



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Item Final VersionDate: **PRODUCT INFORMATION**

Company Name: Application:
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):
 DUNS:
 Proprietary Name (If Applicable) and Established Name:
 Selling Unit NDC: Individual Unit NDC: UPC:
 UDI: CVX Code: MVX Code:
 Description:
 Active Ingredient(s):
 URL for Additional Product Information:
 Address: Address 2:
 City: State: Zip:
 Key Contact: Email:
 Phone Number: Fax:
 Product Therapeutic Classification:

SPECIAL HANDLING AND STORAGE REQUIREMENTS*

a. Temperature – Indicate the USP temperature range for this product.
 Temperature Range:
 Other Temperature Range Requirement (write in):
 Is this product to be shipped to customers on ice?
 Is this product to be shipped to customers on dry ice?
 b. Contact for temperature excursion questions:
 Name:
 Number:
 Group E-mail:
 c. Special regulations for product in any states?
 Special returns requirements for this product?
 d. Store product (unit of sale) upright?
 Protect product (unit of sale) from light?
 e. Shelf life:
 Initial shelf life at launch (if different): Months

ADDITIONAL PRODUCT INFORMATION

Is the Product...
 a legend device?
 reverse numbered?
 co-licensed?
 Is the Product...
 Is the Product...
 If Unit Dose, is item bar coded to unit dose for hospital scanning?
 If Unit Dose NDC, indicate NDC here:
 Country of Origin:
 Is this product covered under the Trade Agreements Act (TAA)?

PRODUCT DESCRIPTION INFORMATION

Size:
 Strength:
 Dosage Form:
 Product Shape:
 Product Color:
 Product Imprint:

ORDER INFORMATION

Unit of Sale: Bottle, Box/Carton, Ampule, Glass, Tube, Vial Liquid Sgl, Vial Liquid Multi, Vial Powder Sgl, Vial Powder Multi, Other: Write In
 What is the NDC selling unit?

 (Write-in, e.g. 1 Box of 10 Vials)
 Minimum order quantity?
 If Yes, how many of which package type?
 Each, Inner/Carton/Pack, Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: Authorized Generic *If Authorized Generic, other section fields are not applicable
 II. Generic Equivalent to What Brand?:

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?
 (Write-in, e.g. 1 Vial)
 Rx billing unit to pharmacy:
 Each, Gram, Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? GLN:
 Is product exempt from DSCSA?
 If yes, select exemption:
 Other exemption - Write in:
 Is product repackaged?
 Is product sold by manufacturer's exclusive distributor?
 Has FDA granted waiver/exception/exemption for product?
 If Yes, was original product purchased direct from mfr?
 If yes, attach documentation from FDA.

ITEM AND PACKING INFORMATION

Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/Carton/Bundle/Inner Pack:	1.556	5.43	2.48	5.43	73.122552	15 Vials/Carto
Case:	13.783	11.811	6.299	11.811	878.708743	Cartons/Cas
Pallet:	Sea 1025.442 Air 1356.242	Sea 48 Air 48	Sea 43.19 Air 55.79	Sea 40 Air 40	#VALUE!	Sea 7.2 Cases/ Pallet
UPC:	Case: Carton:	50355150251105 30355150251101				

GTIN PRODUCT INFORMATION

Serialized? If not, when? Items aggregated?	Level	Item	Saleable Unit	Quantity	GTIN-14	
					2D	Linear
<input checked="" type="checkbox"/>	Item			1	<input type="checkbox"/>	10355150251107
<input checked="" type="checkbox"/>	Box/Carton/Bundle/Inner Pack		<input checked="" type="checkbox"/>	25	<input type="checkbox"/>	30355150251101
<input checked="" type="checkbox"/>	Case			200	<input type="checkbox"/>	50355150251105
<input checked="" type="checkbox"/>	Pallet			14400	<input type="checkbox"/>	70355150251109
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

COST INFORMATION

Regular Cost:
 Invoice Cost (WAC) (\$):
 Federal Excise Tax Per Unit of Sale:
 As of date:
 Vendor #:
 Whsl. Code #:
 FineLine Code:

For Designated Drop Ship Only Products, Please Use Page 3
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?

Is the product a CA Prop 65 carcinogen? No

Is the product a CA Prop 65 reproductive toxicant? No

Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions? No
 (If yes, attach SDS with special instructions.)

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT or IATA?
 (if yes, answer a-e below and provide SDS) No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?

Is the product restricted for air shipment? If so, indicate restriction:

Passenger

Cargo

Passenger & Cargo

Is this a reportable quantity?
 RQ Threshold:

Is this a marine pollutant?

Is this product shipped utilizing an authorized DOT exception or Special Permit?
 (if yes, identify method below)

Limited Quantity

Consumer Commodity, ORM-D

Small Quantity (49 CFR 173.4)

Special Permit; DOT-SP

Special Provision (listed in Column 7 of 49 CFR 172.101);
 SP#

ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? No

Controlled by State(s)? No

ARCOS Reportable? No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II) No

If yes, indicate which:

Is it a scheduled listed chemical product?: No

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

Comments:

SDS Hazard Classification	
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard
<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input type="text"/>	
Is the product a NIOSH hazardous drug? <input type="text"/>	
If yes, indicate which: <input type="text"/>	

Hazardous Waste Identification	
EPA Hazardous Waste Code:	<input type="text"/>

REMS or REGISTRY RESTRICTIONS	
Is there a REMS on this product? No	
If Yes, is it managed with a pharmacy registry? <input type="text"/>	
Website URL: <input type="text"/>	
Comments / Details: (For example, iPledge program?) <input type="text"/>	
REMS: <input type="text"/>	
REMS Program Manager Name: <input type="text"/>	Phone: <input type="text"/>
Supplier Manages REMS registry exclusively: <input type="text"/>	
Wholesale distributor support: <input type="text"/>	
Provider Name: <input type="text"/>	DEA #: <input type="text"/>
Site Enrollment Number assigned by Supplier: <input type="text"/>	PCPDP #: <input type="text"/>
	NPI #: <input type="text"/>

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit:

URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	Return Instructions
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input style="width: 100%; height: 40px;" type="text"/></p>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Miscellaneous Notes:	
<input style="width: 100%; height: 80px;" type="text"/>	



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Item Final VersionDate:

PRODUCT INFORMATION

Company Name: Application:

Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):

DUNS:

Proprietary Name (If Applicable) and Established Name:

Selling Unit NDC: Individual Unit NDC: UPC:

UDI: CVX Code: MVX Code:

Description:

Active Ingredient(s):

URL for Additional Product Information:

Address: Address 2:

City: State: Zip:

Key Contact: Email:

Phone Number: Fax:

Product Therapeutic Classification:

SPECIAL HANDLING AND STORAGE REQUIREMENTS*

a. Temperature – Indicate the USP temperature range for this product.

Temperature Range: Other Temperature Range Requirement (write in):

Is this product to be shipped to customers on ice?

Is this product to be shipped to customers on dry ice?

b. Contact for temperature excursion questions:

Name:

Number:

Group E-mail:

c. Special regulations for product in any states? Special returns requirements for this product?

d. Store product (unit of sale) upright? Protect product (unit of sale) from light?

e. Shelf life: Initial shelf life at launch (if different): Months

ADDITIONAL PRODUCT INFORMATION

Is the Product... a legend device?

reverse numbered?

co-licensed?

Is the Product... Direct-Ship Only?

Is the Product...

If Unit Dose, is item bar coded to unit dose for hospital scanning?

If Unit Dose NDC, indicate NDC here:

Country of Origin:

Is this product covered under the Trade Agreements Act (TAA)?

PRODUCT DESCRIPTION INFORMATION

Size:

Strength:

Dosage Form:

Product Shape:

Product Color:

Product Imprint:

ORDER INFORMATION

Unit of Sale: Bottle, Box/ Carton, Ampule, Glass, Tube, Vial Liquid Sgl, Vial Liquid Multi, Vial Powder Sgl, Vial Power Multi, Other: Write In

What is the NDC selling unit? (Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity:

If Yes, how many of which package type?

1	Each
2	Inner/ Carton/ Pack
4	Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: Authorized Generic *If Authorized Generic, other section fields are not applicable

II. Generic Equivalent to What Brand?:

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? (Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy: Each, Gram, Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? GLN:

Is product exempt from DSCSA?

If yes, select exemption:

Other exemption - Write in:

Is product repackaged?

Is product sold by manufacturer's exclusive distributor?

Has FDA granted waiver/exception/exemption for product?

If Yes, was original product purchased direct from mfr?

If yes, attach documentation from FDA.

ITEM AND PACKING INFORMATION

Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/ Carton/ Bundle/ Inner Pack:	5.799	14.02	3.39	7.13	338.873214	15 Vials/ Carto
Case:	12.762	15.157	8.661	8.071	1059.51873	4 Cartons/ Cas
Pallet:	Sea 798.742 Air 1181.593	Sea 48 Air 48	Sea 40.04 Air 57.36	Sea 40 Air 40	#VALUE!	Sea 00 Cases/ Pallet
UPC:	Case:	50355150252201				
	Carton:	30355150252207				

GTIN PRODUCT INFORMATION

Serialized?	If not, when?	Items aggregated?	Level		Quantity	GTIN-14
			Item	Saleable Unit		
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	2D	1	10355150252203
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	2D	25	30355150252207
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	2D	100	50355150252201
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	2D	2000	70355150252205
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	2D		
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	2D		
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	2D		
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	2D		
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	2D		

COST INFORMATION

Regular Cost:

Invoice Cost (WAC) (\$):

Federal Excise Tax Per Unit of Sale:

As of date:

WHOLESALE USE ONLY:

Vendor #:

Whsl. Code #:

Fineline Code:

For Designated Drop Ship Only Products, Please Use Page 3
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?

Is the product a CA Prop 65 carcinogen? No

Is the product a CA Prop 65 reproductive toxicant? No

Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions? No
 (If yes, attach SDS with special instructions.)

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT or IATA? No
 (if yes, answer a-e below and provide SDS)

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?

Is the product restricted for air shipment? If so, indicate restriction:

Passenger

Cargo

Passenger & Cargo

Is this a reportable quantity?

RQ Threshold:

Is this a marine pollutant?

Is this product shipped utilizing an authorized DOT exception or Special Permit?
 (if yes, identify method below)

Limited Quantity

Consumer Commodity, ORM-D

Small Quantity (49 CFR 173.4)

Special Permit; DOT-SP

Special Provision (listed in Column 7 of 49 CFR 172.101);
 SP#

ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? No

Controlled by State(s)? No

ARCOS Reportable? No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II) No

If yes, indicate which:

Is it a scheduled listed chemical product?: No

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

Comments:

SDS Hazard Classification

Organic Corrosive

Inorganic Oxidizer

Steroid/Androgen Contact Hazard

Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug?

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?

Website URL:

Comments / Details: (For example, iPledge program?)

REMS:

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned by Supplier:

DEA #:

PCPDP #:

NPI #:

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit:

URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	Return Instructions
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input style="width: 100%; height: 40px;" type="text"/></p>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Miscellaneous Notes:	
<input style="width: 100%; height: 80px;" type="text"/>	



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Item Final VersionDate:

PRODUCT INFORMATION	
Company Name:	AuroMedics Pharma LLC
Application:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	207182
DUNS:	968961354
Proprietary Name (If Applicable) and Established Name:	LIDOCAINE HCL INJECTION, USP 2% 200 mg per 10 mL (20 mg / mL) [10 mL Multi Dose Vial]
Selling Unit NDC:	55150-254-10
Individual Unit NDC:	55150-254-10
UPC:	355150254101
UDI	
CVX Code:	
MVX Code:	
Description:	LIDOCAINE HCL INJECTION, USP 2% 200 mg per 10 mL (20 mg / mL) [10 mL Multi Dose Vial]
Active Ingredient(s):	
URL for Additional Product Information:	www.auromedics.com
Address:	279 Princeton-Hightstown Road
City:	East Windsor
Key Contact:	
Phone Number:	888-238-7880
Product Therapeutic Classification:	anesthetics

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77° F)
Other Temperature Range Requirement (write in)	
Is this product to be shipped to customers on ice?	No
Is this product to be shipped to customers on dry ice?	No
b. Contact for temperature excursion questions:	
Name:	Steve Lucas
Number:	888-238-7880
Group E-mail:	pvg@aurobindousa.com
c. Special regulations for product in any states?	No
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	Yes
Protect product (unit of sale) from light?	No
e. Shelf life:	
Initial shelf life at launch (if different):	24 Months

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	No
reverse numbered?	No
co-licensed?	No
Is the Product... Direct-Ship Only	
Is the Product... Direct-Ship Only	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	
If Unit Dose NDC, indicate NDC here:	
Country of Origin	India
Is this product covered under the Trade Agreements Act (TAA)?	No

PRODUCT DESCRIPTION INFORMATION	
Size:	25 x 10 mL Multi Dose Vials
Strength:	200 mg/10 mL (20 mg/mL)
Dosage Form:	Liquid
Product Shape:	Vial Pack
Product Color:	
Product Imprint:	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Bottle	55150-254-10 (25 Multi dose vials in E-Flute box)
<input checked="" type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity?
	If Yes, how many of which package type?
	1 Each
	1 Inner/Carton/Pack
	8 Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AP
II. Generic Equivalent to What Brand?:	Xylocaine
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
(Write-in, e.g. 1 Vial)	Each
	Gram
	Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
GLN:	035515000005
If Yes, was original product purchased direct from mfr?	
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/Carton/Bundle/Inner Pack:	1.556	5.43	2.48	5.43	73.122552	15 Vials/Carto
Case:	13.783	11.811	6.299	11.811	878.708743	8 Cartons/Case
Pallet:	Sea 1025.442 Air 1356.242	Sea 48 Air 48	Sea 43.19 Air 55.79	Sea 40 Air 40	#VALUE!	Sea 7.2 Cases/ Pallet
UPC:	Case:	50355150254106				
	Carton:	30355150254102				

GTIN PRODUCT INFORMATION						
Serialized?	Level	Item	Saleable Unit	Quantity	GTIN-14	If not, when?
<input checked="" type="checkbox"/>				1	10355150254108	
<input checked="" type="checkbox"/>		Box/Carton/Bundle/Inner Pack	<input checked="" type="checkbox"/>	25	30355150254102	
<input checked="" type="checkbox"/>		Case		200	50355150254106	
<input checked="" type="checkbox"/>		Pallet		14,400	70355150254100	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$76.00	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	6/8/2018		

*Please provide any additional information on page 2.

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING AND BARCODE.

See new p. 3 for Designated Drop Ship Only.

Signature:

For Designated Drop Ship Only Products, Please Use Page 3
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?

Is the product a CA Prop 65 carcinogen? No

Is the product a CA Prop 65 reproductive toxicant? No

Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions? No
 (If yes, attach SDS with special instructions.)

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT or IATA?
 (if yes, answer a-e below and provide SDS) No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?

Is the product restricted for air shipment? If so, indicate restriction:

Passenger

Cargo

Passenger & Cargo

Is this a reportable quantity?

RQ Threshold:

Is this a marine pollutant?

Is this product shipped utilizing an authorized DOT exception or Special Permit?
 (if yes, identify method below)

Limited Quantity

Consumer Commodity, ORM-D

Small Quantity (49 CFR 173.4)

Special Permit; DOT-SP

Special Provision (listed in Column 7 of 49 CFR 172.101);
 SP#

ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? No

Controlled by State(s)? No

ARCOS Reportable? No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II) No

If yes, indicate which:

Is it a scheduled listed chemical product?: No

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

Comments:

SDS Hazard Classification	
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard
<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input type="text"/>	
Is the product a NIOSH hazardous drug? <input type="text"/>	
If yes, indicate which: <input type="text"/>	

Hazardous Waste Identification
EPA Hazardous Waste Code: <input type="text"/>

REMS or REGISTRY RESTRICTIONS
Is there a REMS on this product? No
If Yes, is it managed with a pharmacy registry? <input type="text"/>
Website URL: <input type="text"/>
Comments / Details: (For example, iPledge program?) <input type="text"/>
REMS: <input type="text"/>
REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/>
Supplier Manages REMS registry exclusively: <input type="text"/>
Wholesale distributor support: <input type="text"/>
Provider Name: <input type="text"/>
Site Enrollment Number assigned by Supplier: <input type="text"/>
DEA #: <input type="text"/>
PCPDP #: <input type="text"/>
NPI #: <input type="text"/>

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit:

URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	Return Instructions
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input style="width: 100%; height: 40px;" type="text"/></p>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Miscellaneous Notes:	
<input style="width: 100%; height: 80px;" type="text"/>	



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Item Final VersionDate:

PRODUCT INFORMATION	
Company Name:	AuroMedics Pharma LLC
Application:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	207182
DUNS:	968961354
Proprietary Name (if Applicable) and Established Name:	LIDOCAINE HCL INJECTION, USP 2 % 400 mg per 20 mL (20 mg / mL) [20 mL Multi Dose Vial]
Selling Unit NDC:	55150-255-20
Individual Unit NDC:	55150-255-20
UPC:	355150255207
UDI	
CVX Code:	
MVX Code:	
Description:	LIDOCAINE HCL INJECTION, USP 2 % 400 mg per 20 mL (20 mg / mL) [20 mL Multi Dose Vial]
Active Ingredient(s):	
URL for Additional Product Information:	www.auromedics.com
Address:	279 Princeton-Hightstown Road
City:	East Windsor
Key Contact:	
Phone Number:	888-238-7880
Product Therapeutic Classification:	anesthetics

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77° F)
Other Temperature Range Requirement (write in)	
Is this product to be shipped to customers on ice?	No
Is this product to be shipped to customers on dry ice?	No
b. Contact for temperature excursion questions:	
Name:	Steve Lucas
Number:	888-238-7880
Group E-mail:	pvg@aurobindousa.com
c. Special regulations for product in any states?	
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	No
e. Shelf life:	
Initial shelf life at launch (if different):	24 Months

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	No
reverse numbered?	No
co-licensed?	No
Is the Product... Direct-Ship Only	
Is the Product...	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	
If Unit Dose NDC, indicate NDC here:	
Country of Origin	India
Is this product covered under the Trade Agreements Act (TAA)?	No

PRODUCT DESCRIPTION INFORMATION	
Size:	25 x 20 mL Multi Dose Vials
Strength:	400 mg/20 mL (20 mg/mL)
Dosage Form:	Liquid
Product Shape:	Vial Pack
Product Color:	
Product Imprint:	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Bottle	55150-255-20 (25 Multi dose vials in E-Flute box)
<input checked="" type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity? Yes
	If Yes, how many of which package type?
	1 Each
	2 Inner/Carton/Pack
	4 Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AP
II. Generic Equivalent to What Brand?:	Xylocaine
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
(Write-in, e.g. 1 Vial)	Each
	Gram
	Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
GLN:	035515000005
If Yes, was original product purchased direct from mfr?	
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/Carton/Bundle/Inner Pack:	5.799	14.02	3.39	7.13	338.873214	15 Vials/Carto
Case:	12.762	15.157	8.661	8.071	1059.51873	4 Cartons/Cas
Pallet:	Sea 798.742 Air 1181.593	Sea 48 Air 48	Sea 40.04 Air 57.36	Sea 40 Air 40	#VALUE!	Sea 00 Cases/ Pallet
UPC:	Case:	50355150255202				
	Carton:	30355150255208				

GTIN PRODUCT INFORMATION						
Serialized?	Level	Item	Saleable Unit	Quantity	GTIN-14	If not, when?
<input checked="" type="checkbox"/>				1	10355150255204	
<input checked="" type="checkbox"/>		Box/Carton/Bundle/Inner Pack	<input checked="" type="checkbox"/>	25	30355150255208	
<input checked="" type="checkbox"/>		Case		100	50355150255202	
<input checked="" type="checkbox"/>		Pallet		2000	70355150255206	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$84.00	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	6/8/2018		

*Please provide any additional information on page 2.

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING AND BARCODE.

See new p. 3 for Designated Drop Ship Only.

Signature:

For Designated Drop Ship Only Products, Please Use Page 3
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 Is the product a CA Prop 65 carcinogen? No
 Is the product a CA Prop 65 reproductive toxicant? No
 Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions?
 (If yes, attach SDS with special instructions.) No

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT or IATA?
 (if yes, answer a-e below and provide SDS) No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?

Is the product restricted for air shipment? If so, indicate restriction:

Passenger
 Cargo
 Passenger & Cargo

Is this a reportable quantity?
 RQ Threshold:

Is this a marine pollutant?

Is this product shipped utilizing an authorized DOT exception or Special Permit?
 (if yes, identify method below)

Limited Quantity
 Consumer Commodity, ORM-D
 Small Quantity (49 CFR 173.4)
 Special Permit; DOT-SP
 Special Provision (listed in Column 7 of 49 CFR 172.101);
 SP#

ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? No

Controlled by State(s)? No

ARCOS Reportable? No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II) No
 If yes, indicate which:

Is it a scheduled listed chemical product?: No

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

Comments:

SDS Hazard Classification

Organic Corrosive
 Inorganic Oxidizer
 Steroid/Androgen Contact Hazard

Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug?
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?

Website URL:

Comments / Details: (For example, iPledge program?)

REMS:

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:
 Provider Name:
 Site Enrollment Number assigned by Supplier:

DEA #:
 PCPDP #:
 NPI #:

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit:

URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	Return Instructions
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input style="width: 100%; height: 40px;" type="text"/></p>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Miscellaneous Notes:	
<input style="width: 100%; height: 80px;" type="text"/>	

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-158-72 <input type="checkbox"/> UPC/GTIN Serialized? H: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 mg/mL) 2 mL Fill Volume 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 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: LIDOCAINE HYDROCHLORIDE 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 <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> 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?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Ampoules per Carton 20 mg /2 mL(10mg/mL) <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	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: _____ Item: _____	Mstr. Shpr. 600(Ampoules)	Inner Case Pk 300(Ampoules)	Wght. Lbs. Case: 10.562 Carton: 0.1322 Item: _____	Cube _____	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 13.188976</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 11.023622</td> <td>Height: _____</td> <td>Height: 64.173</td> </tr> <tr> <td>Width: 11.220472</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 13.188976	Depth: _____	Depth: 47.24409	Height: 11.023622	Height: _____	Height: 64.173	Width: 11.220472	Width: _____	Width: 39.37008	# Cases/ Pallet _____
Case	Item	Pallet																					
Depth: 13.188976	Depth: _____	Depth: 47.24409																					
Height: 11.023622	Height: _____	Height: 64.173																					
Width: 11.220472	Width: _____	Width: 39.37008																					
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: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10																							
COST INFORMATION																							
Whsl. Code #: _____ 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 checked="" type="checkbox"/> No	Regular Cost (\$) _____	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____	Distribution Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____	Invoice Cost (\$) _____	Net Cost (\$) _____	Mfr's AWP _____	Avg Retail Price (\$) _____	SRP (\$) _____	Excise Tax _____														
	DZ																						
	EA	WAC				\$10.35		\$19.75															
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-159-74 <input type="checkbox"/> UPC/GTIN Serialized? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 mg/mL) 5 mL Fill Volume 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 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: LIDOCAINE HYDROCHLORIDE 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 <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> 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?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Ampoules per Carton 50 mg /5 mL (10mg/mL) <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	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: _____ Item: _____	Mstr. Shpr. 960(Ampoules)	Inner Case Pk 240(Ampoules)	Wght. Lbs. Case: 27.51366 Carton: 0.2358 Item: _____	Cube _____	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 16.141732</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 16.929134</td> <td>Height: _____</td> <td>Height: 58.661</td> </tr> <tr> <td>Width: 13.385827</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 16.141732	Depth: _____	Depth: 47.24409	Height: 16.929134	Height: _____	Height: 58.661	Width: 13.385827	Width: _____	Width: 39.37008	# Cases/ Pallet _____
Case	Item	Pallet																					
Depth: 16.141732	Depth: _____	Depth: 47.24409																					
Height: 16.929134	Height: _____	Height: 58.661																					
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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: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10																							
COST INFORMATION																							
Whsl. Code #: _____ 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 checked="" type="checkbox"/> No	Regular Cost (\$) _____	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____	Distribution Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____	Invoice Cost (\$) _____	Net Cost (\$) _____	Mfr's AWP _____	Avg Retail Price (\$) _____	SRP (\$) _____	Excise Tax _____														
	DZ																						
	EA	WAC				\$12.30		\$26.70															
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-160-72 <input type="checkbox"/> UPC/GTIN Serialized? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 2% (20 mg/mL) 2 mL Fill Volume 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 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: LIDOCAINE HYDROCHLORIDE 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 <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> 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?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Ampoules per Carton 20 mg /2 mL(10mg/mL) <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	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: _____ Item: _____	Mstr. Shpr. 600(Ampoules)	Inner Case Pk 300(Ampoules)	Wght. Lbs. Case: 10.562 Carton: 0.1322 Item: _____	Cube _____	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 13.188976</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 11.023622</td> <td>Height: _____</td> <td>Height: 64.173</td> </tr> <tr> <td>Width: 11.220472</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 13.188976	Depth: _____	Depth: 47.24409	Height: 11.023622	Height: _____	Height: 64.173	Width: 11.220472	Width: _____	Width: 39.37008	# Cases/ Pallet _____
Case	Item	Pallet																					
Depth: 13.188976	Depth: _____	Depth: 47.24409																					
Height: 11.023622	Height: _____	Height: 64.173																					
Width: 11.220472	Width: _____	Width: 39.37008																					
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: LIDOCAINE HYDROCHLORIDE INJECTION, USP 2% (20																							
COST INFORMATION																							
Whsl. Code #: _____ 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 checked="" type="checkbox"/> No	Regular Cost (\$) _____	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____	Distribution Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____	Invoice Cost (\$) _____	Net Cost (\$) _____	Mfr's AWP _____	Avg Retail Price (\$) _____	SRP (\$) _____	Excise Tax _____														
	DZ																						
	EA	WAC			\$14.25		% '\$\$																
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-161-02 <input type="checkbox"/> UPC/GTIN Serialized? H: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 mg/mL) 2 mL Single Dose Vial 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 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: LIDOCAINE HYDROCHLORIDE 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 <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> 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?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Vial per Carton 20 mg /2 mL(10mg/mL) <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	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: _____ Item: _____	Mstr. Shpr. 1200(Vial)	Inner Case Pk 300 (Vial)	Wght. Lbs. Case: 30.783 Carton: 0.227 Item: _____	Cube	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 15.354331</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 10.23622</td> <td>Height: _____</td> <td>Height: 44.685</td> </tr> <tr> <td>Width: 11.811024</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 15.354331	Depth: _____	Depth: 47.24409	Height: 10.23622	Height: _____	Height: 44.685	Width: 11.811024	Width: _____	Width: 39.37008	# Cases/ Pallet
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COST INFORMATION																							
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	DZ																						
	EA	WAC			\$18.45	\$20.00																	
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-162-05 <input type="checkbox"/> UPC/GTIN Serialized? H: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 mg/mL) 5 mL Single Dose Vial 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 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: LIDOCAINE HYDROCHLORIDE 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 <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> 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?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Vial per Carton 50 mg /5 mL (10mg/mL) <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	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: _____ Item: _____	Mstr. Shpr. 200(Vial)	Inner Case Pk 50 (Vial)	Wght. Lbs. Case: 11.186 Carton: 0.454 Item: _____	Cube	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> <tr> <td>Depth: 11.220472</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 5.511811</td> <td>Height: _____</td> <td>Height: 42.323</td> </tr> <tr> <td>Width: 11.220472</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </table>			Case	Item	Pallet	Depth: 11.220472	Depth: _____	Depth: 47.24409	Height: 5.511811	Height: _____	Height: 42.323	Width: 11.220472	Width: _____	Width: 39.37008	# Cases/ Pallet
Case	Item	Pallet																					
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	DZ																						
	EA	WAC			\$24.60	\$27.00																	
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-163-30 <input type="checkbox"/> UPC/GTIN _____ Serialized? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 mg/mL) 30 mL Single Dose Vial 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 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: LIDOCAINE HYDROCHLORIDE 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 <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> 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?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Mono Pack of one vial per Carton 300 mg /30 mL(10mg/mL)	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: _____ Item: _____	Mstr. Shpr. 144(Vial)	Inner Case Pk 24 (Vial)	Wght. Lbs. Case: 25.628 Carton: 0.154 Item: _____	Cube	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 16.141732</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 11.417323</td> <td>Height: _____</td> <td>Height: 42.126</td> </tr> <tr> <td>Width: 10.23622</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 16.141732	Depth: _____	Depth: 47.24409	Height: 11.417323	Height: _____	Height: 42.126	Width: 10.23622	Width: _____	Width: 39.37008	# Cases/ Pallet
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Height: 11.417323	Height: _____	Height: 42.126																					
Width: 10.23622	Width: _____	Width: 39.37008																					
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: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10																							
COST INFORMATION																							
Whsl. Code #: _____ 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 checked="" type="checkbox"/> No	Regular Cost (\$)	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____	Distribution Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____	Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax														
	DZ																						
	EA	WAC			\$2.65	\$3.00																	
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-164-02 <input type="checkbox"/> UPC/GTIN Serialized? How? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 2% (20 mg/mL) 2 mL Single Dose Vial 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 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: LIDOCAINE HYDROCHLORIDE 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 <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> 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?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Vial per Carton 40 mg /2 mL (20mg/mL)	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: _____ Item: _____	Mstr. Shpr. 1200(Vial)	Inner Case Pk 300 (Vial)	Wght. Lbs. Case: 30.783 Carton: 0.227 Item: _____	Cube	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 15.354331</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 10.23622</td> <td>Height: _____</td> <td>Height: 44.685</td> </tr> <tr> <td>Width: 11.811024</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 15.354331	Depth: _____	Depth: 47.24409	Height: 10.23622	Height: _____	Height: 44.685	Width: 11.811024	Width: _____	Width: 39.37008	# Cases/ Pallet
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COST INFORMATION																							
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	DZ																						
	EA	WAC			\$27.70	\$30.00																	
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-165-05 <input type="checkbox"/> UPC/GTIN Serialized? H: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 2% (20 mg/mL) 5 mL Single Dose Vial 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 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: LIDOCAINE HYDROCHLORIDE 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 <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> 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?* <small>*Please provide additional information on page 2.</small>

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	DZ																						
	EA	WAC				\$22.10		\$26.15															
	PPK																						

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

Signature: _____



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Item Final VersionDate:

PRODUCT INFORMATION	
Company Name:	AuroMedics Pharma LLC
Application:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	207182
DUNS:	968961354
Proprietary Name (If Applicable) and Established Name:	LIDOCAINE HCL INJECTION, USP 1% 500 mg per 50 mL (10 mg / mL) [50 mL Multi Dose Vial]
Selling Unit NDC:	55150-253-50
Individual Unit NDC:	55150-253-50
UPC:	355150253500
UDI	
CVX Code:	
MVX Code:	
Description:	LIDOCAINE HCL INJECTION, USP 1% 500 mg per 50 mL (10 mg / mL) [50 mL Multi Dose Vial]
Active Ingredient(s):	
URL for Additional Product Information:	www.auromedics.com
Address:	279 Princeton-Hightstown Road
City:	East Windsor
Key Contact:	
Phone Number:	888-238-7880
Product Therapeutic Classification:	anesthetics

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77° F)
Other Temperature Range Requirement (write in)	
Is this product to be shipped to customers on ice?	No
Is this product to be shipped to customers on dry ice?	No
b. Contact for temperature excursion questions:	
Name:	Steve Lucas
Number:	888-238-7880
Group E-mail:	pvg@aurobindousa.com
c. Special regulations for product in any states?	No
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	Yes
Protect product (unit of sale) from light?	No
e. Shelf life:	
Initial shelf life at launch (if different):	24 Months

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	No
reverse numbered?	No
co-licensed?	No
Is the Product... Direct-Ship Only	
Is the Product...	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	
If Unit Dose NDC, indicate NDC here:	
Country of Origin	India
Is this product covered under the Trade Agreements Act (TAA)?	No

PRODUCT DESCRIPTION INFORMATION	
Size:	25 x 50 mL Multi Dose Vials
Strength:	500 mg/50 mL (10 mg/mL)
Dosage Form:	Liquid
Product Shape:	Vial Pack
Product Color:	
Product Imprint:	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Bottle	55150-253-50 (25 Multi dose vials in E-Flute box)
<input checked="" type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity? Yes
	If Yes, how many of which package type?
	1 Each
	1 Inner/Carton/Pack
	4 Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AP
II. Generic Equivalent to What Brand?:	Xylocaine
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
(Write-in, e.g. 1 Vial)	Each
	Gram
	Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
GLN:	035515000005
If Yes, was original product purchased direct from mfr?	
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/Carton/Bundle/Inner Pack:	6.011	9.29	3.58	9.29	308.968678	25 Vials/Carto
Case:	25.68	19.685	8.858	10.039	1750.49772	4 Cartons/Case
Pallet:	Sea 854.802 Air 1265.687	Sea 48 Air 48	Sea 40.04 Air 57.36	Sea 40 Air 40	#VALUE!	Sea 00 Cases/ Pallet
UPC:	Case:	50355150253505				
	Carton:	30355150253501				

GTIN PRODUCT INFORMATION						
Serialized?	Level	Item	Saleable Unit	Quantity	GTIN-14	If not, when?
<input checked="" type="checkbox"/>				1	10355150253507	
<input checked="" type="checkbox"/>		Box/Carton/Bundle/Inner Pack	<input checked="" type="checkbox"/>	25	30355150253501	
<input checked="" type="checkbox"/>		Case		100	50355150253505	
<input checked="" type="checkbox"/>		Pallet		2000	70355150253509	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$125.00	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	6/8/2018		

*Please provide any additional information on page 2.

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING AND BARCODE.

See new p. 3 for Designated Drop Ship Only.

Signature:

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

- | | |
|--|----|
| a. Cytotoxic? | No |
| b. CA Prop. 65 Carcinogen or Reproductive Toxicant? | |
| Is the product a CA Prop 65 carcinogen? | No |
| Is the product a CA Prop 65 reproductive toxicant? | No |
| Does the product label bear a CA Prop 65 warning? | No |
| c. Contact Hazard? | No |
| d. Does this product require special clean-up instructions?
(If yes, attach SDS with special instructions.) | No |
| e. Does the product contain DEHP? | No |
| Is this product regulated for shipment by DOT or IATA?
(if yes, answer a-e below and provide SDS) | No |

- | | |
|-----------------------------|--|
| a. UN/Identification Number | |
| b. Proper Shipping Name | |
| c. DOT Hazard Class | |
| d. Packing Group | |
| e. Inhalation Hazard? | |

Is the product restricted for air shipment? If so, indicate restriction:

- Passenger
 Cargo
 Passenger & Cargo

Is this a reportable quantity?

RQ Threshold:

Is this a marine pollutant?

Is this product shipped utilizing an authorized DOT exception or Special Permit?

(if yes, identify method below)

- Limited Quantity
 Consumer Commodity, ORM-D
 Small Quantity (49 CFR 173.4)
 Special Permit; DOT-SP
 Special Provision (listed in Column 7 of 49 CFR 172.101);
 SP#

ADD'L STORAGE INFORMATION

Is the Product...

- | | |
|---|----|
| Controlled Substance? | No |
| Controlled by State(s)? | No |
| ARCOS Reportable? | No |
| Schedule No. (inc. N for non-narcotic) | |
| Controlled Substance Code | |
| Listed Chemical (List I or II) | No |
| If yes, indicate which: | |
| Is it a scheduled listed chemical product?: | No |

CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes
- Restricted to retail pharmacy only:
- Restricted to hospital, clinics, and physician offices only:
- Restricted from US territories? (explain in comments)
- Comments:

SDS Hazard Classification

- | | |
|--|---|
| <input type="checkbox"/> Organic
<input type="checkbox"/> Inorganic
<input type="checkbox"/> Steroid/Androgen

<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 100px;" type="text"/> | <input type="checkbox"/> Corrosive
<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Contact Hazard

Is the product a NIOSH hazardous drug? <input style="width: 100px;" type="text"/>
If yes, indicate which: <input style="width: 100px;" type="text"/> |
|--|---|

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?

Website URL:

Comments / Details: (For example, iPledge program?)

REMS:

REMS Program Manager Name: <input style="width: 100%; border: 1px solid black;" type="text"/>	Phone: <input style="width: 100%; border: 1px solid black;" type="text"/>
Supplier Manages REMS registry exclusively: <input style="width: 100%; border: 1px solid black;" type="text"/>	
Wholesale distributor support: <input style="width: 100%; border: 1px solid black;" type="text"/>	
Provider Name: <input style="width: 100%; border: 1px solid black;" type="text"/>	DEA #: <input style="width: 100%; border: 1px solid black;" type="text"/>
Site Enrollment Number assigned by Supplier: <input style="width: 100%; border: 1px solid black;" type="text"/>	PCPDP #: <input style="width: 100%; border: 1px solid black;" type="text"/>
	NPI #: <input style="width: 100%; border: 1px solid black;" type="text"/>

Comments:

Registry:

Registry Program Contact Name: Phone:

Comments:

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit:

URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments:

MISCELLANEOUS NOTES and/or Image of Product Barcode:



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Item Final VersionDate: **PRODUCT INFORMATION**

Company Name: Application:
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):
 DUNS:
 Proprietary Name (If Applicable) and Established Name:
 Selling Unit NDC: Individual Unit NDC: UPC:
 UDI: CVX Code: MVX Code:
 Description:
 Active Ingredient(s):
 URL for Additional Product Information:
 Address: Address 2:
 City: State: Zip:
 Key Contact: Email:
 Phone Number: Fax:
 Product Therapeutic Classification:

ADDITIONAL PRODUCT INFORMATION

Is the Product...
 a legend device?
 reverse numbered?
 co-licensed?
 Is the Product...
 Is the Product...
 If Unit Dose, is item bar coded to unit dose for hospital scanning?
 If Unit Dose NDC, indicate NDC here:
 Country of Origin
 Is this product covered under the Trade Agreements Act (TAA)?

PRODUCT DESCRIPTION INFORMATION

Size:
 Strength:
 Dosage Form:
 Product Shape:
 Product Color:
 Product Imprint:

SPECIAL HANDLING AND STORAGE REQUIREMENTS*

a. Temperature – Indicate the USP temperature range for this product.
 Temperature Range
 Other Temperature Range Requirement (write in)
 Is this product to be shipped to customers on ice?
 Is this product to be shipped to customers on dry ice?
 b. Contact for temperature excursion questions:
 Name:
 Number:
 Group E-mail:
 c. Special regulations for product in any states?
 Special returns requirements for this product?
 d. Store product (unit of sale) upright?
 Protect product (unit of sale) from light?
 e. Shelf life:
 Initial shelf life at launch (if different): Months

ORDER INFORMATION

Unit of Sale
 Bottle
 Box/Carton
 Ampule
 Glass
 Tube
 Vial Liquid Sgl
 Vial Liquid Multi
 Vial Powder Sgl
 Vial Powder Multi
 Other: Write In
 What is the NDC selling unit?

 (Write-in, e.g. 1 Box of 10 Vials)
 Minimum order quantity?
 If Yes, how many of which package type?

1	Each
1	Inner/Carton/Pack
4	Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: Authorized Generic *If Authorized Generic, other section fields are not applicable
 II. Generic Equivalent to What Brand?:

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?
 (Write-in, e.g. 1 Vial)
 Rx billing unit to pharmacy:
 Each
 Gram
 Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? GLN:
 Is product exempt from DSCSA?
 If yes, select exemption:
 Other exemption - Write in:
 Is product repackaged?
 Is product sold by manufacturer's exclusive distributor?
 Has FDA granted waiver/exception/exemption for product?
 If Yes, was original product purchased direct from mfr?
 If yes, attach documentation from FDA.

ITEM AND PACKING INFORMATION

Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/Carton/Bundle/Inner Pack:	6.011	9.29	3.58	9.29	308.968678	25 Vials/Carto
Case:	25.68	19.685	8.858	10.039	1750.49772	4 Cartons/Case
Pallet:	Sea 854.802 Air 1265.687	Sea 48 Air 48	Sea 40.04 Air 57.36	Sea 40 Air 40	#VALUE!	Sea 00 Cases/ Pallet
UPC:	Case:	50355150256506				
	Carton:	30355150256502				

GTIN PRODUCT INFORMATION

Serialized? If not, when? Items aggregated?	Level	Item	Saleable Unit	Quantity	GTIN-14
<input checked="" type="checkbox"/>	Item		<input checked="" type="checkbox"/>	1	10355150256508
<input checked="" type="checkbox"/>	Box/Carton/Bundle/Inner Pack		<input checked="" type="checkbox"/>	25	30355150256502
<input checked="" type="checkbox"/>	Case		<input checked="" type="checkbox"/>	100	50355150256506
<input checked="" type="checkbox"/>	Pallet		<input checked="" type="checkbox"/>	2200	70355150256500

COST INFORMATION

Regular Cost
 Invoice Cost (WAC) (\$)
 Federal Excise Tax Per Unit of Sale
 As of date:
 Vendor #:
 Whsl. Code #:
 FineLine Code:

For Designated Drop Ship Only Products, Please Use Page 3
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 Is the product a CA Prop 65 carcinogen? No
 Is the product a CA Prop 65 reproductive toxicant? No
 Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions?
 (If yes, attach SDS with special instructions.) No

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT or IATA?
 (if yes, answer a-e below and provide SDS) No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?

Is the product restricted for air shipment? If so, indicate restriction:

Passenger
 Cargo
 Passenger & Cargo

Is this a reportable quantity?
 RQ Threshold:

Is this a marine pollutant?

Is this product shipped utilizing an authorized DOT exception or Special Permit?
 (if yes, identify method below)

Limited Quantity
 Consumer Commodity, ORM-D
 Small Quantity (49 CFR 173.4)
 Special Permit; DOT-SP
 Special Provision (listed in Column 7 of 49 CFR 172.101);
 SP#

ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? No

Controlled by State(s)? No

ARCOS Reportable? No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II) No
 If yes, indicate which:

Is it a scheduled listed chemical product?: No

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

Comments:

SDS Hazard Classification

Organic Corrosive
 Inorganic Oxidizer
 Steroid/Androgen Contact Hazard

Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug?
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No
 If Yes, is it managed with a pharmacy registry?
 Website URL:

Comments / Details: (For example, iPledge program?)

REMS:
 REMS Program Manager Name: Phone:
 Supplier Manages REMS registry exclusively:
 Wholesale distributor support:
 Provider Name:
 Site Enrollment Number assigned by Supplier: DEA #:
 PCPDP #:
 NPI #:

Comments

Registry:
 Registry Program Contact Name: Phone:
 Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit:

URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
<p>Purchase orders may be accepted by:</p> <ul style="list-style-type: none"> a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/> Name: <input type="text"/> Phone: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="checkbox"/> Phone: <input type="text"/> Phone #: <input type="text"/></p> <p style="padding-left: 20px;">Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="checkbox"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	
Other Data Information Required to Process PO:	Return Instructions
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input style="width: 100%; height: 80px;" type="text"/></p>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<input style="width: 100%; height: 100px;" type="text"/>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>