

PRODUCT INFORMATION	
Manufacturer/Broker Name:	AuroMedics Pharma LLC Number: 55150
Rx Product Name:	Piperacillin and Tazobactam for injection, USP <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA
Product ID Number:	<input checked="" type="checkbox"/> NDC 55150-119-30 <input type="checkbox"/> UPC/GTIN
Serialized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How? <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item
Description:	Piperacillin and Tazobactam for injection, USP 2.25 grams/10 pack
URL for additional product information:	www.auromedics.com
Address:	6 Wheeling Road
City, State, Zip:	Dayton, NJ 08810
Key Contact:	Julie Faria Email: jfaria@aurobindousa.com
Phone Number:	732-823-4150 Fax: 732-601-4499
Is the Product...	<input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item
a Controlled Drug?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____
ARCOS reportable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Co-Licensed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a Legend Device?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Active ingredient, if product contains a drug:	Piperacillin and Tazobactam
Country of Origin:	India
Harmonization Code Number for International Shipping:	2941.10.10
Is this product a Hazardous Material or Cytotoxic Agent?	<input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No *If yes, provide additional information on page 2.

SPECIAL HANDLING AND STORAGE REQUIREMENTS	
a. Temperature – Indicate the USP temperature range for this product.	
I. Freezer – between -25 and -10 C (-13° – 14° F) <input 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"/> allows for excursions between 15 and 30 C (59° – 86° F)	
V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/>	
VI. Other Temperature Range Requirement <input type="checkbox"/> (write in) _____	
VII. No Requirement <input type="checkbox"/>	
b. Contact for temperature excursion questions: Name: Joel Kise Number: 732-823-4122	
Is this product to be shipped to customers on ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this product to be shipped to customers on dry ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. Special regulations for this product in certain states? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	
Special returns requirements for this product? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	
d. Store product upright? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Protect product from light? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements? * *Please provide additional information on page 2.	

ADDITIONAL PRODUCT INFORMATION
Product Shape
Product Color
Product Imprint
Is there a minimum order quantity? <input 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)
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ITEM AND PACKING INFORMATION											
Product Shape	Size/Strength/Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Dimensions			# Cases/Pallet
								Case	Item	Pallet	
	pack of 10 / 2.25g / Injection	<input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other:	Case: Carton: Item:	180	30	Case: Carton: Item:		Depth: Height: Width:	Depth: Height: Width:	Depth: Height: Width:	40
			355150119301			17.82		9.64	6.69		
			355150119301			2.42		10.62	3.14		
			355150119301					14.76	8.46		

For Generic Drug Products:			
I. Orange Book: Rating:	AP	III. Brand Name Equivalent:	Zosyn
II. Product Color:	White to off-white	IV. Generic Name for Brand:	Piperacillin and Tazobactam for injection, USP

COST INFORMATION										
Regular Cost (\$)	Purchase Allowance		Distribution		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax
	<input type="checkbox"/> OI <input type="checkbox"/> BB	\$	%	<input type="checkbox"/> OI <input type="checkbox"/> BB						
DZ										
EA	\$73.70				\$73.70		\$145.00			
PPK										

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: Auromedics Pharma LLC Number: 55150 Rx Product Name: Piperacillin and Tazobactam for injection, USP <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-120-30 <input type="checkbox"/> UPC/GTIN Serialized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How? <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: Piperacillin and Tazobactam for injection, USP 3.375 grams/10 pack URL for additional product information: www.auromedics.com Address: 6 Wheeling Road City, State, Zip: Dayton, NJ 08810 Key Contact: Julie Faria Email: jfaria@aurobindousa.com Phone Number: 732-823-4150 Fax: 732-601-4499 Is the Product... <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: Piperacillin and Tazobactam Country of Origin: India Harmonization Code Number for International Shipping: 2941.10.10 Is this product a Hazardous Material or Cytotoxic Agent? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;">Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</p>	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"/> <p style="text-align: center;">allows for excursions between 15 and 30 C (59° – 86° F)</p> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <p style="text-align: center;">(write in) _____</p> VII. No Requirement <input type="checkbox"/> b. Contact for temperature excursion questions: Name: Joel Kise Number: 732-823-4122 Is this product to be shipped to customers on ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* <p style="text-align: center;">*Please provide additional information on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input 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) _____ 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Size/Strength/Form pack of 10 / 3.375g / Injection <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 Case: Carton: Item: 355150120307 355150120307	UPC Code Case: Carton: Item: 355150120307	Mstr. Shpr. 180	Inner Case Pk 30	Wght. Lbs. Case: Carton: Item: 18.15 2.618	Cube Case: Carton: Item: 9.64 3.14 8.46	Dimensions Case Item Pallet			# Cases/Pallet 40
<p style="text-align: center;">For Generic Drug Products:</p> I. Orange Book: Rating: AP III. Brand Name Equivalent: Zosyn II. Product Color: White to off-white IV. Generic Name for Brand: Piperacillin and Tazobactam for injection, USP											
COST INFORMATION											
Regular Cost (\$) _____	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ %	Distribution <input type="checkbox"/> OI <input type="checkbox"/> BB \$ %	Invoice Cost (\$) _____	Net Cost (\$) _____	Mfr's AWP _____	Avg Retail Price (\$) _____	SRP (\$) _____	Excise Tax _____	DZ _____	EA \$115.80	PPK _____

