



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Item Final VersionDate:

PRODUCT INFORMATION	
Company Name:	AuroMedics Pharma LLC
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	Application: ANDA
DUNS:	
Proprietary Name (if Applicable) and Established Name:	BUPIVACAINE HCL INJECTION USP 0.50% (250mg/50mL (5 mg/mL)) [50 mL Multi Dose Vial]
Selling Unit NDC:	55150-250-50
Individual Unit NDC:	55150-250-50
UPC:	355150250509
UDI	
CVX Code:	
MXV Code:	
Description:	BUPIVACAINE HCL INJECTION USP 0.50% (250mg/50mL (5 mg/mL)) [50 mL Multi Dose Vial]
Active Ingredient(s):	
URL for Additional Product Information:	www.auromedics.com
Address:	279 Princeton-Hightstown Road
City:	East Windsor
State:	NJ
Zip:	08520
Key Contact:	
Phone Number:	888-238-7880
Fax:	732-355-9449
Product Therapeutic Classification:	

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

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

PRODUCT DESCRIPTION INFORMATION	
Size:	
Strength:	
Dosage Form:	
Product Shape:	
Product Color:	
Product Imprint:	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Bottle	55150-250-50 (25 Multi dose vials in E-Flute box)
<input type="checkbox"/> Box/ Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input checked="" type="checkbox"/> x Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity?
	If Yes, how many of which package type?
	1 Each
	25 Inner/ Carton/ Pack
	100 Case

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

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text"/>	<input type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
	<input type="checkbox"/> Milliliter

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

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/ Carton/ Bundle/ Inner Pack:	6.0108	9.29	3.58	9.29	308.968678	5 Vials/ Carto
Case:	25.68	19.685	8.858	10.039	1750.49772	4 Cartons/ Cas
Pallet:	Air 1265.679	47.24	57.36	39.37	106680.354	8 cases/palle
UPC:	Case:	50355150250504				
	Carton:	30355150250500				

GTIN PRODUCT INFORMATION						
Serialized?	If not, when?	Items aggregated?	Level		Quantity	GTIN-14
			Item	Saleable Unit		
<input checked="" type="checkbox"/>			Box/ Carton/ Bundle/ Inner Pack	25s	1	10355150250506
<input checked="" type="checkbox"/>			Case		25	30355150250500
<input checked="" type="checkbox"/>			Pallet		100	50355150250504
<input checked="" type="checkbox"/>					4800	70355150250508

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$57.45	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	9/12/2017		



Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: New Item Final VersionDate:

PRODUCT INFORMATION	
Company Name:	AuroMedics Pharma LLC
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	Application: ANDA
DUNS:	
Proprietary Name (if Applicable) and Established Name:	BUPIVACAINE HCL INJECTION USP 0.25% (125mg/50mL (2.5 mg/mL) [50 mL Multi Dose Vial]
Selling Unit NDC:	55150-249-50
Individual Unit NDC:	55150-249-50
UPC:	355150249503
UDI	
CVX Code:	
MXV Code:	
Description:	BUPIVACAINE HCL INJECTION USP 0.25% (125mg/50mL (2.5 mg/mL) [50 mL Multi Dose Vial]
Active Ingredient(s):	www.auromedics.com
URL for Additional Product Information:	www.auromedics.com
Address:	279 Princeton-Hightstown Road
City:	East Windsor
State:	NJ
Zip:	08520
Key Contact:	
Phone Number:	888-238-7880
Fax:	732-355-9449
Product Therapeutic Classification:	

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

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

PRODUCT DESCRIPTION INFORMATION	
Size:	
Strength:	
Dosage Form:	
Product Shape:	
Product Color:	
Product Imprint:	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Bottle	55150-249-50 (25 Multi dose vials in E-Flute box)
<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input checked="" type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity?
	If Yes, how many of which package type?
	1 Each
	25 Inner/Carton/Pack
	100 Case

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

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text"/>	<input type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
	<input type="checkbox"/> Milliliter

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

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/Carton/Bundle/Inner Pack:	6.0108	9.29	3.58	9.29	308.968678	5 Vials/Carto
Case:	25.68	19.685	8.858	10.039	1750.49772	4 Cartons/Cas
Pallet:	Air 1265.679	47.24	57.36	39.37	106680.354	8 cases/palle
UPC:	Case:	50355150249508				
	Carton:	30355150249504				

GTIN PRODUCT INFORMATION						
Serialized?	If not, when?	Items aggregated?	Level		Quantity	GTIN-14
			Item	Saleable Unit		
<input checked="" type="checkbox"/>			Box/Carton/Bundle/Inner Pack	25s	1	10355150249500
<input checked="" type="checkbox"/>			Case		25	30355150249504
<input checked="" type="checkbox"/>			Pallet		100	50355150249508
<input checked="" type="checkbox"/>					4800	70355150249502

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$68.65	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	9/12/2017		

