

				✓ Ne	w Item I	Promotion/De	eal 💹 Open	Stock F	ost Launch C	hange		
P	RODUCT INF	ORMATION				SPE	CIAL HAND	LING AND	STORAGE F	REQUIREME	ENTS	
lanufacturer/Broker Name: Aurol	ledics Pharm	a LLC	Number:	55150	a. Tempera	ature – Indi	cate the USF	temperatur	e range for	this product	•	
x Product Name: Nafcil	lin for injectio	on USP 1.0 gra	ams (15 mL)	NDA AND	A	I. Freezer -	- between -2	5 and -10 C ((-13° – 14° F)		
roduct ID Number: V NDC 55150	-122-15	✓ UPC/GTIN			1	II. Cold – b	etween 2 an	d 8 C (36° –	46° F)			
erialized? Yes No	How? 2	D RFID	Palle	Case Item		III. Cool – I	between 8 ar	nd 15 C (46°	– 59° F)	10		
escription: Nafcillin for injection	n USP 1. gran	n 10pack		_	1	IV. Control	lled Room -	between 20	and 25 C (68	3° – 77° F)	lacksquare	
							allows for	or excursion	s between 1	15 and 30 C (59° – 86°	F)
RL for additional product informatio	n: www.a	uromedics.co	om			V. Excessi	ve Heat – ab	ove 40 C (>1	04° F)	3		
ddress: 6 Wheeling Road					1	VI. Other T	emperature I	Range Requir		<u> </u>		
ity, State, Zip: Dayton, NJ 08810							(write in)					
(ey Contact:		Email:			1	VII. No Red	quirement				-	
hone Number: 888-238-7880		Fax:	732-355-9449		b. Contact	for temper	ature excurs	ion question	ns:			
s the Product A Direct Ship Ite	em 🗌 A Dr	op Ship Item			Name:				Number:			
Controlled Drug? Yes No	If Yes,	Schedule Nur	mber:									
RCOS reportable? 🔲 Yes 💽 N	No		Biological?	🔲 Yes 🖭 No	Is this p	roduct to b	e shipped to	customers	on ice?	Yes	■ No	
o-Licensed? Ye. No			Repackaged?	Yes • No	Is this p	roduct to b	e shipped to	customers	on dry ice?		res 🖸	No
Legend Device? Yes No	Does	the product o	ontain DEHP?	Ye: No								
ctive ingredient, if product contains		Nafcillin for i			c. Special	regulations	for this pro	duct in certa	in states?		′es 🖸 I	No
country of Origin: India	Harmonizati	ion Code 2941	1.10.10		Special	returns req	uirements fo	or this produ	ct?	*Yes	No	
armonization Code Number for Inter	national Ship	ping:									•	
s this product a Hazardous Material o	•	_	*Yes		d. Store p	roduct upri	ght?	Yes 🖭 I	No			
			nal information		Protec	t product fr	om light?	Yes	■ No	Other requi		
ttach copy of MATERIAL SAFETY	DATA SHEET	Γ (MSDS) and	I PACKAGE IN	NSERT				*Please pro	Vide additio	nal informat	ion on pa	ge 2.
ADDITIONAL PRODUCT INFORMA	TION				ITEM AND	PACKING	INFORMATIO	ON				
	Size	e/Strength/	Unit of Sale	UPC Code	Mstr.	Inner	Wght. Lbs.	Cube		Dimensions		# Cases/
roduct Shape		Form		OFC Code	Shpr.	Case Pk	wynt. Lbs.	Cube	Case	Item	Pallet	Pallet
roduct Color		of 10 / 1.0g /	Bottle	Case:	240	30	Case:		Depth:	-	Depth:	45
roduct Imprint	Injection	on	☑ Box				16.72		8.661	5.7		
there a minimum order quantity?				Carton:			Carton:				Height:	
🔲 Yes 🖸 No 🔃			Ampule	355150122158			1.76			2.95		
yes, how many?			U Other:	Item:			Item:				Width:	
of what package type?				355150122158					11.811	7.5		
		eneric Drug Pr	oducts:		_							
helf life: 24 Month		ge Book: Rati	ing:	AP		Name Equiv						
nitial shelf life at launch (if diff't)	II. Prod	duct Color:		White to off-white		Name for		Nafcillin for	injection U	SP		
						ST INFORM	MATION					
Vhsl. Code #:				ase Allowance		bution	Invoice	Net Cost		Avg Retail		<u> </u>
ineline Code:		ular Cost (\$)		OI BB	OI		Cost (\$)	(\$)	Mfr's AWP	Price (\$)	SRP (\$)	Excise Tax
	t of Use		\$	%	\$	%	` '			. ,		
Unit Dose, is item bar coded to unit		14/40					14/40		AVA/D			
or hospital scanning?	EA PPK	WAC					WAC		AWP			
Yes No	PPK											

This offer is made on a proportionally equal basis to all sellers' accounts completive with customer.

