

Product Control Note						Introduction	n Type:	New Item		Final Version			Date:		
Mary				PRODUCT INFORMATION						SPECIAL HANDLI	ING AND STO	ORAGE REQI	JIREMENTS	S*	
Mathematical Math	Company Name:	AuroMedics Pharma L	LC			A	pplication:	ANDA	a. Temperature – Indic	ate the USP temper	ature range f	or this produ	ct.		
Part	Application Number for ND	A/ANDA/BLA (drug); F	PMA/510(k)(med device):	207182				Tempera	ature Range		Controlled R	oom – betwe	en 20 and 25	C (68° – 77° I
Selling March Selling March Selling March Selling March Selling March Selling Sell	DUNS:	968961354							Other Te	emperature Range Re	equirement				
Martingries			Name: LIDOCA						(wr	rite in)					
State Stat		55150-251-10			55150-251-10		'355150251	100		androtte be ables add		0		N1.	
Action (agreedentify): Will, for Additional Product Internalitie: www.numerical com www.numerical c						WVX Code.			<u> </u>						
Mary Control	Description:	LIDOCAINE HCL INJE	ECTION, USP 1% 100 m	g per 10 mL (10 mg / mL) [10 mL Mu	ılti Dose Vial]				Is this product to be shipped to customers on dry ice?						
Mary Control	Active Ingredient(s):								b. Contact for tempera	ature excursion ques	stions:				
Mathetic	3 ,								11						
Substract Supplied									4						
Product Security			own Road		State		Zin:	00520	Group E-mail: pvg@aurobindousa.com						
Product Transport (1998 19		East Windsor				NJ	Zip.	06520	c. Special regulations for product in any states?						
ADDITIONAL PRODUCT INFORMATION Size Product case Product c	-	888-238-7880				732-355-9449						ct?			
Mode Product Substitute Product Substitute Product Substitute Subst	Product Therapeutic Classifi	cation:	anesthetics						•	•	•				
Substitute															
Signal device Signal devic	ADDITIONA	L PRODUCT INFORM	ATION		F	PRODUCT DESCR	IPTION INFOR	MATION	Protect	product (unit of sale	e) from light?			No	
Second contended No Original Origina														24	
Service Serv					Size:	25 x 10	mL Multi Dose	Vials	Initial sh	helf life at launch (if	different):				Months
Manual Control Manu										0	DRDER INFO	RMATION			
Fluid Does is than the roded to unit dose for hospital scarring or if unit Does MDC, indicate NDC hands Fluid Does is than the roded to unit dose for hospital scarring or if unit Does NDC, indicate NDC hands Fluid Does is than the roded to unit dose for hospital scarring or if unit Does NDC, indicate NDC hands Fluid Does is than the roded to unit dose for hospital scarring or if unit Does NDC, indicate NDC hands Fluid Does is than the roded to unit dose for hospital scarring or if unit Does NDC, indicate NDC hands Fluid Does is than the roded to unit dose for hospital scarring or if unit Does NDC, indicate NDC hands Fluid Does is than the roded to unit dose for hospital scarring or if unit Does NDC, indicate NDC hands Fluid Does is than the rode of the rode Agreements Act (TAA)					Strength:	100 mg	/10 mL (10 mg/r	mL)							
Product Shape: Prod	Is the Product				Dosage Form	: Liquid			Unit of S	-					
Product Shape: Product Shape: Product Shape: Product Color: Product Color: Product Imprint: Product Color: Product Imprint: Prod						4									-Flute box)
Second Product Colore Product Colo	If Unit Dose, is item bar code	d to unit dose for hospi	ital scanning?						x			(vvrite-in, e.	g. 1 Box of 1	u viais)	
Value Valu	If Unit Dose NDC, indicate NDC here:				Product Shap	vial Pag	ck					Minimum or	der quantity	/?	Yes
Country Origin Emission Product Imprint:				Product Colo	r.				-1						
Treduct imprine:	Country of Origin India														
Visit Proof Multi Other Write in	Is this product covered under the Trade Agreements Act (TAA)?									ich package	ype?				
Comparison Com			140											/Pack	
Authorized Generic Tit Authorized Generic				_							_	8			
Corange Book Rating: Row SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION				FOR GENERIC DRUG PRODUCTS	S										
Connigo Book Rating: Rec. sell unit to customer? Robbing unit to part to part to product purchased in General Equivalent to What Brand?:					Auth	orized Ceneric	*If Authorize	nd Canaria other section		PHAR	MACY ORDE	R / BILL LINI	т		
Decision Supplier ment DSCSA definition of manufacturer? Yes GLN: Gassistonomos Supplier ment DSCSA? No	I Orange Book Pating:	ΔΡ			71001	onzed Generic			Rec sell unit to custor					acv:	
Case: 13,783 11,811 62,99 11,811 87,070,774 11,000, when 2		, · ·	Xvlocaine						Nec. sen unit to custor	illei :	1	KX Dilling u		acy.	
Does supplier meet DSCSA definition of manufacturer? Yes									(Write-in, e.g. 1 Vial)						
Is product exempt from DSCSA? If yes, select exemption:			DRUG SUPPL	Y CHAIN SECURITY ACT (DSCSA)) INFORMATION								Milliliter		
Is product exempt from DSCSA? If yes, select exemption:	Door cumplior most DSCSA	definition of manufact	urar?	Vec	CI Ni	0355150000005				ITEM A	ND BYCKING	INFORMATI	ON		
Separate					OLIV.	000010000000	<u>′</u>			II E III A	ND I AOIGINO	IN OKMATI	014		
No										Weight I he	Dimer	nsions (US m	smts.)		# Pieces
Is product sold by manufacturer's exclusive distributor? No If yes, attach documentation from FDA. Serialized? Case Case										Weight Lbs.	Depth	Height	Width	(Cube)	# Fieces.
Serialized? Serialized.		urar'a avaluciva diatril				al product purcha	ased direct		Item:					0	
Saleable Level Unit Saleable						umentation from	FDA.		Box/Carton/Bundle/						
Level Unit Carbon Saleable Unit U	• • • • • • • • • • • • • • • • • • • •				• ,					1.556	5.43	2.48	5.43	73.122552	5 Vials/Carto
Cost									Case:	13,783	11.811	6.299	11.811	878.708743	Cartons/Cas
Serialized?					Э		Oug-tit.	CTIN 14	Pallet						Sea 12
Find, when?	Serialized?		x		2D	Linear			Pallet:					#VALUE!	Cases/
X Pallet 2D Linear L					2D				UPC:						Pallet
Vendor #: Vend	Items aggregated?									Carton:	3035515025	51101			
			x	Pallet			14400	70355150251109	T200	INFORMATION			WHOLESA	ED LISE ON	V
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE. Regular Cost Invoice Cost (WAC) (\$) \$54.00 Whsl. Code #: Federal Excise Tax Per Unit of Sale As of date: Solution									COST	INFORMATION			WHOLESAL	ER USE UNL	.1;
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE. Federal Excise Tax Per Unit of Sale As of date: Fineline Code: Fineline Code: Fineline Code: SOME OF PRODUCT PACKAGING and BARCODE.									Regular Cost			Vendor #:			
As of date: 6/8/2018 Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.									\$54.00						
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.												Fineline Co	de:		
									As or date:	0/0/2010		†			
				Attach copy of SAFETY DATA SHEE	T (SDS) or non haz	ard letter, PACKAG	SE INSERT I AI	BEL AND PHOTO OF PRO	DDUCT PACKAGING and B	BARCODE.					
	*Please provide any addition	al information on pag			(== =) 31 11011 11d21										





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



					Introductio	n Type:	New Item		Final Version			Date:			
			PRODUCT INFORMATION						SPECIAL HANDLI	ING AND ST	ORAGE REQI	JIREMENTS	S*		
Company Name:	AuroMedics Pharma L	LC			А	pplication:	ANDA	a. Temperature – Indic	ate the USP temper	ature range f	for this produ	ct.			
Application Number for ND	A/ANDA/BLA (drug); F	PMA/510(k)(med device):	207182				Tempera	ature Range		Controlled R	oom – betwe	en 20 and 25	C (68° – 77° I	
DUNS:	968961354							Other Te	emperature Range Re	equirement					
Proprietary Name (If Applical		Name: LIDOCA	INE HCL INJECTION, USP 1 % 200					(wr	rite in)						
Selling Unit NDC:	55150-252-20		Individual Unit NDC:	55150-252-20	MVX Code:		2206		and and the base of the second				N1.		
UDI			CVX Code:		WVX Code.			Is this product to be shipped to customers on ice? Is this product to be shipped to customers on dry ice? No							
Description:	LIDOCAINE HCL INJE	ECTION, USP 1 % 200 n	ng per 20 mL (10 mg / mL) [20 mL Mu	ılti Dose Vial]				Is this pr	oduct to be shipped t	to customers	on dry ice?		No		
Active Ingredient(s):								b. Contact for tempera	ture excursion ques	stions:					
								Name:	•		Steve Lucas				
URL for Additional Product II		www.auromedics.com						Number			888-238-788				
Address: City:	279 Princeton-Hightste East Windsor	own Road		State:	Address 2:	Zip:	08520	Group E-mail: pvg@aurobindousa.com							
Key Contact:	East Windsor			Email:	NJ	Zip.	00520	c. Special regulations for product in any states?							
Phone Number:	888-238-7880			Fax:	732-355-9449			Special regulations for product in any states? No No							
Product Therapeutic Classifi	cation:	anesthetics						•							
			_					d. Store product (unit					Yes		
ADDITIONA	L PRODUCT INFORM	ATION		F	PRODUCT DESCR	RIPTION INFO	RMATION	Protect	product (unit of sale	e) from light?	•		No		
Is the Product								e. Shelf life:					24	Months	
a legend device? reverse numbered?		No No		Size:	25 x 20	mL Multi Dose	Vials	Initial sh	nelf life at launch (if	different):				Months	
co-licensed?		No							C	ORDER INFO	RMATION				
Is the Product		Direct-Ship Only		Strength:	200 mg	g/20 mL (10 mg/	/mL)								
Is the Product				Dosage Form	: Liquid			Unit of S	-1		What is the				
								x	Bottle Box/Carton		55150-252-2 (Write-in, e.		lose vials in E	-Flute box)	
If Unit Dose, is item bar code	d to unit dose for hospi	ital scanning?						-	Ampule		(vviite-iii, e.	y. 1 box 01 1	U Viais)		
If Unit Dose NDC, indicate NDC here:				Product Shap	vial Pa	ick			Glass		Minimum or	der quantity	/?		
				Product Colo	r:				Tube						
Country of Origin India						Vial Liquid Sgl		K Vaa haw		iah maakana					
Is this product covered under	the Trade Agreements	s Act (TAA)?		Product Impr	int:				Vial Liquid Multi Vial Powder Sql			many or wn Each	ich package	yper	
									Vial Power Multi		2	Inner/Cartor	/Pack		
									Other: Write In	_	4	Case			
			FOR GENERIC DRUG PRODUCTS	5						_					
				Auth	orized Generic	*If Authoriz	ed Generic, other section		PHAR	RMACY ORDE	ER / BILL UNI	Т			
I. Orange Book Rating:	AP						ot applicable	Rec. sell unit to custor			Rx billing u		acv:		
II. Generic Equivalent to Wha	nt Brand?:	Xylocaine									Ttx Silling to	Each	uoy.		
								(Write-in, e.g. 1 Vial)		_		Gram			
		DRUG SUPPL	Y CHAIN SECURITY ACT (DSCSA)	INFORMATION								Milliliter			
Does supplier meet DSCSA of	definition of manufact	urer?	Yes	GLN:	035515000000	5			ITEM A	ND PACKING	INFORMATI	ON			
Is product exempt from DSC			No	02											
If yes, select exemption:									Weight Lbs.		nsions (US m		Volume	# Pieces:	
Other exemption - Write in: Is product repackaged?			No	If Yes, was origin				Item:	1	Depth	Height	Width	(Cube)		
Is product repackaged?	urer's exclusive distrit		No	from mfr?	iai product purch	ased direct		item:					0		
Has FDA granted waiver/exc			No	If yes, attach doc	umentation from	FDA.		Box/Carton/Bundle/	5.799	14.02	3.39	7.13	338.873214	5 Vials/Carto	
								Inner Pack:	5.799	14.02	3.39	7.13	330.073214	.5 Viais/Caito	
			GTIN PRODUCT INFORMATION					Case:	12.762	15.157	8.661	8.071	1059.51873	4 Cartons/Cas	
			Saleable Level Unit			Quantity	GTIN-14	Pallet:	Sea 798.742	Sea 48	Sea 40.04	Sea 40		3ea 00	
Serialized?		х	Item	2D	Linear	1	10355150252203		Air 1181.593	Air 48	Air 57.36	Air 40	#VALUE!	Cases/	
If not, when?		х	Box/Carton/Bundle/Inner Pack X	2D	Linear	25	30355150252207	UPC:	Case:	503551502					
Items aggregated?		X	Case	2D	Linear	100 Sea	50355150252201		Carton:	303551502	52207				
		x	Pallet	2D 2D	Linear	6000	70355150252205	COST	INFORMATION			WHOLESAL	ER USE ONL	Y:	
		 		2D	Linear										
				2D	Linear			Regular Cost			Vendor #:				
2D Linear				Invoice Cost (WAC) (\$)		\$74.00	Whsl. Code								
								Federal Excise Tax Pe As of date:	6/8/2018		Fineline Co	ie:			
											Ť				
			Attach copy of SAFETY DATA SHEE	T (SDS) or non haz	ard letter, PACKA	GE INSERT, LA	ABEL AND PHOTO OF PRO	DDUCT PACKAGING and B	ARCODE.						
*Please provide any addition	al information on pag	e 2.			See new p. 3 fo	or Designated	Drop Ship Only.	Signatu	re:						





