

PRODUCT INFORMATION

Manufacturer/Broker Name: **AuroMedics Pharma LLC** Number: **55150**

Rx Product Name: **Nafcillin for injection USP 1.0 grams (15 mL)** NDA ANDA

Product ID Number: NDC **55150-122-15** UPC/GTIN

Serialized? Yes No How? 2D RFID Pallet Case Item

Description: **Nafcillin for injection USP 1. gram 10pack**

URL for additional product information: **www.auromedics.com**

Address: **6 Wheeling Road**

City, State, Zip: **Dayton, NJ 08810**

Key Contact: _____ Email: _____

Phone Number: **888-238-7880** Fax: **732-355-9449**

Is the Product... A Direct Ship Item A Drop Ship Item

a Controlled Drug? Yes No If Yes, Schedule Number: _____

ARCOS reportable? Yes No Biological? Yes No

Co-Licensed? Yes No Repackaged? Yes No

a Legend Device? Yes No Does the product contain DEHP? Yes No

Active ingredient, if product contains a drug: **Nafcillin for injection**

Country of Origin: **India** Harmonization Code **2941.10.10**

Harmonization Code Number for International Shipping: _____

Is this product a Hazardous Material or Cytotoxic Agent? *Yes 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)

II. Cold – between 2 and 8 C (36° – 46° F)

III. Cool – between 8 and 15 C (46° – 59° F)

IV. Controlled Room – between 20 and 25 C (68° – 77° F)
allows for excursions between 15 and 30 C (59° – 86° F)

V. Excessive Heat – above 40 C (>104° F)

VI. Other Temperature Range Requirement
(write in) _____

VII. No Requirement

b. Contact for temperature excursion questions:
Name: _____ Number: _____

Is this product to be shipped to customers on ice? Yes No

Is this product to be shipped to customers on dry ice? Yes No

c. Special regulations for this product in certain states? *Yes No

Special returns requirements for this product? *Yes No

d. Store product upright? Yes No

Protect product from light? Yes 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?
 Yes No

If yes, how many? _____

Of what package type?
 Case Carton 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 / 1.0g / Injection	<input type="checkbox"/> Bottle	Case:	240	30	Case:		Depth:	Depth:	Depth:	45
<input checked="" type="checkbox"/> Box		Carton:	16.72			8.661		5.7			
<input type="checkbox"/> Glass Jar		355150122158	1.76			12.795		2.95			
<input type="checkbox"/> Ampule		Item:				11.811		7.5			
		<input type="checkbox"/> Other:	355150122158								

For Generic Drug Products:

I. Orange Book: Rating: **AP** III. Brand Name Equivalent: _____

II. Product Color: **White to off-white** IV. Generic Name for Brand: **Nafcillin 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PPK										

PRODUCT INFORMATION

Manufacturer/Broker Name: **AuroMedics Pharma LLC** Number: **55150**

Rx Product Name: **Nafcillin for injection USP 2.0 grams (15 mL)** NDA ANDA

Product ID Number: NDC **55150-123-15** UPC/GTIN

Serialized? Yes No How? 2D RFID Pallet Case Item

Description: **Nafcillin for injection USP 2. gram 10pack**

URL for additional product information: **www.auromedics.com**

Address: **6 Wheeling Road**

City, State, Zip: **Dayton, NJ 08810**

Key Contact: _____ Email: _____

Phone Number: **888-238-7880** Fax: **732-355-9449**

Is the Product... A Direct Ship Item A Drop Ship Item

a Controlled Drug? Yes No If Yes, Schedule Number: _____

ARCOS reportable? Yes No Biological? Yes No

Co-Licensed? Yes No Repackaged? Yes No

a Legend Device? Yes No Does the product contain DEHP? Yes No

Active ingredient, if product contains a drug: **Nafcillin for injection**

Country of Origin: **India** Harmonization Code **2941.10.10**

Harmonization Code Number for International Shipping: _____

Is this product a Hazardous Material or Cytotoxic Agent? *Yes 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)

II. Cold – between 2 and 8 C (36° – 46° F)

III. Cool – between 8 and 15 C (46° – 59° F)

IV. Controlled Room – between 20 and 25 C (68° – 77° F)
allows for excursions between 15 and 30 C (59° – 86° F)

V. Excessive Heat – above 40 C (>104° F)

VI. Other Temperature Range Requirement
(write in) _____

VII. No Requirement

b. Contact for temperature excursion questions:
Name: _____ Number: _____

Is this product to be shipped to customers on ice? Yes No

Is this product to be shipped to customers on dry ice? Yes No

c. Special regulations for this product in certain states? *Yes No

Special returns requirements for this product? *Yes No

d. Store product upright? Yes No

Protect product from light? Yes 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?
 Yes No