Signature:

Date:



			✓ Ne	w Item I	Promotion/De	eal Open	Stock P	ost Launch Cl	nange		
PRODU	CT INFORMATION				SPE	CIAL HAND	LING AND S	STORAGE F	REQUIREME	NTS	
Manufacturer/Broker Name: AuroMedics	Pharma LLC	Number:	55150	a. Tempera	ature – Indi	cate the USP	temperatur	e range for t	his product	•	
Rx Product Name: Nafcillin for	injection USP 2.0 gra	ms (15 mL)	NDA ANDA	4	I. Freezer -	- between -2	5 and -10 C (-13° – 14° F)			
Product ID Number: V NDC 55150-123-1	5 ✓ UPC/GTIN	1		ĺ	II. Cold – b	etween 2 an	d 8 C (36° –	46° F)]		
Serialized? Yes No How?	2D RFID	Pallet	Case Item			between 8 ar	-		ia –		
Description: Nafcillin for injection USP	2. gram 10pack				IV. Contro	lled Room -	between 20 a	and 25 C (68	° – 77° F)	•	
·							or excursion	-	-		F)
URL for additional product information:	www.auromedics.co	m			V. Excessi	ve Heat – ab			1		,
Address: 6 Wheeling Road						emperature F	-		' 🗆		
City, State, Zip: Dayton, NJ 08810						(write in)					
Key Contact:	Email:				VII. No Red	-	<u> </u>			•	
Phone Number: 888-238-7880	Fax:	732-355-9449		b. Contact		ature excurs	ion question	ns:			
Is the Product	A Drop Ship Item			Name:			·	Number:			
	If Yes, Schedule Nur	mber:						-			
ARCOS reportable? Yes No		Biological?	Yes No	Is this p	roduct to b	e shipped to	customers	on ice?	Yes	. No	
Co-Licensed? Ye. No		_	Yes No	-		e shipped to			Yes	/ AS	No
a Legend Device? Yest No	Does the product of	ontain DEHP?	Ye: No					•		C3 🔛	140
Active ingredient, if product contains a drug			1045110	c. Special	regulations	for this pro	duct in certa	in states?	* Y	′es 🖸 I	Nο
	nonization Code 2941	.10.10		Special	returns req	uirements fo	r this produ	ct?	*Yes		
Harmonization Code Number for Internation	al Shipping:							_	100	110	
Is this product a Hazardous Material or Cyto	otoxic Agent?	*Yes	No	d. Store p	roduct upri	ght?	Yes 🖸 I	No			
*If	yes, provide addition			Protec	t product fr		Yes		Other requi	rements?	*
Attach copy of MATERIAL SAFETY DATA	SHEET (MSDS) and	PACKAGE II	NSERT				*Please pro	vide additio	nal informat	ion on pa	ge 2.
				ITEM AND	PACKING	INFORMATIO	ON				
ADDITIONAL PRODUCT INFORMATION		<u> </u>	1			1		1 -			
Draduat Shana	Size/Strength/	Unit of Sale	UPC Code	Mstr.	Inner Case Pk	Wght. Lbs.	Cube	Case	Dimensions Item	Pallet	# Cases/
Product Shape	Form pack of 10 / 2.0g /	Bottle	Case:	Shpr. 240	30	Case:			Depth:		Pallet 45
Product Color	Injection	✓ Box	Case.	240	30	16.72			5.7	Deptiii.	45
Product Imprint	,000		Carton:			Carton:			Height:	Height:	
Is there a minimum order quantity?		Ampule	355150123155			1.76		_	2.95	neignt.	
Yes No			_	_		_			Width:	Width:	
If yes, how many? Of what package type?		Other:	Item:			Item:			7.5	widii.	
			355150123155					11.811	7.5		
Carton L Item	For Generic Drug Pr		40	lu. 5							
Shelf life: 24 Months Initial shelf life at launch (if diff't)	I. Orange Book: Rati II. Product Color:	ng:	AP White to off-white		Name Equive Name for		Nafcillin for	injection III	PD 00		
initial shell life at launch (ii uin t)	II. I Toddot Golor.		writte to oii-writte		ST INFORM		NaiCilliii 101	injection o	<u> </u>		
Mile at Coate #		Purch	ase Allowance		bution	IATION		1			
Whsl. Code #: Fineline Code:	Regular Cost (\$)		OI BB		ВВ	Invoice	Net Cost	Mfr's AWP	Avg Retail	SRP (\$)	Excise Tax
Is Item? Unit Dose Unit of Use	1 ' '		ОГ <u>ВВ</u>	\$	<u> </u>	Cost (\$)	(\$)	IVIII S AVVE	Price (\$)	Οιτι· (φ)	EVOISE I UX
	DZ	+		*	,-						
If Unit Dose, is item bar coded to unit dose for hospital scanning?	EA WAC					WAC		AWP			
Yes O No	PPK PPK					,.					
res INO											

This offer is made on a proportionally equal basis to all sellers' accounts completive with customer.

