

PRODUCT INFORMATION	
Manufacturer/Broker Name:	AuroMedics Pharma LLC      Number: 55150
Rx Product Name:	SUMATRIPTAN INJECTION USP 6 mg /0.5 mL <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA
Product ID Number:	<input checked="" type="checkbox"/> NDC 55150-173-01 <input type="checkbox"/> UPC/GTIN
Serialized?	<input checked="" 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:	SUMATRIPTAN INJECTION USP 6 mg /0.5 mL (5 Single-Dose Vials per Carton)
URL for additional product information:	
Address:	6 Wheeling Road
City, State, Zip:	Dayton, NJ 08810
Key Contact:	Email:
Phone Number:	732-839-9400      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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If Yes, Schedule Number:
ARCOS reportable?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Biological? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Co-Licensed?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Repackaged? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a Legend Device?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Does the product contain DEHP? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Active ingredient, if product contains a drug:	SUMATRIPTAN 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?	<input checked="" 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 checked="" type="checkbox"/>	
II. Cold – between 2 and 8 C (36° – 46° F) <input checked="" type="checkbox"/>	
III. Cool – between 8 and 15 C (46° – 59° F) <input checked="" 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 checked="" type="checkbox"/>	
VI. Other Temperature Range Requirement <input checked="" type="checkbox"/> (write in)      Store between 2° and 30°C (36° and 86°)	
VII. No Requirement <input checked="" type="checkbox"/>	
b. Contact for temperature excursion questions:	
Name:	Number:
Is this product to be shipped to customers on ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this product to be shipped to customers on dry ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. Special regulations for this product in certain states? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	
Special returns requirements for this product? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	
d. Store product upright? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Protect product from light? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Other requirements?* <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No *Please provide additional information on page 2.	

ADDITIONAL PRODUCT INFORMATION		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
Product Color	Pack of 5 Single-Dose Vials per Carton (6 mg /0.5 mL)	<input type="checkbox"/> Bottle	Case:	480(vials)	120(vials)	Case:	27.44972	Depth:	Depth:	Depth:	
Product Imprint		<input checked="" type="checkbox"/> Box	Carton:		Carton:	0.127868		Height:	Height:	Height:	
Is there a minimum order quantity?		<input type="checkbox"/> Glass Jar	Item:		Item:			Width:	Width:	Width:	
If yes, how many?		<input type="checkbox"/> Ampule						2.3622047	15.3543307	39.3701	
Of what package type?		<input type="checkbox"/> Other:									
Shelf life:	<b>For Generic Drug Products:</b> I. Orange Book: Rating:      AP      III. Brand Name Equivalent: _____ II. Product Color:      White to off-white      IV. Generic Name for Brand:      SUMATRIPTAN INJECTION USP 6 mg /0.5 mL										
Initial shelf life at launch (if diff't)	<b>COST INFORMATION</b>										
Whsl. Code #:	Regular Cost (\$)	Purchase Allowance		Distribution Allowance		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax
Fineline Code:		<input type="checkbox"/> OI	<input type="checkbox"/> BB	<input type="checkbox"/> OI	<input type="checkbox"/> BB						
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?	DZ										
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EA	WAC				WAC		AWP			
	PPK										

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

Signature: \_\_\_\_\_