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



					Introduction	Type:	New Item		Final Version			Date:		
			PRODUCT INFORMATION						SPECIAL HANDLI	ING AND STO	ORAGE REQI	UIREMENTS	S*	
Company Name:	AuroMedics Pharma L	LC			Ap	plication:	ANDA	a. Temperature – Indic	ate the USP temper	ature range f	or this produ	ict.		
Application Number for ND	A/ANDA/BLA (drug); F	PMA/510(k)(med device):	207182				Tempera	ature Range		Controlled R	oom – betwe	en 20 and 25	C (68° – 77° I
DUNS:	968961354							Other Te	emperature Range Re	equirement				
Proprietary Name (If Applical		Name: LIDOCA	INE HCL INJECTION, USP 2% 200 I					(wi	rite in)					
Selling Unit NDC: UDI	55150-254-10		Individual Unit NDC: CVX Code:	55150-254-10	MVX Code:	'355150254	101	la thia as			:		No	
	LIBOONINE LIGHT				INVA Code.									
Description:	LIDOCAINE HCL INJE	ECTION, USP 2% 200 m	g per 10 mL (20 mg / mL) [10 mL Mu	ilti Dose Vialj				Is this pr	roduct to be shipped t	to customers	on dry ice?		No	
Active Ingredient(s):								b. Contact for tempera	ature excursion ques	stions:				
								Name:	•		Steve Lucas			
URL for Additional Product II		www.auromedics.com						Number			888-238-788			
Address: City:	279 Princeton-Hightst East Windsor	own Road		State:	Address 2:	Zip:	08520	Group E-mail: pvg@aurobindousa.com						
Key Contact:	Edst Willusui			Email:	INJ	zip.	00020	c. Special regulations for product in any states?						
Phone Number:	888-238-7880			Fax:	732-355-9449			11 -	returns requirements		ct?		No	
Product Therapeutic Classifi	cation:	anesthetics												
			-					d. Store product (unit					Yes	
ADDITIONA	L PRODUCT INFORM	ATION		F	PRODUCT DESCR	IPTION INFOR	MATION	Protect	product (unit of sale	e) from light?			No	
Is the Product								e. Shelf life:					24	Months
a legend device? reverse numbered?		No No		Size:	25 x 10	mL Multi Dose \	Vials	Initial sh	helf life at launch (if	different):				Months
co-licensed?		No							C	ORDER INFOR	RMATION			
Is the Product		Direct-Ship Only		Strength:	200 mg/	10 mL (20 mg/r	nL)							
Is the Product				Dosage Form	: Liquid			Unit of S	-		What is the			
								x	Bottle Box/Carton		55150-254-1 (Write-in, e.		lose vials in E	-Flute box)
If Unit Dose, is item bar code	d to unit dose for hospi	ital scanning?						X	Ampule		(vvrite-in, e.	g. i box oi i	o viais)	
If Unit Dose NDC, indicate NDC here:				Product Shap	vial Pac	:K			Glass		Minimum or	der quantity	/?	
Product Color:							Tube							
Country of Origin India						Vial Liquid Sgl		K V b		iah maakama				
Is this product covered under the Trade Agreements Act (TAA)? No Product Imprint:					Vial Liquid Multi Vial Powder Sql			Each	ich package	yper				
									Vial Power Multi		1	Inner/Cartor	/Pack	
									Other: Write In	_	8	Case		
			FOR GENERIC DRUG PRODUCTS	5										
				Auth	orized Generic	*If Authorize	ed Generic, other section		PHAR	MACY ORDE	ER / BILL UNI	T		
I. Orange Book Rating:	AP					fields are no		Rec. sell unit to custor			Rx billing u		acv:	
II. Generic Equivalent to Wha	nt Brand?:	Xylocaine								1	TOX Dilling to	Each	uoy.	
								(Write-in, e.g. 1 Vial)				Gram		
		DRUG SUPPL	Y CHAIN SECURITY ACT (DSCSA)	INFORMATION								Milliliter		
Does supplier meet DSCSA of	definition of manufact	urer?	Yes	GLN:	0355150000005				ITEM A	ND PACKING	INFORMATI	ON		
Is product exempt from DSC			No											
If yes, select exemption:			<u> </u>						Weight Lbs.		nsions (US m	-	Volume	# Pieces:
Other exemption - Write in: Is product repackaged?			No	Was was sainin	al product purcha	and diseas	1	Item:	1 3 1 11	Depth	Height	Width	(Cube)	
Is product repackaged?	urer's exclusive distril		No	from mfr?	iai product purcha	isea airect		item:					0	
Has FDA granted waiver/exc			No	If yes, attach doc	umentation from F	DA.		Box/Carton/Bundle/	1.556	5.43	2.48	5.43	73.122552	5 Vials/Carto
		-	<u> </u>					Inner Pack:	1.556	5.45	2.40	3.43	73.122332	.5 Viais/Caito
			GTIN PRODUCT INFORMATION					Case:	13.783	11.811	6.299	11.811	878.708743	B Cartons/Cas
			Saleable Level Unit	•		Quantity	GTIN-14	Pallet:	Sea 1025.442	Sea 48	Sea 43.19	Sea 40		Sea 72
Serialized?		х	Item	2D	Linear	1	10355150254108		Air 1356.242	Air 48	Air 55.79	Air 40	#VALUE!	Cases/
If not, when?		х	Box/Carton/Bundle/Inner Pack X	2D	Linear	25	30355150254102	UPC:	Case:	5035515025				
Items aggregated?		x	Case	2D	Linear	200 Sea	50355150254106		Carton:	3035515025	54102			
		x	Pallet	2D 2D	Linear	14400	70355150254100	COST	INFORMATION			WHOLESAL	ER USE ONL	Υ:
				2D	Linear			0001	THE STREET				00_ 0	
				2D	Linear			Regular Cost			Vendor #:			
	2D Linear					Invoice Cost (WAC) (\$)		\$76.00	Whsl. Code					
								Federal Excise Tax Pe As of date:	er Unit of Sale 6/8/2018		Fineline Co	ae:		
								, to or dato.	5.0,20.0		†			
		,	Attach copy of SAFETY DATA SHEE	T (SDS) or non haz	ard letter, PACKAG	E INSERT, LA	BEL AND PHOTO OF PRO	DDUCT PACKAGING and B	BARCODE.					
*Please provide any addition	al information on pag	e 2.	•	•	See new p. 3 for	r Designated D	Prop Ship Only.	Signatu	re:					





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



					Introduction	on Type:	New Item		Final Version			Date:			
			PRODUCT INFORMATION						SPECIAL HANDL	ING AND ST	ORAGE REQI	JIREMENTS	S*		
Company Name:	AuroMedics Pharma L	LC			Α	Application:	ANDA	a. Temperature – Indic	ate the USP temper	ature range f	for this produ	ct.			
Application Number for ND	A/ANDA/BLA (drug); F	PMA/510(k)(med device):	207182				Tempera	ature Range		Controlled R	oom – betwe	en 20 and 25	C (68° – 77° I	
DUNS:	968961354							Other Te	emperature Range Re	equirement					
Proprietary Name (If Applical		Name: LIDOCA	INE HCL INJECTION, USP 2 % 400 i					(wi	rite in)						
Selling Unit NDC:	55150-255-20		Individual Unit NDC:	55150-255-20	MVX Code:		5207	1. 40.	andratta barabbaradı				N1.		
UDI			CVX Code:		WIVA Code.			Is this product to be shipped to customers on ice? Is this product to be shipped to customers on dry ice? No							
Description:	LIDOCAINE HCL INJE	ECTION, USP 2 % 400 r	ng per 20 mL (20 mg / mL) [20 mL Mu	Ilti Dose Vial]				Is this p	roduct to be shipped	to customers	on dry ice?		No		
Active Ingredient(s):								b. Contact for tempera	ature excursion que	stions:					
								Name:	4		Steve Lucas				
URL for Additional Product In		www.auromedics.com						Number	:		888-238-788				
Address:	279 Princeton-Hightst	own Road			Address 2:		T	Group E-mail: pvg@aurobindousa.com							
City: Key Contact:	East Windsor			State: Email:	NJ	Zip:	08520	a Special regulations for product in any state-2							
Phone Number:	888-238-7880			Fax:	732-355-9449			c. Special regulations for product in any states? Special returns requirements for this product? No							
Product Therapeutic Classifi		anesthetics						opena.	rotumo roquiromonto	Tor time produ					
								d. Store product (unit	of sale) upright?				Yes		
ADDITIONA	L PRODUCT INFORM	ATION		F	PRODUCT DESC	RIPTION INFO	RMATION		product (unit of sale	e) from light?	•		No		
Is the Product								e. Shelf life:					24	Months	
a legend device?		No		Size:	25 x 20	0 mL Multi Dose	Vials	Initial sl	helf life at launch (if	different):				Months	
reverse numbered?		No		0.20.	20 X 20	o me man book	Tidio			DDDED INFO	DMATION				
co-licensed? Is the Product		No Direct-Ship Only		Strength:	400 mg	g/20 mL (20 mg	/mL)		(ORDER INFO	KWATION				
Is the Product		Direct Orinp Oriny						Unit of S	Sale		What is the	NDC selling	unit?		
				Dosage Form	: Liquid				Bottle		55150-255-2	0 (25 Multi d	lose vials in E	-Flute box)	
If Unit Dose, is item bar code	d to unit dose for hospi	ital scanning?						x	Box/Carton		(Write-in, e.	g. 1 Box of 1	0 Vials)	•	
		Jan 1 Tan 1		Product Shap	oe: Vial Pa	ack			Ampule Glass		Minimum a			Vee	
If Unit Dose NDC, indicate NDC here:									Tube		Minimum or	der quantity	/ *	Yes	
Country of Origin India Product Color:						Vial Liquid Sgl									
	the Trade Agreements	Λct /TΛΛ\2		Product Impr	int-				Vial Liquid Multi		If Yes, how	many of wh	ich package	ype?	
Is this product covered under the Trade Agreements Act (TAA)? No Product Imprint:						Vial Powder Sql			Each						
								J	Vial Power Multi Other: Write In		4	Inner/Cartor Case	n/Pack		
			FOR GENERIC DRUG PRODUCTS						Other, write in	1	4	Case			
				Auth	orized Generic		ed Generic, other section		PHAR	RMACY ORDE	ER / BILL UNI	T			
I. Orange Book Rating:	AP					fields are n	ot applicable	Rec. sell unit to custo	mer?	_	Rx billing u	nit to pharm	acy:		
II. Generic Equivalent to Wha	nt Brand?:	Xylocaine						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Each			
		DRUG SUPPI	Y CHAIN SECURITY ACT (DSCSA)	INFORMATION				(Write-in, e.g. 1 Vial)				Gram Milliliter			
		DR00 00111	TOTALL CECOLITY ACT (BOSCA)	IN ORMATION								wiiiiiitei			
Does supplier meet DSCSA of	definition of manufact	urer?	Yes	GLN:	035515000000	15			ITEM A	ND PACKING	INFORMATI	ON			
Is product exempt from DSC	SA?		No					·							
If yes, select exemption:							_		Weight Lbs.		nsions (US m		Volume	# Pieces:	
Other exemption - Write in: Is product repackaged?			No	If Yes, was origin	nal product purch	ased direct	_	Item:		Depth	Height	Width	(Cube)		
Is product sold by manufactu	urer's exclusive distril			from mfr?	iai product paren	iuscu un cot		illeni.					0		
Has FDA granted waiver/exc			No	If yes, attach doc	umentation from	FDA.		Box/Carton/Bundle/	5.799	14.02	3.39	7.13	338.873214	5 Vials/Carto	
								Inner Pack:	3.799	14.02	5.55	7.15	330.073214	.5 Viais/Carto	
			GTIN PRODUCT INFORMATION					Case:	12.762	15.157	8.661	8.071	1059.51873	4 Cartons/Cas	
			Saleable Level Unit			Quantity	GTIN-14	Pallet:	Sea 798.742	Sea 48	Sea 40.04	Sea 40		3ea 00	
Serialized?		х	Item	2D	Linear	1	10355150255204		Air 1181.593	Air 48	Air 57.36	Air 40	#VALUE!	Cases/	
If not, when?		x	Box/Carton/Bundle/Inner Pack X	2D	Linear	25	30355150255208	UPC:	Case:	503551502			•	- 31151	
Items aggregated?		х	Case	2D	Linear	100 Sea	50355150255202		Carton:	303551502	55208				
		х	Pallet	2D 2D	Linear	6000	70355150255206	COST	INFORMATION			WHOLESAL	ER USE ONL	γ	
		 		2D 2D	Linear				IN ORWATION			MICH-E-SAL	LK OSE ONL		
				2D	Linear			Regular Cost			Vendor #:				
	2D Linear					Invoice Cost (WAC) (\$		\$84.00	Whsl. Code						
								Federal Excise Tax Pe			Fineline Co	de:			
								As of date:	6/8/2018		+				
			Attach copy of SAFETY DATA SHEE	T (SDS) or non baz	ard letter PACKA	GE INSERT 17	AREL AND PHOTO OF PRO		BARCODE		1				
*Please provide any addition	al information on pag		aon copy of OAPETT DATA SHEE	, (ODO) OF HOLLING			Drop Ship Only.	Signatu							
,,								2.3.1414							





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

CHDMA ^{Sta}	ndard Pharr	naceutical P	Product Info	ormation
CHI)MA ^{SIO}	illualu Filali	naceuticai r	Toduct IIII	Jilliauoli

			✓ New It	em LPro	notion/Deal	U Open Sto	ock Post	Launch Chang	je					
PRODU	JCT INFORMATION	ON			SP	ECIAL HAND	DLING AND S	TORAGE R	EQUIREMEN	ITS				
Manufacturer/Broker Name: AuroMedics		Number:		a. Tempera	ture – Indica	te the USP te	mperature rar	nge for this p	roduct.					
Rx Product Name: LIDOCAINE I	HYDROCHLORIDI	INJECTION, USP	NDA ANDA	1	I. Freezer -	between -25	and -10 C (-13	° – 14° F)						
Product ID Number:				1	II. Cold – be	tween 2 and	8 C (36° – 46°	F)						
Serialized? H Yes No	2D RFID	Pallet Cas	se 🔲 Item	1	III. Cool - b	etween 8 and	15 C (46° – 59							
Description: LIDOCAINE HYDROCHLORI	DE INJECTION, U	ISP 1% (10 mg/mL) 2	mL Fill Volume	1	IV. Controll	ed Room – be	tween 20 and	25 C (68° - 7	77° F)	0				
						allows fo	r excursions l	oetween 15 a	nd 30 C (59°	– 86° F)				
JRL for additional product information:					V. Excessiv	e Heat – abov	/e 40 C (>104°	F)						
Address: 6 Wheeling Road				VI. Other Temperature Range Requirement										
City, State, Zip: Dayton, NJ 08810				(write in) Store at 20° to 25°C (68° and 77°F). [Se										
Key Contact:	Email:			VII. No Requirement										
Phone Number: 732-839-9400	Fax:	732-601-4499		b. Contact for temperature excursion questions:										
s the Product A Direct Ship Item	A Drop Ship Item			Name:				Number:						
a Controlled Drug? Yes No	If Yes, Schedule									_				
ARCOS reportable? Yes No		Biological?		Is this pr	oduct to be	shipped to cu	stomers on ic	:e?	Yes 🖸	No				
Co-Licensed? Yes O No		Repackaged?	🖸 Yes🖸 No	Is this pr	oduct to be	shipped to cu	stomers on d	ry ice?	□ Ye	es 🖸 1	No lo			
Legend Device? Yes No		ct contain DEHP?	Ye: No											
Active ingredient, if product contains a drug:		INE HYDROCHLORII	DE INJECTION, USP	c. Special r	egulations f	or this produc	ct in certain st	ates?	■ *Ye	es 🖸 N	0			
Country of Origin: India Harm		Special r	eturns requi	rements for t	his product?		*Yes 💽	No						
Harmonization Code Number for International S														
s this product a Hazardous Material or Cytotox	•	🔲 *Yes 🖸 N	-	d. Store pr	. •		Yes 🖸 No)						
		ditional information		Protect	product from	n light?	🔲 Yes 🖸	. No	Other required information	ements?*				
Attach copy of MATERIAL SAFETY DATA SH	IEET (MSDS) and	d PACKAGE INSER	(T	<u> </u>			*Please prov	de additiona	l information	on page 2				
ADDITIONAL PRODUCT INFORMATION				ITEM AND	PACKING	NFORMATIO	N							
	Size/Strength/	orm Unit of Sale	UPC Code	Mstr. Shpr.	Inner	Waht I ha	Cube		Dimensions		# Cases/			
Product Shape	Size/Strength/ F	Onit of Sale	UPC Code	wistr. Shpr.	Case Pk	Wght. Lbs.	Cube	Case	Item	Pallet	Pallet			
Product Color	Pack of 10	Bottle	Case:	600(Ampo	300(Ampo	Case:		Depth:	Depth:	Depth:				
Product Imprint	Ampoules per	y Box		ules)	ules)	10.562		13.188976		47.24409				
s there a minimum order quantity?	Carton 20 mg /2	Glass Jar	Carton:			Carton:		Height:	Height:	Height:				
Yes 🖸 No	mL(10mg/mL)	Ampule				0.1322		11.023622		64.173				
f yes, how many?		Other:	Item:			Item:			Width:	Width:				
Of what package type?								11.220472		39.37008				
☐ Case ☐ Carton ☐ Item	For Generic Drug	g Products:		_										
Shelf life: 24 Months	I. Orange Book:		AP	III. Brand N										
nitial shelf life at launch (if diff't)	II. Product Color	:	White to off-white		Name for B		LIDOCAINE I	YDROCHLO	RIDE INJEC	TION, USP	1% (10			
					OST INFORM	IATION								
Whsl. Code #:			ase Allowance	Distribution		Invoice	N-40 44	B45-1- A14-	Avg Retail	ODE (A)	Facility F			
Fineline Code:	Regular Cost	(\$) <u> OI</u>	BB 	OI	BB %	Cost (\$)	Net Cost (\$)	Mtr's AWP	Price (\$)	SRP (\$)	Excise Tax			
s Item? Unit Dose Unit of Use	D7	Ψ	/0	Ψ	/0				·					
f Unit Dose, is item bar coded to unit dose for	DZ EA WAC					¢40.25		¢10.75						
nospital scanning?	EA WAC					\$10.35		\$19.75						
Yes No														

Standard Pharmaceutical Product Information	Standard Standard	Pharmaceutical	Product	Information
---	--------------------------	----------------	---------	-------------

CIDNIA			✓ New Ite	em 🗌 Proi	notion/Deal	Open St	ock 🗌 Post	Launch Chang	ge		
PRODU	ICT INFORMATION				SP	ECIAL HAN	DLING AND S	TORAGE R	EQUIREMEN	ITS	
Manufacturer/Broker Name: AuroMedics		Number:		a. Tempera	ure – Indica	te the USP te	mperature rar	nge for this p	roduct.		
Rx Product Name: LIDOCAINE H	HYDROCHLORIDE INJE	CTION, USP	NDA 🗖 ANDA	1	I. Freezer -	between -25	and -10 C (-13	° – 14° F)			
Product ID Number:		_		1	II. Cold - be	tween 2 and	8 C (36° – 46°	F) 🔲			
Serialized? H Yes No	2D RFID	Pallet Cas	e Item	1	III. Cool - b	etween 8 and	15 C (46° – 59				
Description: LIDOCAINE HYDROCHLORI				1	IV. Controll	ed Room – be	etween 20 and	25 C (68° –		0	
						allows fo	r excursions b	oetween 15 a	nd 30 C (59°		
JRL for additional product information:					V. Excessiv		ve 40 C (>104°		`	,	
Address: 6 Wheeling Road				1	VI. Other Te	mperature Ra	nge Requirem				
City, State, Zip: Dayton, NJ 08810				1		(write in)	Store at 20° t	o 25°C (68° a	and 77°F). [Se		
Key Contact:	Email:				VII. No Req	uirement					
Phone Number: 732-839-9400	Fax:	732-601-4499		b. Contact f	or temperat	ure excursior	questions:				
s the Product	A Drop Ship Item			Name:				Number:			
a Controlled Drug? Yes No	If Yes, Schedule Numb										
ARCOS reportable? Yes O No		Biological?	Yes 🖸 No	Is this pr	oduct to be	shipped to cເ	istomers on ic	:e?	Yes 🖸	No	
Co-Licensed? Yes O No		Repackaged?		Is this pr	oduct to be	shipped to cເ	ıstomers on d	ry ice?		- es 🖸 1	No
Legend Device? Yes No	Does the product cor	ntain DEHP?	Ye: No								
Active ingredient, if product contains a drug:	LIDOCAINE H	YDROCHLORIE	DE INJECTION, USP	c. Special r	egulations f	or this produc	ct in certain st	ates?	🔲 *Ye	s 🖸 N	0
Country of Origin: India Harm	onization Code 2941.10).10		Special r	eturns requi	rements for t	his product?		*Yes 💽 I	Vo	
Harmonization Code Number for International S	hipping:								_		
s this product a Hazardous Material or Cytotox	ic Agent?	*Yes 🖸 N	o	d. Store pr	oduct uprigl	nt?	Yes 🖸 No)			
	If yes, provide addition			Protect	product fror	n light?	Yes [I No	Other required information	ements?*	
Attach copy of MATERIAL SAFETY DATA SH	IEET (MSDS) and PAC	CKAGE INSER	T				*Please prov	de additiona	al information	on page 2	2.
ADDITIONAL PRODUCT INFORMATION				ITEM AND	PACKING I	NFORMATIO	N				
December 4 Observe	Size/Strength/ Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner	Wght. Lbs.	Cube	Case	Dimensions Item	Pallet	# Cases/
Product Shape		D-441-	0		Case Pk	_					Pallet
Product Color	Pack of 10 Ampoules per	Bottle	Case:	960(Ampo ules)	240(Ampo ules)	Case:		Depth:	Depth:	Depth:	
Product Imprint		∐Box	Cantana	ules)	uies	27.51366		16.141732	Haimbte	47.24409	
s there a minimum order quantity?	(40mm/m) \	Glass Jar	Carton:			Carton:		Height:	Height:	Height:	
Yes No)	_ Ampule	14	-		0.2358		16.929134	18 <i>1</i> 1-141-	58.661	
f yes, how many?	4	_ Other:	Item:			Item:		Width:	Width:	Width:	
Of what package type?								13.385827		39.37008	
☐ Case ☐ Carton ☐ Item	For Generic Drug Prod										
Shelf life: 24 Months nitial shelf life at launch (if diff't)	I. Orange Book: Rating	g:	AP	III. Brand N	ame Equival Name for Bi			N/DD00111			40/ /40
mitial shell life at launch (il dill t)	II. Product Color.		White to off-white		OST INFORM		LIDOCAINE I	HYDROCHLO	DRIDE INJEC	ION, USP	1% (10
***		Durah	ase Allowance	Distribution		ATION	1	<u> </u>			
Whsl. Code #:	Regular Cost (\$)	_	_			Invoice	Net Cost (\$)	Mfr'o AWD	Avg Retail	SRP (\$)	Excise Tax
Fineline Code: s Item? Unit Dose Unit of Use	itegulai συσί (Φ)	<u></u> OI	BB I %	OI \$	BB %	Cost (\$)	1481 0031 (\$)	INIII S AVVE	Price (\$)	JRF (ψ)	EXCISE I dX
f Unit Dose, is item bar coded to unit dose for	DZ	•		,							
nospital scanning?	EA WAC					\$12.30		\$26.70			
O Yes O No	PPK					Ţ.2100		+=0			
I TES I INO											

Signature:

CIDMA Standard	Pharmaceutical	Product	Information
MACTINIA	· marmaocatioai	lioudot	ormanoi

C I I DIVIA			✓ New Ite	em 📙 Pror	notion/Deal	U Open Sto	ock Post	Launch Chang	je		
PRODU	ICT INFORMATION				SP	ECIAL HAN	DLING AND S	TORAGE R	EQUIREMEN	ITS	
Manufacturer/Broker Name: AuroMedics		Number:		a. Temperat	ure – Indica	te the USP te	mperature rar	nge for this p	roduct.		
Rx Product Name: LIDOCAINE H	HYDROCHLORIDE INJE	CTION, USP	NDA 👩 ANDA	1	I. Freezer -	between -25	and -10 C (-13	° – 14° F)			
Product ID Number:	0-160-72 UPC/GTIN II. Cold – between 2 and 8 C (36° – 46° F)										
Serialized? H Yes No	2D RFID	Pallet Cas	e Item	1	III. Cool - b	etween 8 and	15 C (46° – 59				
Description: LIDOCAINE HYDROCHLORI	DE INJECTION, USP 29	% (20 mg/mL) 2	mL Fill Volume	1			etween 20 and			0	
						allows fo	r excursions l	etween 15 a	nd 30 C (59°		
JRL for additional product information:					V. Excessiv	e Heat – abov	ve 40 C (>104°	F)			
Address: 6 Wheeling Road					VI. Other Te	mperature Ra	nge Requirem				
City, State, Zip: Dayton, NJ 08810				1		(write in)	Store at 20° t	o 25°C (68° a	and 77°F). [Se		
Key Contact:	Email:				VII. No Req	uirement					
Phone Number: 732-839-9400	Fax:	732-601-4499		b. Contact for temperature excursion questions:							
s the Product	A Drop Ship Item			Name:				Number:			
a Controlled Drug? Yes No	If Yes, Schedule Numb										
ARCOS reportable? Yes O No		Biological?	Yes 🖸 No	Is this pro	oduct to be	shipped to cu	stomers on ic	:e?	Yes 🖸	No	
Co-Licensed? Yes O No		Repackaged?	Yes No	Is this pro	oduct to be	shipped to cu	istomers on d	ry ice?		es 🖸 1	No l
a Legend Device? Yes No	Does the product cor	ntain DEHP?	Ye: No								
Active ingredient, if product contains a drug:	LIDOCAINE H	YDROCHLORIE	DE INJECTION, USP	c. Special re	egulations f	or this produc	ct in certain st	ates?	🔲 *Ye	s 🖸 N	0
Country of Origin: India Harmo	162 1/10										
larmonization Code Number for International Shipping:											
s this product a Hazardous Material or Cytotox	ic Agent?	*Yes 🖸 N	0	d. Store pro	oduct uprigl	it?	Yes 🖸 No)			
If yes, provide additional information on page 2.				Protect product from light? Yes No Other requirements? "Please provide additional information on page 2.							
Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT *Please provide additional information on page 2.											
ADDITIONAL PRODUCT INFORMATION											
ADDITIONAL PRODUCT IN CRIMATION			l	I	Inner		Ī		Dimensions		# Cases/
Product Shape	Size/Strength/ Form	Unit of Sale	UPC Code	Mstr. Shpr.	Case Pk	Wght. Lbs.	Cube	Case	Item	Pallet	Pallet
Product Color	Pack of 10	Bottle	Case:	600(Ampo	300(Ampo	Case:		Depth:	Depth:	Depth:	
Product Imprint	Ampoules per	Box		ules)	ules)	10.562		13.188976		47.24409	
s there a minimum order quantity?		Glass Jar	Carton:			Carton:		Height:	Height:	Height:	
Yes No	mL(10mg/mL)	Ampule				0.1322		11.023622		64.173	
f yes, how many?		Other:	Item:			Item:		Width:	Width:	Width:	
Of what package type?								11.220472		39.37008	
☐ Case ☐ Carton ☐ Item	For Generic Drug Prod	ducts:									
Shelf life: 24 Months	I. Orange Book: Rating	g:	AP	III. Brand Na	ame Equival	ent:					
nitial shelf life at launch (if diff't)	II. Product Color:		White to off-white	IV. Generic	Name for Bi	and:	LIDOCAINE I	YDROCHLO	RIDE INJECT	TION, USP	2% (20
					ST INFORM	ATION					
Whsl. Code #:			ase Allowance	Distribution		Invoice			Avg Retail		
ineline Code:	Regular Cost (\$)	OI	ВВ	01	BB	Cost (\$)	Net Cost (\$)	Mfr's AWP	Price (\$)	SRP (\$)	Excise Tax
s Item? Unit Dose Unit of Use		\$	%	\$	%	(+/			(7)		
f Unit Dose, is item bar coded to unit dose for	DZ										
nospital scanning?	EA WAC					\$14.25		% ' \$ \$			
Yes No	PPK										

Signature:

CIDMA Standard	Pharmaceutical	Product	Information
CUDMA Standard	Pharmaceutical	Product	information

			✓ New It	em 🔛 Proi	notion/Deal		ock L Post	Launch Chang	ge		
PF	RODUCT INFORMATION				SP	ECIAL HAN	DLING AND S	TORAGE R	EQUIREMEN	ITS	
	dics Pharma LLC	Number:		a. Tempera	ture – Indica	te the USP te	mperature rai	nge for this p	roduct.		
Rx Product Name: LIDOCA	INE HYDROCHLORIDE INJ	ECTION, USP	NDA 👩 ANDA	1	I. Freezer -	between -25	and -10 C (-13	° – 14° F)			
Product ID Number: V NDC 55150-1		_		1	II. Cold – be	etween 2 and	8 C (36° – 46°	F)			
Serialized? H Yes No	2D RFID	Pallet Cas	e Item	1	III. Cool - b	etween 8 and	15 C (46° – 59				
	LORIDE INJECTION, USP 19	% (10 mgmL) 2	mL Single Dose Vial	1	IV. Controll	ed Room – b	etween 20 and	25 C (68° –	77° F)	0	
				allows for excursions between 15 and 30 C (59° – 86° F)							
JRL for additional product information:					V. Excessiv	e Heat – abo	ve 40 C (>104°	F)			
Address: 6 Wheeling Road					VI. Other Te	emperature Ra	inge Requirem				
City, State, Zip: Dayton, NJ 08810						(write in)	Store at 20° t	o 25°C (68° a	and 77°F). [Se	•	
Key Contact:	Email:				VII. No Req	uirement				='	
Phone Number: 732-839-9400	Fax:	732-601-4499		b. Contact t	or temperat	ure excursio					
s the Product	A Drop Ship Item			Name:				Number:			
a Controlled Drug? Yes No	If Yes, Schedule Num										
ARCOS reportable? 🔲 Yes 🔼 No		Biological?	Yes 🖸 No	Is this pr	oduct to be	shipped to cu	ıstomers on id	e?	Yes (2 No	
Co-Licensed? Yes O No		Repackaged?	Yes No	Is this pr	oduct to be	shipped to cเ	ıstomers on d	ry ice?	_ D Y	es 🖸 l	No
Legend Device? Yes No	Does the product co		Ye: No								
Active ingredient, if product contains a dru	ıg: LIDOCAINE H	YDROCHLORIE	DE INJECTION, USP	c. Special r	egulations f	or this produ	ct in certain s	tates?		es 🖸 N	0
Country of Origin: India I	Harmonization Code 2941.1	0.10		Special r	eturns requi	rements for t	his product?		*Yes 🖸	No	
Harmonization Code Number for International Shipping:											
s this product a Hazardous Material or Cy	totoxic Agent?	*Yes 🖸 N	0	d. Store pr	oduct uprigl	nt?	Yes 🖸 No)			
	If yes, provide addition			Protect	product froi	n light?	Yes [No	Other requir	ements?	
*If yes, provide additional information on page 2. *If yes, provide additional information on page 2. *If yes, provide additional information on page 2. *Protect product from light? *Please provide additional information on page 2. *Please provide additional information on page 2.							<u>.</u>				
ADDITIONAL PRODUCT INFORMATION	AL PRODUCT INFORMATION ITEM AND PACKING INFORMATION										
	Size/Strength/ Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner	Wght. Lbs.	Cube		Dimensions		# Cases/
Product Shape	Size/Strength/ Form	Unit of Sale	OPC Code	wstr. Shpr.	Case Pk	wynt. Lbs.	Cube	Case	Item	Pallet	Pallet
Product Color	Pack of 10 Vial per	Bottle	Case:	1200(Vial)	300 (Vial)	Case:		Depth:	Depth:	Depth:	
Product Imprint		Box				30.783		15.354331		47.24409	
s there a minimum order quantity?	mL(10mg/mL)	Glass Jar	Carton:			Carton:		Height:	Height:	Height:	
🖸 Yes 🖸 No		⊥ Ampule				0.227		10.23622		44.685	
f yes, how many?		Other:	Item:			Item:			Width:	Width:	
Of what package type?								11.811024		39.37008	
☐ Case ☐ Carton ☐ Item	_			_							
Shelf life: 24 Months	I. Orange Book: Ratin	g:	AP	III. Brand N							
nitial shelf life at launch (if diff't)	II. Product Color:		White to off-white		Name for B		LIDOCAINE	HYDROCHLO	ORIDE INJEC	TION, USP	1% (10
		·	• • •		OST INFORM	IATION	•	1		1	
Whsl. Code #:			ase Allowance	Distribution		Invoice			Avg Retail	000 (4)	
Fineline Code:	Regular Cost (\$)	<u></u> OI	□ BB %	OI	☐ BB %	Cost (\$)	Net Cost (\$)	witr's AWP	Price (\$)	SRP (\$)	Excise Tax
s Item? Unit Dose Unit of Us		Ψ	/0	Ψ	/0						
f Unit Dose, is item bar coded to unit dose						\$18.45		\$20.00			
nospital scanning?	EA WAC					ψ10.40		⊅∠ 0.00			
Yes No	7110										

CIDMA Standard	Pharmaceutical Pr	oduct Information
MACIANICAL	i namaceutica i i	oduct illioilliatio

CIDIVIA			✓ New Ite	em 🔲 Pror	notion/Deal	Open St	ock 🔲 Post	Launch Chang	ge		
PRODU	ICT INFORMATION				SP	ECIAL HANI	DLING AND S	TORAGE R	EQUIREMEN	ITS	
Manufacturer/Broker Name: AuroMedics		Number:		a. Temperat	ure – Indica	te the USP te	mperature rar	nge for this p	roduct.		
Rx Product Name: LIDOCAINE H	HYDROCHLORIDE INJE	CTION, USP	NDA 👩 ANDA	1	I. Freezer -	between -25	and -10 C (-13	° – 14° F)			
Product ID Number:											
Serialized? H Yes No	2D RFID	Pallet Cas	e 🔲 Item	1	III. Cool - b	etween 8 and	15 C (46° – 59				
Description: LIDOCAINE HYDROCHLORI	DE INJECTION, USP 19	% (10 mgmL) 5	mL Single Dose Vial	1			etween 20 and			•	
						allows fo	r excursions l	oetween 15 a	nd 30 C (59°		
JRL for additional product information:					V. Excessiv	e Heat – abov	ve 40 C (>104°	F) 🔲			
Address: 6 Wheeling Road					VI. Other Te	mperature Ra	nge Requirem				
City, State, Zip: Dayton, NJ 08810				1		(write in)	Store at 20° t	o 25°C (68° a	and 77°F). [Se		
Key Contact:	Email:			VII. No Requirement							
Phone Number: 732-839-9400	Fax:	732-601-4499		b. Contact f	or temperat	ure excursior	questions:				
s the Product	A Drop Ship Item			Name:				Number:			
a Controlled Drug? Yes No	If Yes, Schedule Numb										
ARCOS reportable? Yes O No		Biological?	Yes 🖸 No	Is this pro	oduct to be	shipped to cu	istomers on ic	e?	Yes 🖸	No	
Co-Licensed? Yes O No		Repackaged?	Yes No	Is this pro	oduct to be	shipped to cເ	ıstomers on d	ry ice?		es 🖸 N	v o
a Legend Device? Yes No	Does the product cor	ntain DEHP?	Ye: No								
Active ingredient, if product contains a drug:	LIDOCAINE H	YDROCHLORIE	DE INJECTION, USP	c. Special re	egulations f	or this produ	ct in certain st	ates?		s 🖸 N	0
Country of Origin: India Harmonization Code 2941.10.10 Special return					eturns requi	rements for t	his product?		*Yes 💽	No	
Harmonization Code Number for International Shipping:											
s this product a Hazardous Material or Cytotox	ic Agent?	*Yes 🖸 N	0	d. Store pro	oduct uprigl	nt?	Yes 🖸 No)			
	If yes, provide addition			Protect	product fror	n light?	Yes 🖸	No	Other requir	ements?*	
If yes, provide additional information on page 2. Protect product from light? Yes No Other requirements? Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT *Please provide additional information on page 2.						2					
ADDITIONAL PRODUCT INFORMATION											
	Size/Strength/ Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner	Wght. Lbs.	Cube		Dimensions		# Cases/
Product Shape	Size/Strength/ Form	Unit of Sale	OPC Code	wstr. Stipr.	Case Pk	wynt. Lbs.	Cube	Case	Item	Pallet	Pallet
Product Color	Pack of 10 Vial per	Bottle	Case:	200(Vial)	50 (Vial)	Case:		Depth:	Depth:	Depth:	
Product Imprint	_	∐ Box				11.186		11.220472		47.24409	
s there a minimum order quantity?	(10mg/mL)	Glass Jar	Carton:			Carton:		Height:	Height:	Height:	
Yes O No	5	Ampule				0.454		5.511811		42.323	
f yes, how many?	Ļ	Other:	Item:			Item:			Width:	Width:	
Of what package type?								11.220472		39.37008	
☐ Case ☐ Carton ☐ Item	For Generic Drug Prod	ducts:		_							
Shelf life: 24 Months	I. Orange Book: Rating	g:	AP	III. Brand Na							
nitial shelf life at launch (if diff't)	II. Product Color:		White to off-white	IV. Generic			LIDOCAINE I	HYDROCHLO	ORIDE INJECT	TION, USP	1% (10
					OST INFORM	IATION	•	1	-		
Whsl. Code #:	5 1 2 (4)		ase Allowance	Distribution		Invoice			Avg Retail	000 (A)	
Fineline Code:	Regular Cost (\$)	OI	☐ BB %	OI	BB %	Cost (\$)	Net Cost (\$)	Mitr's AWP	Price (\$)	SRP (\$)	Excise Tax
s Item? Unit Dose Unit of Use	D7	Ψ	/0	Ψ	/0						
f Unit Dose, is item bar coded to unit dose for	DZ EA WAC					\$24.60		\$27.00			
nospital scanning?	EA WAC					⊅∠4.60		\$27.00			
Yes No											

Signature:

CIDMA Standard	Pharmaceutical	Product	Information
CHI JMA			

No. Controlled Dray Page No. Dock No. Dock Page				✓ New It	em LPro	notion/Deal	Open Sto	ock Post	Launch Chang	ge		
No. Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP NO. ANDA Product Information: USP U	PRODU	ICT INFORMATIO	N			SP	ECIAL HAND	DLING AND S	TORAGE R	EQUIREMEN	ITS	
Codd-between 2 and 8 C (38"-46" F) Ill. Codd-between 2 and 8 C (48"-58" F) Ill. Codd-between 2 and 8 C (48"-					a. Tempera	ture – Indica	te the USP te	mperature rar	nge for this p	roduct.		
Codd-between 2 and 8 C (38"-46" F) Ill. Codd-between 2 and 8 C (48"-58" F) Ill. Codd-between 2 and 8 C (48"-	Rx Product Name: LIDOCAINE H	YDROCHLORIDE	INJECTION, USP	NDA 👩 ANDA		I. Freezer -	between -25	and -10 C (-13	° – 14° F)			
Docation Product Product Product Docation Product Product Docation Product Docation Product Docation Product Product Docation Product Product Docation Product						II. Cold - be	etween 2 and	8 C (36° – 46°	F)			
IRI. for additional product information: Address:	Serialized? H Yes No	2D RFID	Pallet Cas	se 🔲 Item		III. Cool – b	etween 8 and	15 C (46° – 59				
RIL for additional product information:	Description: LIDOCAINE HYDROCHLORI	DE INJECTION, US	P 1% (10 mg/mL)30	mL Single Dose Vial		IV. Controll	ed Room – be	etween 20 and	25 C (68° -	77° F)	0	
William Wildhi							allows fo	r excursions l	oetween 15 a	nd 30 C (59°		
Address: 6 Wheeling Road Wilk, State, Zip Dayton, NJ 08810 Store at 20° to 28°C (68° and 77°F) [Se Vis Contact: Store product Store at 20° to 28°C (68° and 77°F) [Se Vis Contact: Store product Store at 20° to 28°C (68° and 77°F) [Se Vis Contact: Store product Store at 20° to 28°C (68° and 77°F) [Se Vis Contact for temperature excursion questions: Name: Store at 20° to 28°C (68° and 77°F) [Se Vis Contact for temperature excursion questions: Name: Number: Store at 20° to 28°C (68° and 77°F) [Se Vis Contact for temperature excursion questions: Name: Number: Store at 20° to 28°C (68° and 77°F) [Se Vis Contact for temperature excursion questions: Name: Number: Store product to be shipped to customers on ice? Yes No Number: Store product to be shipped to customers on dry ice? Yes No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product to be shipped to customers on dry ice? Yes No No Number: Store product uprint Store product uprint Store product uprint Yes No No Number: Store product uprint Number: Number: Number: Number: Number: Number:	JRL for additional product information:					V. Excessiv	e Heat – abov	ve 40 C (>104°	F) 🔲			
Vill No Requirement Vill No Repackaged? Ves	Address: 6 Wheeling Road					VI. Other Te	emperature Ra	nge Requirem				
Product Number:	City, State, Zip: Dayton, NJ 08810						(write in)	Store at 20° t	o 25°C (68° a	and <mark>77°</mark> F). [Se		
s the Product	Key Contact:	Email:				VII. No Req	uirement					
Controlled Drug? Yes No Biological? Yes No Repackaged? Yes No Biological? Yes No Repackaged? Yes No Biological? Yes No No Repackaged? Yes No No No No No No No N	Phone Number: 732-839-9400	Fax:	732-601-4499		b. Contact t	or temperat	ure excursior	questions:				
RCOS reportable?	s the Product A Direct Ship Item	A Drop Ship Item			Name:				Number:			
Active ingredient, if product contains a drug: DioDCAINE HYDROCHLORIDE INJECTION, USP Does the product contain DEHP? Yes No Letwer ingredient, if product contains a drug: DioDCAINE HYDROCHLORIDE INJECTION, USP Special regulations for this product in certain states? Yes No No Special regulations for this product in certain states? Yes No No Special regulations for this product in certain states? Yes No No Special regulations for this product? Yes No No Special regulations for this product? Yes No No Special regulations for this product? Yes No No Special regulations for this product on certain states? Yes No No Special regulations for this product? Yes No No Special regulations for this product on certain states? Yes No No No Special regulations for this product? Yes No No No No No No No N	a Controlled Drug? Yes No	If Yes, Schedule N										
Legend Device? Yes No Does the product contain DEHP? Yes No Case India Harmonization Code 2941.10.10	ARCOS reportable? Yes No		Biological?		Is this pr	oduct to be	shipped to cu	stomers on ic	e?	Yes 🕻	🛮 No	
Legend Device? Yes No Does the product contain DEHP? Yes No Case India Harmonization Code 2941.10.10	Co-Licensed? Yes No		Repackaged?	💟 Yes🖸 No	Is this pr	oduct to be	shipped to cu	istomers on d	ry ice?	O Y	es 🖸 1	No
Active ingredient, if product contains a drug: LIDOCAINE HYDROCHLORIDE INJECTION, USP country of Origin: India Hammonization Code 2941.10.10 India Hammonization Code 2941.10.10 Yes No No Yes N	a Legend Device? Yes No			Ye: No								
ADDITIONAL PRODUCT INFORMATION TEM AND PACKING INFORMATION Product Shape Size/Strength/ Form Unit of Sale Vial per Carton 300 Strength Item	Active ingredient, if product contains a drug:			DE INJECTION, USP	c. Special r	egulations f	or this produc	ct in certain st	ates?	□ *Y€	es 🖸 N	0
ADDITIONAL PRODUCT INFORMATION Tyes, provide additional information on page 2. ADDITIONAL PRODUCT INFORMATION Product Shape Size/Strength/ Form Unit of Sale UPC Code Mstr. Shpr. Case Pk On One Pack of one Information on page 2. TIEM AND PACKING INFORMATION Product Color One Information One Pack of one Information One Product Information One Product Information One Product Shape Product Color Mono Pack of one Information One Product Information One Pack of One Information One Pack of One Information One Pack One Information One Information One Information One Pack One Information One Pack One Information One Informati			1.10.10		Special r	eturns requi	rements for the	his product?		*Yes 🖸	No	
Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT ADDITIONAL PRODUCT INFORMATION Product Shape Product Color Mono Pack of one Bottle vial per Carton 300 Box stere a minimum order quantity? Yes Now many? Item: Other requirements?* Please provide additional information on page 2. Other requirements?* Please provide additional information on page 2. Other requirements?* Please provide additional information on page 2. Other requirements?* Please provide additional information on page 2. Item: Item: Item AND PACKING INFORMATION Item: Size/Strength/ Form Unit of Sale UPC Code Mstr. Shpr. Inner Case Pk (Vial) Case: Depth: Depth: Depth: Depth: Vial per Carton 300 Pkox (Carton: Unit Might: Width: Width: Width: Width: Width: Unit Might: Width: Width: Width: Width: Item: Item												
ADDITIONAL PRODUCT INFORMATION Size/Strength/ Form Unit of Sale UPC Code Mstr. Shpr. Case Pk Wght. Lbs. Cube Case Item Pallet P	-		. •		Yes 🖸 No)						
ADDITIONAL PRODUCT INFORMATION Size/Strength/ Form Unit of Sale UPC Code Mstr. Shpr. Case Pk Wght. Lbs. Cube Case Item Pallet Pallet		Protect	product froi	n light?	🔲 Yes 🖸	No	Other requir	ements?*				
Size/Strength/ Form Unit of Sale UPC Code Mstr. Shpr. Case Pk Wght. Lbs. Cube Case Item Pallet Pal	Attach copy of MATERIAL SAFETY DATA SH	IEET (MSDS) and	PACKAGE INSER	(T				*Please prov	ide additiona	al information	on page 2	
Product Color Mono Pack of one Bottle Case Month of Sale UPC Code Mstr. Shpr. Case Pk Wight. Lbs. Case Item Pallet	ADDITIONAL PRODUCT INFORMATION				ITEM AND	PACKING	INFORMATIO	N				
Product Color Product Color Product Imprint Step a minimum order quantity? Step a No Step a Mono Pack of one Bottle Step a Mono Pack of one Joan Step a Step a Step a No Step a Mono Pack of one Joan Step a No Step a Mono Pack of one Joan Step a Step a No Step a Mono Pack of one Joan Step a No Step a Mono Pack of one Joan Step a No Step a Mono Pack of one Joan Step a No Step a Mono Pack of one Joan Step a No Step a Mono Pack of one Joan Step a No Step a No Step a Mono Pack of one Joan Step a No Step a Mono Pack of one Joan Step a No Step a Mono Pack of one Joan Step a No Step a No Step a Mono Pack of one Joan Step a No Step a Mono Pack of one Joan Step a No Step a		Size/Strength/ Fo	rm Unit of Sale	LIPC Code	Metr Shor	Inner	Waht I hs	Cube				# Cases/
vial per Carton 300	· ·	•			•			00.50				Pallet
sthere a minimum order quantity? Yes No f yes, how many? Item: Carton: Height: Height: Height: Midth: Mid				Case:	144(Vial)	24 (Vial)				Depth:	-	
Yes No f yes, how many? Case Carton Item Code Item I		•		-								
f yes, how many? Other: Item: Item: Width: Width: Width: Midth: Midth: Midth: Midth: Mi		mg/30 mL(10mg/i	E Glass sai	Carton:						Height:	_	
Of what package type? Case Carton Item Case Carton Case Cast Case C	_		·		_							
Case Carton Item Case Carton Item Carton Item Case Carton Item Case Carton Case Carton Item Case Carton Case Cast Case Cast Case Cast Case Cast Case Cast			Other:	Item:			Item:			Width:		
Shelf life: 24 Months I. Orange Book: Rating: AP III. Brand Name Equivalent: Initial shelf life at launch (if diff't) White to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 COST INFORMATION Whish. Code #: Fineline Code: Invoice Cost (\$) Furchase Allowance Invoice Cost (\$)									10.23622		39.37008	
II. Product Color: White to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 COST INFORMATION While to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 COST INFORMATION While to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 COST INFORMATION Purchase Allowance Invoice Cost (\$) SRP (\$) Fineline Code: SI tem? Unit Dose, is item bar coded to unit dose for nospital scanning? DZ EA WAC WAG Retail Price (\$) SRP (\$) Excise Tax SRP (\$) Excise Tax SRP (\$)	☐ Case ☐ Carton ☐ Item	•										
Whsl. Code #: Fineline Code: s Item? Unit Dose, is item bar coded to unit dose for nospital scanning? Cost INFORMATION		•	ating:					LIDOCAINE	IVDDOO!!! 6	DIDE IN IEO	TION LIOP	407 740
Note Code #: Purchase Allowance	initial shell life at laurich (il uni t)	II. FTOUUCE COIOI.		wnite to off-wnite				LIDOCAINE	HYDROCHLO	DRIDE INJEC	HON, USP	1% (10
Regular Cost (\$) Regular Cost (\$) BB OI BB OI BB Invoice Cost (\$) Net Cost (\$) Mfr's AWP Price (\$) SRP (\$) Excise Tax Invoice Cost (\$) Frice (\$) Frice (\$) Net Cost (\$) Net Cost (\$) Net Cost (\$) SRP (\$)	Mhal Code #:		Durch	ase Allowance			, thon	l	1	1		
s Item? Unit Dose Unit of Use f Unit Dose, is item bar coded to unit dose for nospital scanning? Unit Dose Unit of Use Unit Dose Unit of Use Unit Dose Unit Dose		Regular Cost (\$			I —			Net Cost (\$)	Mfr's AWP	_	SRP (\$)	Fycise Tav
F Unit Dose, is item bar coded to unit dose for DZ					\$		Cost (\$)	σοσι (ψ)	3 A.VI	Price (\$)	Οιτί (ψ)	LACISC IAX
nospital scanning? EA WAC \$2.65 \$3.00		DZ										
							\$2.65		\$3.00			
	Clyes Cl No											

Standard Pharmaceutical Product Information	Standard Standard	Pharmaceutical	Product	Information
---	--------------------------	----------------	---------	-------------

CIDIVIA			✓ New Ite	em 🔛 Pror	notion/Deal	U Open Sto	ock Post	Launch Chang	je					
PRODU	ICT INFORMATION				SP	ECIAL HAND	DLING AND S	TORAGE R	EQUIREMEN	ITS				
Manufacturer/Broker Name: AuroMedics		Number:		a. Temperat	ure – Indica	te the USP te	mperature rar	ige for this p	roduct.					
Rx Product Name: LIDOCAINE H	HYDROCHLORIDE INJE	CTION, USP	NDA 👩 ANDA		I. Freezer -	between -25	and -10 C (-13	° – 14° F)						
Product ID Number:					II. Cold - be	tween 2 and	8 C (36° – 46°	F)						
Serialized? H Yes No	☐ 2D ☐ RFID ☐	Pallet Cas	e 🔲 Item		III. Cool - b	etween 8 and	15 C (46° – 59							
Description: LIDOCAINE HYDROCHLORI	DE INJECTION, USP 29	% (20 mg/mL) 2	mL Single Dose Vial		IV. Controll	ed Room – be	tween 20 and	25 C (68° - 7	77° F)	0				
						allows fo	r excursions b	etween 15 a	nd 30 C (59°					
JRL for additional product information:					V. Excessiv	e Heat – abov	/e 40 C (>104°	F)						
Address: 6 Wheeling Road					VI. Other Te	mperature Ra	nge Requirem							
City, State, Zip: Dayton, NJ 08810						(write in)	Store at 20° t	o 25°C (68° a	ınd <mark>77°</mark> F). [Se					
Key Contact:	Email:				VII. No Req	uirement								
Phone Number: 732-839-9400	Fax:	732-601-4499		b. Contact f	or temperat	ure excursior	questions:							
	A Drop Ship Item		Name:				Number:							
a Controlled Drug? Yes No	If Yes, Schedule Numb								_					
ARCOS reportable? Yes O No		Biological?		Is this pro	oduct to be	shipped to cu	stomers on ic	e?	Yes 🖸	☑ No				
Co-Licensed? Yes O No		Repackaged?		Is this pro	oduct to be	shipped to cu	stomers on d	ry ice?	□ Ye	es 🖸 N	No lo			
a Legend Device? Yes No	Does the product cor		Ye: No											
Active ingredient, if product contains a drug:			DE INJECTION, USP	-	-	=	ct in certain st			es 🖸 N	O			
· · · · · · · · · · · · · · · · · · ·	onization Code 2941.10).10		Special re	eturns requi	rements for t	his product?		*Yes 💽 I	No				
Harmonization Code Number for International S						_								
s this product a Hazardous Material or Cytotox	_	0	d. Store pro	. •		Yes 🖸 No								
	lf yes, provide addition		Protect	product fror	n light?	🖸 Yes 🖸	. No	Other required information	ements?*					
Attach copy of MATERIAL SAFETY DATA SH	IEE1 (MSDS) and PAC	KAGE INSER	1				*Please prov	de additiona	ii information	on page 2				
ADDITIONAL PRODUCT INFORMATION				ITEM AND PACKING INFORMATION										
	Size/Strength/ Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner	Wght. Lbs.	Cube		Dimensions	Dollet	# Cases/			
Product Shape	<u> </u>	TB. 111		· ·	Case Pk			Case	Item	Pallet	Pallet			
Product Color	Pack of 10 Vial per Carton 40 mg /2 mL	Bottle	Case:	1200(Vial)	300 (Vial)	Case:		-	Depth:	Depth:				
Product Imprint	(20mg/mL)	∐ Box	Operations			30.783		15.354331	11-1	47.24409				
s there a minimum order quantity?	(2011g/1112)	Glass Jar	Carton:			Carton:			Height:	Height:				
Yes No		_l Ampule	lte			0.227		10.23622	VA/: al4la -	44.685				
f yes, how many? Of what package type?	4	Other:	Item:			Item:		Width: 11.811024	Width:	Width: 39.37008				
	Francis David	l t						11.011024		39.37000				
☐ Case ☐ Carton ☐ Item Shelf life: 24 Months	For Generic Drug Prod I. Orange Book: Rating		AP	III. Brand Na	ama Equival	ont:								
nitial shelf life at launch (if diff't)	II. Product Color:	y .	White to off-white	IV. Generic			LIDOCAINE H	INDBUCHI C	DIDE IN IECT	TION LIST	2% (20			
······································			Willie to oli-wille		ST INFORM		LIDOUAINE	IIDROONEC	INIDE INSEC	1014, 001	2 /0 (20			
Whsl. Code #:		Purcha	ase Allowance	Distribution			I							
Fineline Code:	Regular Cost (\$)	Поі	ВВ		BB	Invoice	Net Cost (\$)	Mfr's AWP	Avg Retail	SRP (\$)	Excise Tax			
s Item? Unit Dose Unit of Use	· g · (+)	\$	<u>""" "" "" "" "" "" "" "" "" "" "" "" ""</u>	\$	<u>%</u>	Cost (\$)			Price (\$)	(4)				
f Unit Dose, is item bar coded to unit dose for	DZ													
nospital scanning?	EA WAC					\$27.70		\$30.00						
C Yes C No	PPK													

Signature:

Standard Pharmaceutical Product Information	Standard Standard	Pharmaceutical	Product	Information
---	--------------------------	----------------	---------	-------------

				✓ New Ite	em 🔛 Pror	notion/Deal	U Open Sto	ock Post	Launch Chang	je		
PRODU	JCT INFORM	IATION				SP	ECIAL HAND	DLING AND S	TORAGE R	EQUIREMEN	ITS	
Manufacturer/Broker Name: AuroMedics			Number:		a. Temperat	ure – Indica	te the USP te	mperature rar	nge for this p	roduct.		
Rx Product Name: LIDOCAINE H	HYDROCHLO	RIDE INJE	CTION, USP	NDA ANDA		I. Freezer -	between -25 a	and -10 C (-13	° – 14° F)			
Product ID Number:		C/GTIN			1	II. Cold - be	tween 2 and	8 C (36° – 46°	F)			
Serialized? H Yes No	2D R	RFID	Pallet Cas	e 🔲 Item	1	III. Cool – b	etween 8 and	15 C (46° – 59				
Description: LIDOCAINE HYDROCHLORI	DE INJECTIO	N, USP 2%	% (20 mg/mL) 5	mL Single Dose Vial		IV. Controll	ed Room – be	tween 20 and	25 C (68° - 7	77° F)	•	
							allows for	r excursions b	etween 15 a	nd 30 C (59°		
JRL for additional product information:						V. Excessiv	e Heat – abov	/e 40 C (>104°	F)			
Address: 6 Wheeling Road						VI. Other Te	mperature Ra	nge Requirem				
City, State, Zip: Dayton, NJ 08810							(write in)	Store at 20° t	o 25°C (68° a	and <mark>77°</mark> F). [Se		
Key Contact:	Ema	ail:				VII. No Req	uirement					
Phone Number: 732-839-9400	Fax:	:	732-601-4499		b. Contact f	or temperat	ure excursion	questions:				
s the Product A Direct Ship Item		Name:				Number:						
a Controlled Drug? Yes No	If Yes, Sched									_		
ARCOS reportable? Yes No			Biological?		Is this pro	oduct to be	shipped to cu	stomers on ic	:e?	Yes 🖸	☑ No	
Co-Licensed? Yes O No			Repackaged?	Yes 🖸 No	Is this pro	oduct to be	shipped to cu	stomers on d	ry ice?	□ Ye	es 🖸 1	No lo
Legend Device? Yes No			ntain DEHP?	Ye: No						' <u></u>		
Active ingredient, if product contains a drug:				DE INJECTION, USP	c. Special re	egulations f	or this produc	ct in certain st	ates?	🔲 *Ye	es 🖸 N	0
	onization Cod	de 2941.10).10		Special re	eturns requi	rements for tl	his product?		*Yes 💽 I	No	
Harmonization Code Number for International S												
s this product a Hazardous Material or Cytotox	d. Store pro	. •		Yes 🖸 No)							
			al information		Protect	product fror	n light?	🔲 Yes 🖸	No	Other required information	ements?*	
Attach copy of MATERIAL SAFETY DATA SH	IEET (MSDS)) and PAC	KAGE INSER	Т				*Please prov	de additiona	l information	on page 2	
ADDITIONAL PRODUCT INFORMATION					ITEM AND	PACKING I	NFORMATIO	N				
	Size/Strengt	th/ Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner	Wght. Lbs.	Cube		Dimensions		# Cases/
Product Shape	J				·	Case Pk		Gubo	Case	Item	Pallet	Pallet
Product Color	Pack of 10 V		Bottle	Case:	200(Vial)	50 (Vial)	Case:		-	Depth:	Depth:	
Product Imprint	Carton 100 n	ng /5 mL	=				11.186		11.220472		47.24409	
s there a minimum order quantity?	(20mg/mL)	5	☐ Glass Jar	Carton:			Carton:			Height:	Height:	
Yes No		5	_ Ampule	•			0.454		5.511811		42.323	
f yes, how many?		4	Other:	Item:			Item:			Width:	Width:	
Of what package type?									11.220472		39.37008	
☐ Case ☐ Carton ☐ Item	For Generic	•					_					
Shelf life: 24 Months nitial shelf life at launch (if diff't)	I. Orange Bo		g:	AP	III. Brand Na IV. Generic							00/ /00
mital shell life at launch (il dill t)	II. Product C	olor.		White to off-white		OST INFORM		LIDOCAINE I	TYDROCHLO	DRIDE INJEC	IION, USP	2% (20
Alleat Code #			Durch	ase Allowance	Distribution		AHON	1				
Whsl. Code #: Fineline Code:	Regular C	cost (¢)		BB	OI	BB	Invoice	Net Cost (\$)	Mfr's AWD	Avg Retail	SRP (\$)	Excise Tax
s Item? Unit Dose Unit of Use	ivegulai C	νοσι (ψ <i>)</i>	\$	BB	\$	BB	Cost (\$)	.4et 00st (#)	WIII S AVVF	Price (\$)	σιτι· (φ)	Excise lax
f Unit Dose, is item bar coded to unit dose for	DZ											
nospital scanning?	EA WAG	C					\$22.10		\$26.15			
O Yes O No	PPK											

Signature:



							Intro	duction Typ	pe:	New Item		Final Version			Date:			
				PRODUCT INFORM	ATION							SPECIAL HANDLI	ING AND STO	DRAGE REQI	UIREMENTS	S*		
Company Name:	AuroMedics Pharma L	LC						Applic	cation:	ANDA	a. Temperature – Indi	cate the USP tempera	ature range f	or this produ	ict.			
Application Number for ND	A/ANDA/BLA (drug); I	PMA/510(k)(med	device):		2	07182			•		Temper	rature Range	_	Controlled R	oom – betwe	een 20 and 25	C (68° – 77° I	
DUNS:	968961354										Other T	emperature Range Re	quirement					
Proprietary Name (If Applical	ble) and Established I	Name: LI	IDOCAINE	E HCL INJECTION, US	P 1% 500 mg	per 50 mL (10 r	mg / mL) [50) mL Multi D	ose Vial]			rite in)						
Selling Unit NDC:	55150-253-50			Individual Unit NDC	:	55150-253-50			3551502535	00								
UDI				CVX Code:			MVX	Code:			Is this p	product to be shipped t	o customers	on ice?		No		
Description:	LIDOCAINE HCL INJ	ECTION, USP 1%	6 500 mg r	per 50 mL (10 mg / mL)	[50 mL Multi	Dose Vial]					Is this p	roduct to be shipped t	o customers	on dry ice?		No		
Active Ingredient(s):											b. Contact for temper	ature excursion ques		Steve Lucas				
URL for Additional Product I	nformation:	www.auromedics	com								Name:			888-238-788				
Address:	279 Princeton-Hightst		.00111				Address	2:			Group			pvg@aurobi				
City:	East Windsor					State:	NJ	Zi	p:	08520	1			1 3				
Key Contact:						Email:					c. Special regulations	for product in any s	tates?			No		
Phone Number:	888-238-7880					Fax:	732-355-	9449			Special	returns requirements	for this produ	ct?		No		
Product Therapeutic Classifi	roduct Therapeutic Classification: anesthetics																	
ADDITIONA	L BRODUST INFORM	ATION			_		DD O DUOT I	DECODIDE	ION INFORM	ATION	d. Store product (unit					Yes		
	L PRODUCT INFORM	ATION					PRODUCTI	DESCRIPTI	ION INFORM	IATION	7	product (unit of sale	e) from light?			No	ì	
Is the Product	Jorgand daying?								e. Shelf life:					24	Months			
a legend device? reverse numbered?	Size: 125 x 50 ml Multi Dose Vials						ials	Initial s	helf life at launch (if	different):				Months				
co-licensed?		N					-					0	RDER INFO	RMATION				
Is the Product		Direct-Ship Only				Strength:	5	500 mg/50 n	mL (10 mg/m	L)								
Is the Product						Dosage Form		Liquid			Unit of	Sale		What is the				
						Dosage i oili	' <u>'</u>	Liquiu				Bottle				dose vials in E	-Flute box)	
If Unit Dose, is item bar code	d to unit dose for hosp	ital scanning?									X	Box/Carton		(Write-in, e.	g. 1 Box of 1	10 Vials)		
If Unit Dose NDC, indicate NI		_				Product Shap	oe:	Vial Pack				Ampule Glass		Minimum or	der augntit	u2	Yes	
ii Offit Dose NDC, ilidicate Ni											Tube		William Of	uer quantit	y:	165		
Country of Origin India Product Color:											Vial Liquid Sgl							
Is this product covered under the Trade Agreements Act (TAA)?										Vial Liquid Multi		If Yes, how	many of wh	ich package t	ype?			
Is this product covered under the Trade Agreements Act (TAA)? No Product Imprint:										Vial Powder Sql			Each					
Vial Power Multi 1									Inner/Cartor	n/Pack								
			F	OR GENERIC DRUG P	RODUCTS							Other: Write In	1	4	Case			
													_					
						Auth	orized Gene			Generic, other section		PHAR	MACY ORDE	R / BILL UNI	T			
I. Orange Book Rating:	AP							fi	ields are not	applicable	Rec. sell unit to customer? Rx billing unit to pharmacy:							
II. Generic Equivalent to Wha	nt Brand?:	Xylocaine									Each							
		DDII 0	OLIBBL V 4	CHAIN SECURITY ACT	- (DOOO A) IN	FORMATION					(Write-in, e.g. 1 Vial) Gram Milliliter							
		DRUG	SUPPLIC	CHAIN SECURITY ACT	(DSCSA) IN	FORMATION									Milliliter			
Does supplier meet DSCSA of	definition of manufact	urer?		Yes	G	LN:	0355150	000005				ITEM A	ND PACKING	INFORMATI	ON			
Is product exempt from DSC			No)	_													
If yes, select exemption:												Weight Lbs.		nsions (US m	-	Volume	# Pieces:	
Other exemption - Write in: Is product repackaged?			No	<u> </u>	If	Yes, was origin	al product	nurchaead	direct		Item:		Depth	Height	Width	(Cube)		
Is product repackaged:	urer's exclusive distri	butor?		No		om mfr?	iai product	purchaseu	unect		item.					0		
Has FDA granted waiver/exce				No	If	yes, attach doc	umentation	n from FDA.			Box/Carton/Bundle/	6.011	9.29	3.58	9.29	308.968678	5 Vials/Carto	
		_									Inner Pack:	6.011	9.29	3.56	9.29	306.900076	5 Viais/Carto	
				GTIN PRODUCT INFOR							Case:	25.68	19.685	8.858	10.039	1750.49772	4 Cartons/Cas	
				Level	Saleable Unit			_	Oceantite :	GTIN-14	Pallet:						Sea ou	
Serialized?		_	x Ite		Offic	2D		Linear		10355150253507	Pallet:	Sea 854.802 Air 1265.687	Sea 48 Air 48	Sea 40.04 Air 57.36	Sea 40 Air 40	#VALUE!	Cases/	
If not, when?		լ ⊢		ox/Carton/Bundle/Inner Pack	x	2D		Linear	25	30355150253507	UPC:	Case:	5035515025		7.111 10		Pallet	
Items aggregated?				ase		2D		Linear	100	50355150253505		Carton:	3035515025	53501				
				allet		2D		Linear	3200 3200	70355150253509								
		-	—(-			2D		Linear			COST	INFORMATION			WHOLESAL	LER USE ONL	Υ:	
		-	$\dashv\vdash$			2D 2D		Linear			Regular Cost			Vendor #:				
		2D Linear									Invoice Cost (WAC) (\$	5)	\$125.00	Whsl. Code	#:			
		<u> </u>	——		-			L			Federal Excise Tax P		Ţ. 2 0.00	Fineline Co				
											As of date:	6/8/2018		I				
		_	Atta	ach copy of SAFETY DA	ATA SHEET (SDS) or non haz					ODUCT PACKAGING and							
*Please provide any addition	al information on pag	e 2.					See new	p. 3 for De	esignated Dr	op Ship Only.	Signati	ıre:						





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



							Introd	duction Typ	e:	New Item		Final Version			Date:		
				PRODUCT INFORM	IATION							SPECIAL HANDLI	NG AND STO	DRAGE REQI	JIREMENTS	S*	
Company Name:	AuroMedics Pharma L	LC						Applica	ation:	ANDA	a. Temperature – Indic	cate the USP tempera	ature range f	or this produ	ct.		
Application Number for ND	A/ANDA/BLA (drug); I	PMA/510(k)(med o	device):		2	07182	•				Temper	ature Range	_	Controlled R	oom – betwe	een 20 and 25	C (68° – 77° I
DUNS:	968961354										Other To	emperature Range Re	quirement				
Proprietary Name (If Applical	ble) and Established I	Name: LII	DOCAINE	E HCI INJECTION, USF	P 2% 1000 m	g per 50 mL (20 r	mg / mL) [50) mL Multi Do	ose Vial]			rite in)	•				
Selling Unit NDC:	55150-256-50			Individual Unit NDC	>:	55150-256-50			5515025650	01							
UDI				CVX Code:			MVX	Code:			Is this p	roduct to be shipped to	o customers	on ice?		No	
Description:	LIDOCAINE HCI INJE	ECTION, USP 2%	1000 mg	per 50 mL (20 mg / mL)	.) [50 mL Multi	Dose Vial]					Is this p	roduct to be shipped to	o customers	on dry ice?		No	
Active Ingredient(s):											b. Contact for tempera	ature excursion ques		0			
URL for Additional Product I	nformation.	www.auromedics.	com								Name: Number			Steve Lucas 888-238-788			
Address:	279 Princeton-Hightst		.com				Address	2:			Group I			pvg@aurobi			
City:	East Windsor	om: rodd	_			State:	NJ	 Zip): (08520	1	u		prg caaroo.	naoaoa.oom		
Key Contact:						Email:					c. Special regulations	for product in any st	tates?			No	
Phone Number:	888-238-7880					Fax:	732-355-9	9449			Special	returns requirements	for this produ	ct?		No	
Product Therapeutic Classifi	uct Therapeutic Classification: anesthetics																
					_						d. Store product (unit					Yes	
ADDITIONA	L PRODUCT INFORM	ATION				F	PRODUCT D	DESCRIPTIO	ON INFORM	IATION	Protect	product (unit of sale) from light?			No	
Is the Product							_				e. Shelf life:					24	Months
a legend device?	Size: 125 x 50 ml Multi Dose Vials						ials	Initial s	helf life at launch (if	different):				Months			
reverse numbered?							-						RDER INFO	MATION			
co-licensed? Is the Product		Direct-Ship Only				Strength:	1	1000 mg/50 r	mL (20 mg/m	nL)		U	KDEK INFO	NWATION			
Is the Product		Billook Grillp Grilly									Unit of	Sale		What is the	NDC selling	unit?	
						Dosage Form	i: L	_iquid				Bottle		55150-256-5	0 (25 Multi d	dose vials in E	-Flute box)
If Unit Dose, is item bar code	d to unit dose for hosp	ital scanning?					_				х	Box/Carton		(Write-in, e.	g. 1 Box of 1	10 Vials)	
		nar ocarrining.				Product Shap	e: V	/ial Pack				Ampule				_	
If Unit Dose NDC, indicate NI	If Unit Dose NDC, indicate NDC here:										Glass Tube		Minimum or	der quantity	y?	Yes	
Country of Origin	Country of Origin India Product Color:											Vial Liquid Sgl					
1										Vial Liquid Sgi Vial Liquid Multi		If Yes, how	many of wh	ich package t	vpe?		
Is this product covered under the Trade Agreements Act (TAA)? No Product Imprint:									Vial Powder Sql			Each		,,			
Vial Power Multi									1	Inner/Cartor	n/Pack						
				FOR GENERIC DRUG P	POPUOTO						_	Other: Write In	-	4	Case		
			F	OR GENERIC DRUG P	RODUCIS								1				
						Auth	orized Gene	eric *If	f Authorized	Generic, other section		PHAR	MACY ORDE	R / BILL UNI	Т		
I. Orange Book Rating:	AP					7100.	011200 00110		elds are not		Rec. sell unit to custo					acv:	
II. Generic Equivalent to Wha	, ···	Xylocaine									Rec. sell unit to customer? Rx billing unit to pharmacy: Each					iacy.	
											(Write-in, e.g. 1 Vial) Gram						
		DRUG S	SUPPLY (CHAIN SECURITY ACT	T (DSCSA) IN	FORMATION									Milliliter		
		_			_						,		ID D 4 01/11/0		•		
Does supplier meet DSCSA of Is product exempt from DSC		urer?	No	Yes		iLN:	03551500	000005				IIEM AN	ND PACKING	INFORMATI	ON		
If yes, select exemption:	OA.				_								Dimer	nsions (US m	smts.)	Volume	
Other exemption - Write in:												Weight Lbs.	Depth	Height	Width	(Cube)	# Pieces:
Is product repackaged?			No			Yes, was origin	al product	purchased o	direct		Item:					0	
Is product sold by manufactu				No	_	om mfr?					D						
Has FDA granted waiver/exce	eption/exemption for	product?		No	If	yes, attach doc	umentation	from FDA.			Box/Carton/Bundle/ Inner Pack:	6.011	9.29	3.58	9.29	308.968678	5 Vials/Carto
				GTIN PRODUCT INFOR	RMATION						Case:						
				J	Saleable						Case.	25.68	19.685	8.858	10.039	1750.49772	4 Cartons/Cas
				Level	Unit			Q	uantity (GTIN-14	Pallet:	Sea 854.802	Sea 48	Sea 40.04	Sea 40	#VALUE!	Sea ou
Serialized?			x Ite			2D		Linear		10355150256508		Air 1265.687	Air 48	Air 57.36	Air 40	#VALUE!	Cases/
If not, when?				Box/Carton/Bundle/Inner Pack	х	2D				30355150256502	UPC:	Case:	5035515025				
Items aggregated?			Α	Case	 	2D				50355150256506 70355150256500		Carton:	3035515025	06502			
			X Pa	Pallet		2D 2D		Linear Linear	2200	10330130236500	COST	INFORMATION			WHO! ESAL	LER USE ONL	γ
			\dashv			2D 2D		Linear	─ ───────────────────────────────────		- 0031	THE STREET			MIOLLOAD	LLK OOL ONL	
		<u> </u>				2D		Linear			Regular Cost			Vendor #:			
		2D Linear									Invoice Cost (WAC) (\$		\$156.00	Whsl. Code			
											Federal Excise Tax Pe			Fineline Co	de:		
											As of date:	6/8/2018		1			
					ATA CUEET	CDC)	and laster D	ACKACE IN	OCDT LAD	EL AND BUOTO CE PR	DDUCT PACKAGING and E	ARCORE		l			
*Please provide any addition	al information on sec	۵2	Atta	acti copy of SAFETY DA	AIA SHEET (or non haz				OP Ship Only.	ODUCT PACKAGING and E Signatu						
provide any addition	vimadon on pay	~ _ .					OCC HEW	P. 0 101 DES	Signated Dit	op Jinp Jiny.	Signatu						





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