Date:



'tondoud	Pharmaceutica	I Dradiiat	Information
stanoaro	Pharmaceutica	n Product	Intormatio

			✓ Ne	w Item I	Promotion/De	eal 🔃 Open	Stock F	ost Launch C	nange		
PRODU	ICT INFORMATION				SPE	CIAL HAND	LING AND	STORAGE F	REQUIREME	ENTS	
Manufacturer/Broker Name: AuroMedics	Pharma LLC	Number:	55150	a. Tempera	ature – Indi	cate the USF	temperatur	e range for t	his product	•	
Rx Product Name: Nafcillin for	injection USP 10 gra	m (100mL)	NDA - AND	4	I. Freezer -	- between -2	5 and -10 C	(-13° – 14° F)			
Product ID Number: V NDC 55150-124-9	9 ✓ UPC/GTII			1	II. Cold – b	etween 2 an	d 8 C (36° –	46° F)			
Serialized? ☐ Yes No How?	2D RFID	Pallet	Case Item	1	III. Cool -	between 8 ar	nd 15 C (46°	– 59° F)			
Description: Nafcillin for injection USP	10 gram 1 pack			1	IV. Contro	lled Room -	between 20	and 25 C (68	° – 77° F)	lacksquare	
						allows fo	or excursion	s between 1	5 and 30 C (F)
URL for additional product information:	www.auromedics.co	om		1	V. Excessi	ve Heat - ab	ove 40 C (>1	04° F)	1		
Address: 6 Wheeling Road				1	VI. Other T	Temperature F	Range Requir		. D		
City, State, Zip: Dayton, NJ 08810				1		(write in)					
Key Contact:	Email:			1	VII. No Red	quirement	$\overline{\mathbf{n}}$			•	
Phone Number: 888-238-7880	Fax:	732-355-9449		b. Contact	for temper	ature excurs	ion question	ns:			
Is the Product	A Drop Ship Item			Name:				Number:			
a Controlled Drug? Yes No	If Yes, Schedule Nu	mber:		ı				_			
ARCOS reportable? Yes No		Biological?	Yes No	Is this p	roduct to b	e shipped to	customers	on ice?	Yes	■ No	
Co-Licensed? Ye. No		Repackaged?		Is this p	roduct to b	e shipped to	customers	on dry ice?	Yes	/es 🗍	No
a Legend Device? Yes No	Does the product of	ontain DEHP?						-		. 03	140
Active ingredient, if product contains a drug	Nafcillin for	injection USP	10 gram (100mL)		regulations	for this pro	duct in certa	in states?	*Y	′es 🖸 🛚	No
Country of Origin: India Harn	nonization Code 2941	1.10.10		Special	returns req	uirements fo	r this produ	ct?	*Yes		
Harmonization Code Number for Internation	al Shipping:			1				_	100	1140	
Is this product a Hazardous Material or Cyto	otoxic Agent?	*Yes	No	d. Store p	roduct upri	ight?	Yes 🖸 I	No			
	yes, provide addition			Protec	t product fr				Other requi	rements?	*
Attach copy of MATERIAL SAFETY DATA	SHEET (MSDS) and	I PACKAGE II	NSERT				*Please pro	No Vide additio	nal informat	ion on pa	ge 2.
				ITEM AND	PACKING	INFORMATIO)N				
ADDITIONAL PRODUCT INFORMATION							**				
Bus dust Chang	Size/Strength/	Unit of Sale	UPC Code	Mstr.	Inner	Wght. Lbs.	Cube	Case	Dimensions Item	Pallet	# Cases/
Product Shape	Form	Dottle	0	Shpr.	Case Pk	0					Pallet
Product Color	pack of 1 / 10g / Injection	Bottle	Case:	20	10	Case:			Depth:	Depth:	96
Product Imprint	injection	Box	0 1	-		10.12			4.56		
Is there a minimum order quantity?		I=	Carton:			Carton:			Height:	Height:	
Yes 🖸 No		Ampule	355150124992			3.52			5.11	145 141	
If yes, how many?		Other:	Item:			Item:				Width:	
Of what package type?	_		355150124992					12.204	11.41		
Case Carton L Item	For Generic Drug Pr										
Shelf life: 24 Months	I. Orange Book: Rat	ing:	AP		Name Equiv						
Initial shelf life at launch (if diff't)	II. Product Color:		White to off-white		Name for		Nafcillin for	injection U	SP 10 gram	(100mL)	
			A 11		ST INFORM	MATION	1	1		ı	ī
Whsl. Code #:	5 1 6 (4)		ase Allowance		bution	Invoice	Net Cost		Avg Retail	000 (4)	
Fineline Code:	Regular Cost (\$)		OI BB	<u> </u>	<u> </u>	Cost (\$)	(\$)	Mfr's AWP	Price (\$)	SKP (\$)	Excise Tax
Is Item? Unit Dose Unit of Use		\$	70	\$	/0						
If Unit Dose, is item bar coded to unit dose	DZ)A/AC		AVA/D			
for hospital scanning?	EA WAC					WAC		AWP			
Yes No	FFN										

This offer is made on a proportionally equal basis to all sellers' accounts completive with customer.

Signature:

Date: