">(write in) _____</p> VII. No Requirement <input type="checkbox"/> b. Contact for temperature excursion questions: Name: <u>Joel Kise</u> Number: <u>732-823-4122</u> Is this product to be shipped to customers on ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* _____ <p style="text-align: center;">*Please provide additional information on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? _____ Of what package type? <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item Shelf life: <u>24 Months</u> Initial shelf life at launch (if diff't) _____	Size/Strength/Form <u>pack of 10 / 1.5g / Injection</u>	Unit of Sale <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	UPC Code Case: _____ Carton: <u>355150116201</u> Item: <u>355150116201</u>	Mstr. Shpr. <u>240</u>	Inner Case Pk <u>30</u>	Wght. Lbs. Case: _____ <u>16.72</u> Carton: <u>1.76</u> Item: _____	Cube _____	Dimensions			# Cases/Pallet <u>45</u>
								Case	Item	Pallet	
								Depth: <u>8.661</u>	Depth: <u>5.7</u>	Depth: _____	
								Height: <u>12.795</u>	Height: <u>2.95</u>	Height: _____	
								Width: _____	Width: _____	Width: _____	
For Generic Drug Products:											
I. Orange Book: Rating: <u>AP</u>			III. Brand Name Equivalent: <u>Unasyn</u>								
II. Product Color: <u>White to off-white</u>			IV. Generic Name for Brand: <u>Ampicillin and Sulbactam for injection, USP</u>								
COST INFORMATION											
Whsl. Code #: _____	Regular Cost (\$)	Purchase Allowance		Distribution		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax
		<input type="checkbox"/> OI	<input type="checkbox"/> BB	<input type="checkbox"/> OI	<input type="checkbox"/> BB						
Fineline Code: _____		\$	%	\$	%						
Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use	DZ										
If Unit Dose, is item bar coded to unit dose for hospital scanning?	EA	WAC				WAC		AWP			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PPK										

PRODUCT INFORMATION	
Manufacturer/Broker Name:	AuroMedics Pharma LLC
Number:	55150
Rx Product Name:	Ampicillin and Sulbactam for injection, USP 3.0g <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA
Product ID Number:	<input checked="" type="checkbox"/> NDC 55150-117-20 <input type="checkbox"/> UPC/GTIN
Serialized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How? <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item
Description:	Ampicillin and Sulbactam for injection, USP 3.0 grams 10pack
URL for additional product information:	www.auromedics.com
Address:	6 Wheeling Road
City, State, Zip:	Dayton, NJ 08810
Key Contact:	Julie Faria
Email:	jfaria@aurobindousa.com
Phone Number:	732-823-4150
Fax:	732-601-4499
Is the Product...	<input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item
a Controlled Drug?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____
ARCOS reportable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Co-Licensed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a Legend Device?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Active ingredient, if product contains a drug:	Ampicillin and Sulbactam
Country of Origin:	India
Harmonization Code Number for International Shipping:	2941.10.10
Is this product a Hazardous Material or Cytotoxic Agent?	<input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No
*If yes, provide additional information on page 2.	

SPECIAL HANDLING AND STORAGE REQUIREMENTS	
a. Temperature – Indicate the USP temperature range for this product.	
I. Freezer – between -25 and -10 C (-13° – 14° F)	<input type="checkbox"/>
II. Cold – between 2 and 8 C (36° – 46° F)	<input type="checkbox"/>
III. Cool – between 8 and 15 C (46° – 59° F)	<input type="checkbox"/>
IV. Controlled Room – between 20 and 25 C (68° – 77° F)	<input checked="" type="checkbox"/>
allows for excursions between 15 and 30 C (59° – 86° F)	
V. Excessive Heat – above 40 C (>104° F)	<input type="checkbox"/>
VI. Other Temperature Range Requirement	<input type="checkbox"/>
(write in) _____	
VII. No Requirement	<input type="checkbox"/>
b. Contact for temperature excursion questions:	
Name:	Joel Kise
Number:	732-823-4122
Is this product to be shipped to customers on ice?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this product to be shipped to customers on dry ice?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Special regulations for this product in certain states?	<input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No
Special returns requirements for this product?	<input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No
d. Store product upright?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Protect product from light?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other requirements? * *Please provide additional information on page 2.	