PRODUCT INFORMATION

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

Rx Product Name: **Piperacillin and Tazobactam for injection, USP** NDA ANDA

Product ID Number: NDC **55150-121-50** UPC/GTIN

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

Description: **Piperacillin and Tazobactam for injection, USP 4.5 grams10 pack**

URL for additional product information: **www.auromedics.com**

Address: **6 Wheeling Road**

City, State, Zip: **Dayton, NJ 08810**

Key Contact: **Julie Faria** Email: **jfaria@aurobindousa.com**

Phone Number: **732-823-4150** Fax: **732-601-4499**

Is the Product... A Direct Ship Item A Drop Ship Item

a Controlled Drug? Yes No If Yes, Schedule Number: _____

ARCOS reportable? Yes No Biological? Yes No

Co-Licensed? Yes No Repackaged? Yes No

a Legend Device? Yes No Does the product contain DEHP? Yes No

Active ingredient, if product contains a drug: **Piperacillin and Tazobactam**

Country of Origin: **India**

Harmonization Code Number for International Shipping: **2941.10.10**

Is this product a Hazardous Material or Cytotoxic Agent? *Yes No

*If yes, provide additional information on page 2.

Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT

SPECIAL HANDLING AND STORAGE REQUIREMENTS

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

I. Freezer – between -25 and -10 C (-13° – 14° F)

II. Cold – between 2 and 8 C (36° – 46° F)

III. Cool – between 8 and 15 C (46° – 59° F)

IV. Controlled Room – between 20 and 25 C (68° – 77° F)
allows for excursions between 15 and 30 C (59° – 86° F)

V. Excessive Heat – above 40 C (>104° F)

VI. Other Temperature Range Requirement
(write in) _____

VII. No Requirement

b. Contact for temperature excursion questions:
Name: **Joel Kise** Number: **732-823-4122**

Is this product to be shipped to customers on ice? Yes No

Is this product to be shipped to customers on dry ice? Yes No

c. Special regulations for this product in certain states? *Yes No

Special returns requirements for this product? *Yes No

d. Store product upright? Yes No

Protect product from light? Yes No Other requirements?*

*Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION

Product Shape: _____

Product Color: _____

Product Imprint: _____

Is there a minimum order quantity?
 Yes No

If yes, how many? _____

Of what package type?
 Case Carton Item

Shelf life: **24 Months**

Initial shelf life at launch (if diff't) _____

Whsl. Code #: _____

Fineline Code: _____

Is Item? Unit Dose Unit of Use

If Unit Dose, is item bar coded to unit dose for hospital scanning?
 Yes No

ITEM AND PACKING INFORMATION

Product Shape	Size/Strength/Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Dimensions			# Cases/Pallet
								Case	Item	Pallet	
	pack of 10 /4.5g / Injection	<input type="checkbox"/> Bottle	Case:	180	30	Case: 22.22		Depth:	Depth:	Depth:	32
		<input checked="" type="checkbox"/> Box	Carton:					11.1	7.48		
		<input type="checkbox"/> Glass Jar	355150121502					Height:	Height:	Height:	
		<input type="checkbox"/> Ampule	Item:					11.02	3.46		
		<input type="checkbox"/> Other:	355150121502			Item:		Width:	Width:	Width:	
								16.53	9.45		

For Generic Drug Products:

I. Orange Book: Rating: **AP** III. Brand Name Equivalent: **Zosyn**

II. Product Color: **White to off-white** IV. Generic Name for Brand: **Piperacillin and Tazobactam for injection, USP**

COST INFORMATION

Regular Cost (\$)	Purchase Allowance		Distribution		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax
	<input type="checkbox"/> OI <input type="checkbox"/> BB	\$	%	\$						
DZ										
EA	\$152.65				\$152.65		\$275.50			
PPK										