

PRODUCT INFORMATION

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

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

Product ID Number: NDC **55150-127-15** UPC/GTIN

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

Description: **Oxacillin for injection ,USP 1.0 grams 10 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: **Oxacillin for injection ,USP**

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 10 / 1.5g / 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	355150127153			1.76		12.795	2.95		
		<input type="checkbox"/> Ampule	Item:			11.811		7.5			
		<input type="checkbox"/> Other:	355150127153								

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: **Oxacillin for injection ,USP**

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	\$	%	\$						
DZ										
EA	WAC				WAC		AWP			
PPK										

PRODUCT INFORMATION

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

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

Product ID Number: NDC **55150-128-24** UPC/GTIN

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

Description: **Oxacillin for injection ,USP 2.0 grams 10 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: **Oxacillin for injection ,USP**

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): _____

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 10 / 2.0g / Injection	<input type="checkbox"/> Bottle	Case:	180	30	Case:		Depth:	Depth:	Depth:	40
		<input checked="" type="checkbox"/> Box	Carton:			17.82		9.64	7		
		<input type="checkbox"/> Glass Jar	355150128242			Carton:		2.42	10.62	3.07	
		<input type="checkbox"/> Ampule	Item:			2.42		14.76	8.66		
		<input type="checkbox"/> Other:	355150128242								

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: **Oxacillin for injection ,USP**

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	\$	%	\$						
DZ										
EA	WAC				WAC		AWP			
PPK										

PRODUCT INFORMATION

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

Rx Product Name: **Oxacillin for injection ,USP 10 grams (100mL)** NDA ANDA

Product ID Number: NDC **55150-129-99** UPC/GTIN

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

Description: **Oxacillin for injection ,USP 10 grams (100mL) 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: **Oxacillin 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) _____

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	355150129997			Carton:		5.511	5.11		
		<input type="checkbox"/> Ampule	Item:			3.52		12.204	11.41		
		<input type="checkbox"/> Other:	355150129997								

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: **Oxacillin for injection ,USP 10 grams (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	\$	%	\$						
DZ										
EA	WAC				WAC		AWP			
PPK										