ADDITIONAL PRODUCT INFORMATION	
Product Shape	_____
Product Color	_____
Product Imprint	_____
Is there a minimum order quantity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, how many?	_____
Of what package type?	<input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item
Shelf life:	24 Months
Initial shelf life at launch (if diff't)	_____

ITEM AND PACKING INFORMATION											
Product Shape	Size/Strength/Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Dimensions			# Cases/Pallet
								Case	Item	Pallet	
pack of 10 / 3.0g / Injection	<input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other:	Case: Carton: Item:	Case: 19.756 Carton: 1.936 Item: 355150117208	240	30	Case: 19.756 Carton: 1.936 Item: 355150117208	8.661 12.795 11.811	5.7 2.95 7.25	45		
For Generic Drug Products:											
I. Orange Book: Rating:			AP	III. Brand Name Equivalent:			Unasyn				
II. Product Color:			White to off-white	IV. Generic Name for Brand:			Ampicillin and Sulbactam for Injection, USP				

COST INFORMATION											
Whsl. Code #:	Regular Cost (\$)	Purchase Allowance		Distribution		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax
		<input type="checkbox"/> OI	<input type="checkbox"/> BB	<input type="checkbox"/> OI	<input type="checkbox"/> BB						
Fineline Code:		\$	%	\$	%						
Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use	DZ										
If Unit Dose, is item bar coded to unit dose for hospital scanning?	EA	WAC				WAC		AWP			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PPK										

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: <u>AuroMedics Pharma LLC</u> Number: <u>55150</u> Rx Product Name: <u>Ampicillin and Sulbactam for injection, USP 15g</u> <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC <u>55150-118-99</u> <input type="checkbox"/> UPC/GTIN Serialized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How? <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: <u>Ampicillin and Sulbactam for injection, USP 15 grams 1 pack</u> URL for additional product information: <u>www.auromedics.com</u> Address: <u>6 Wheeling Road</u> City, State, Zip: <u>Dayton, NJ 08810</u> Key Contact: <u>Julie Faria</u> Email: <u>jfaria@aurobindousa.com</u> Phone Number: <u>732-823-4150</u> Fax: <u>732-601-4499</u> Is the Product... <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: <u>Ampicillin and Sulbactam</u> Country of Origin: <u>India</u> Harmonization Code Number for International Shipping: <u>2941.10.10</u> Is this product a Hazardous Material or Cytotoxic Agent? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;">Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</p>	a. Temperature – Indicate the USP temperature range for this product. I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="checkbox"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/> III. Cool – between 8 and 15 C (46° – 59° F) <input type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) <input checked="" type="checkbox"/> <p style="text-align: center;">allows for excursions between 15 and 30 C (59° – 86° F)</p> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <p style="text-align: center;">(write in) _____</p> VII. No Requirement <input type="checkbox"/> b. Contact for temperature excursion questions: Name: <u>Joel Kise</u> Number: <u>732-823-4122</u> Is this product to be shipped to customers on ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* <p style="text-align: center;">*Please provide additional information on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
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Case	Item	Pallet																					
Depth: _____	Depth: _____	Depth: _____																					
Height: _____	Height: _____	Height: _____																					
Width: _____	Width: _____	Width: _____																					
<p style="text-align: center;">For Generic Drug Products:</p> I. Orange Book: Rating: <u>AP</u> III. Brand Name Equivalent: <u>Unasyn</u> II. Product Color: <u>White to off-white</u> IV. Generic Name for Brand: <u>Ampicillin and Sulbactam for Injection, USP</u>																							
COST INFORMATION																							
Regular Cost (\$) _____		Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____		Distribution <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____		Invoice Cost (\$) _____	Net Cost (\$) _____	Mfr's AWP _____	Avg Retail Price (\$) _____	SRP (\$) _____	Excise Tax _____												
DZ																							
EA	WAC					WAC		AWP															
PPK																							