If yes, how many? _____

Of what package type?
 Case Carton 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 / 2.0g / Injection	<input type="checkbox"/> Bottle	Case:	240	30	Case: 16.72		Depth:	Depth:	Depth:	45
<input checked="" type="checkbox"/> Box		Carton:									
<input type="checkbox"/> Glass Jar		355150123155	Carton:								
<input type="checkbox"/> Ampule		Item:	1.76								
		<input type="checkbox"/> Other:	355150123155			Item:		11.811	7.5		

For Generic Drug Products:

I. Orange Book: Rating: **AP** III. Brand Name Equivalent: _____

II. Product Color: **White to off-white** IV. Generic Name for Brand: **Nafcillin 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											
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DZ										
	EA	WAC				WAC		AWP			
	PPK										

PRODUCT INFORMATION

Manufacturer/Broker Name: **AuroMedics Pharma LLC** Number: **55150**

Rx Product Name: **Nafcillin for injection USP 10 gram (100mL)** NDA ANDA

Product ID Number: NDC **55150-124-99** UPC/GTIN

Serialized? Yes No How? 2D RFID Pallet Case Item

Description: **Nafcillin for injection USP 10 gram 1 pack**

URL for additional product information: **www.auromedics.com**

Address: **6 Wheeling Road**

City, State, Zip: **Dayton, NJ 08810**

Key Contact: _____ Email: _____

Phone Number: **888-238-7880** Fax: **732-355-9449**

Is the Product... A Direct Ship Item A Drop Ship Item

a Controlled Drug? Yes No If Yes, Schedule Number: _____

ARCOS reportable? Yes No Biological? Yes No

Co-Licensed? Yes No Repackaged? Yes No

a Legend Device? Yes No Does the product contain DEHP? Yes No

Active ingredient, if product contains a drug: **Nafcillin for injection USP 10 gram (100mL)**

Country of Origin: **India** Harmonization Code **2941.10.10**

Harmonization Code Number for International Shipping: _____

Is this product a Hazardous Material or Cytotoxic Agent? *Yes No
*If yes, provide additional information on page 2.

Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT

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)

II. Cold – between 2 and 8 C (36° – 46° F)

III. Cool – between 8 and 15 C (46° – 59° F)

IV. Controlled Room – between 20 and 25 C (68° – 77° F)
allows for excursions between 15 and 30 C (59° – 86° F)

V. Excessive Heat – above 40 C (>104° F)

VI. Other Temperature Range Requirement
(write in) _____

VII. No Requirement

b. Contact for temperature excursion questions:
Name: _____ Number: _____

Is this product to be shipped to customers on ice? Yes No

Is this product to be shipped to customers on dry ice? Yes No

c. Special regulations for this product in certain states? *Yes No

Special returns requirements for this product? *Yes No

d. Store product upright? Yes No

Protect product from light? Yes 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?
 Yes No

If yes, how many? _____

Of what package type?
 Case Carton Item

Shelf life: **24 Months**

Initial shelf life at launch (if diff't) _____

Whsl. Code #: _____

Fineline Code: _____

Is Item? Unit Dose Unit of Use

If Unit Dose, is item bar coded to unit dose for hospital scanning?
 Yes No

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 1 / 10g / Injection	<input type="checkbox"/> Bottle	Case:	20	10	Case:		Depth:	Depth:	Depth:	96
		<input checked="" type="checkbox"/> Box	Carton:			10.12		10.03	4.56		
		<input type="checkbox"/> Glass Jar	355150124992			Carton:		5.511	5.11		
		<input type="checkbox"/> Ampule	Item:			3.52		12.204	11.41		
		<input type="checkbox"/> Other:	355150124992			Item:					

For Generic Drug Products:

I. Orange Book: Rating: **AP** III. Brand Name Equivalent: _____

II. Product Color: **White to off-white** IV. Generic Name for Brand: **Nafcillin for injection USP 10 gram (100mL)**

COST INFORMATION

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	\$ %						
DZ										
EA	WAC				WAC		AWP			
PPK										