New Item Promotion/Deal Open Stock Post Launch Change

Date: _____

PRODUCT INFORMATION

SPECIAL HANDLING AND STORAGE REQUIREMENTS*

Company Name: **AuroMedics Pharma LLC** NDA ANDA BLA Med Device 7

Application number for NDA/ ANDA/ BLA, Med Device: _____

Rx Product / Proprietary Name: **BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.5% (5 mg/mL)**

NDC: **55150-169-10** UPC: _____

CVX Code: _____ MVX Code: _____

Description: **BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.5% (5 mg/mL) [10 mL Single Dose Vial]**

Active ingredients: _____

URL for additional product information: _____

Address: **6 Wheeling Road** Address 2: _____

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

Key Contact: _____ Email: _____

Phone Number: _____ Fax: _____

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

VI. Other Temperature Range Requirement (write in) _____

VII. No Requirement

b. Contact for temperature excursion questions:

Name: _____ Number: _____

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

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

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

Special returns requirements for this product? *Yes No

d. Store product (unit of sale) upright? Yes No

Protect product (unit of sale) from light? Yes No

e. Shelf life: _____ Months

Initial shelf life at launch (if different): _____ Months

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: _____

II. Brand Name: _____

III. Generic Equivalent for Brand: _____

ADDITIONAL PRODUCT INFORMATION

Serialized? Yes No

Level	How?	GTIN-14
<input type="checkbox"/> Item	<input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID	_____
<input type="checkbox"/> Case	<input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID	50355150169103
<input type="checkbox"/> Pallet	<input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID	70355150169107

Is the Product... Direct Ship Item Direct and Drop Ship Drop Ship only item (See new page 3.)

a Legend Device? Yes No

a State Control? Yes No

ARCOS reportable? Yes No

Co-Licensed? Yes No

Repackaged? Yes No

Controlled Substance? Yes No

Schedule No.? **N**
(incl. N for non-narcotic)

Hazardous Material / Cytotoxic Agent? *Yes No

Is Item... Unit Dose Unit of Use

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

Is it reverse numbered? Yes No

ITEM AND PACKING INFORMATION

Order Information

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

What is the NDC selling unit? **1 Box of 25 Vials**

(Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity? Yes No

If Yes, how many of which package type?

Eac Inner / Carton Case

Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width:		
Box/ Carton:	1.68	5.315	2.362	5.315	66.72467	25 vials
Case:	13.78	11.22	5.512	11.22	693.8969	200 vials 8x25 vials
Pallet:	1029.56	47.244	42.717	39.37	79453.46	72 Shippers
UPC:	Case:					
	Carton:					

PHARMACY ORDER / BILL UNIT	Other Product Information	COST INFORMATION		
Rec. sell unit to customer? _____ (Write-in, e.g. 1 Vial)	Size/Strength/Form: _____	Regular Cost Per Unit of Sale (\$)	Invoice Cost (WAC) (\$)	Federal Excise Tax Per Unit of Sale
Rx billing unit to pharmacy: <input type="checkbox"/> Each <input type="checkbox"/> Gram <input type="checkbox"/> Millilite	Product Shape: _____ Product Color: _____ Product Imprint: _____			

WHOLESALE USE ONLY:

Vendor #: _____

Whsl. Code #: _____

Fineline Code: _____

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

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature: _____

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																																
Company Name: AuroMedics Pharma LLC		<input type="checkbox"/> NDA <input type="checkbox"/> ANDA <input type="checkbox"/> BLA <input type="checkbox"/> Med Device 7		a. Temperature – Indicate the USP temperature range for this product. <input type="checkbox"/> 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 checked="" type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Avoid Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement																																																
Application number for NDA/ ANDA/ BLA, Med Device: _____																																																				
Rx Product / Proprietary Name: BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.5% (5 mg/mL)		NDC: 55150-170-30																																																		
Description: BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.5% (5 mg/mL) [30 mL Single Dose Vial]		UPC: _____																																																		
Active ingredients: _____		CVX Code: _____ MVX Code: _____																																																		
URL for additional product information: _____		Address: 6 Wheeling Road		b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input type="radio"/> Yes <input checked="" type="radio"/> No Is this product to be shipped to customers on dry ice? <input type="radio"/> Yes <input checked="" type="radio"/> No c. Special regulations for this product in certain states? Special returns requirements for this product? <input type="radio"/> *Yes <input checked="" type="radio"/> No <input type="radio"/> *Yes <input checked="" type="radio"/> No d. Store product (unit of sale) upright? <input type="radio"/> Yes <input checked="" type="radio"/> No Protect product (unit of sale) from light? <input type="radio"/> Yes <input checked="" type="radio"/> No e. Shelf life: _____ Months Initial shelf life at launch (if different): _____ Months																																																
Address 2: _____		City: Dayton, NJ 08810																																																		
State: _____		Zip: _____																																																		
Key Contact: _____		Email: _____																																																		
Phone Number: _____		Fax: _____																																																		
FOR GENERIC DRUG PRODUCTS																																																				
I. Orange Book Rating: _____		II. Brand Name: _____																																																		
III. Generic Equivalent for Brand: _____																																																				
ADDITIONAL PRODUCT INFORMATION																																																				
Serialized? <input type="radio"/> Yes <input type="radio"/> No		Level		How?		GTIN-14																																														
		<input type="checkbox"/> Item <input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID				_____																																														
		<input type="checkbox"/> Case <input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID				50355150170307																																														
		<input type="checkbox"/> Pallet <input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID				70355150170301																																														
Is the Product... <input type="checkbox"/> Direct Ship Item <input type="checkbox"/> Direct and Drop Ship <input type="checkbox"/> Drop Ship only item (See new page 3.)																																																				
a Legend Device? <input type="radio"/> Yes <input type="radio"/> No		a State Control? <input type="radio"/> Yes <input type="radio"/> No		ITEM AND PACKING INFORMATION																																																
ARCOS reportable? <input type="radio"/> Yes <input type="radio"/> No		Co-Licensed? <input type="radio"/> Yes <input type="radio"/> No																																																		
Repackaged? <input type="radio"/> Yes <input type="radio"/> No		Controlled Substance? <input type="radio"/> Yes <input type="radio"/> No																																																		
Schedule No.? N		(incl. N for non-narcotic)																																																		
Hazardous Material / Cytotoxic Agent? <input type="radio"/> *Yes <input checked="" type="radio"/> No		Is Item... <input type="radio"/> Unit Dose <input type="radio"/> Unit of Use																																																		
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="radio"/> Yes <input type="radio"/> No		Is it reverse numbered? <input type="radio"/> Yes <input type="radio"/> No		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Weight Lbs.</th> <th colspan="3">Dimensions (US msmts.)</th> <th rowspan="2">Volume (Cube)</th> <th rowspan="2"># Pieces:</th> </tr> <tr> <th>Depth</th> <th>Height</th> <th>Width:</th> </tr> </thead> <tbody> <tr> <td>Item:</td> <td></td> <td></td> <td></td> <td>0</td> <td></td> </tr> <tr> <td>Box/ Carton:</td> <td>3.44</td> <td>6.693</td> <td>3.15</td> <td>6.693</td> <td>25 Vials</td> </tr> <tr> <td>Case:</td> <td>16.49</td> <td>14.173</td> <td>4.331</td> <td>14.173</td> <td>100 vials 2x2x25</td> </tr> <tr> <td>Pallet:</td> <td>829.02</td> <td>47.244</td> <td>45.472</td> <td>39.37</td> <td>84577.75 48 Shippers</td> </tr> <tr> <td>UPC:</td> <td>Case:</td> <td colspan="4"></td> </tr> <tr> <td></td> <td>Carton:</td> <td colspan="4"></td> </tr> </tbody> </table>				Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:	Depth	Height	Width:	Item:				0		Box/ Carton:	3.44	6.693	3.15	6.693	25 Vials	Case:	16.49	14.173	4.331	14.173	100 vials 2x2x25	Pallet:	829.02	47.244	45.472	39.37	84577.75 48 Shippers	UPC:	Case:						Carton:				
Weight Lbs.	Dimensions (US msmts.)								Volume (Cube)	# Pieces:																																										
	Depth	Height	Width:																																																	
Item:								0																																												
Box/ Carton:	3.44	6.693	3.15					6.693	25 Vials																																											
Case:	16.49	14.173	4.331					14.173	100 vials 2x2x25																																											
Pallet:	829.02	47.244	45.472					39.37	84577.75 48 Shippers																																											
UPC:	Case:																																																			
	Carton:																																																			
PHARMACY ORDER / BILL UNIT Rec. sell unit to customer? _____ (Write-in, e.g. 1 Vial)		Other Product Information Size/Strength/Form: _____ Product Shape: _____ Product Color: _____ Product Imprint: _____						COST INFORMATION Regular Cost Per Unit of Sale (\$) _____ Invoice Cost (WAC) (\$) _____ Federal Excise Tax Per Unit of Sale _____																																												
WHOLESALE USE ONLY: Vendor #: _____ Whsl. Code #: _____ Fineline Code: _____		Rx billing unit to pharmacy: <input type="checkbox"/> Each <input type="checkbox"/> Gram <input type="checkbox"/> Millilite																																																		

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

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature: _____

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																																
Company Name: AuroMedics Pharma LLC		<input type="checkbox"/> NDA <input type="checkbox"/> ANDA <input type="checkbox"/> BLA <input type="checkbox"/> Med Device 7		a. Temperature – Indicate the USP temperature range for this product. <input type="checkbox"/> 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 checked="" type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Avoid Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement																																																
Application number for NDA/ ANDA/ BLA, Med Device: _____																																																				
Rx Product / Proprietary Name: BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.25% (2.5 mg/mL)																																																				
NDC: 55150-167-10		UPC: _____																																																		
CVX Code: _____		MVX Code: _____																																																		
Description: BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.25% (2.5 mg/mL) [10 mL Single Dose Vial]																																																				
Active ingredients: _____																																																				
URL for additional product information: _____																																																				
Address: 6 Wheeling Road		Address 2: _____																																																		
City: Dayton, NJ 08810		State: _____ Zip: _____																																																		
Key Contact: _____		Email: _____																																																		
Phone Number: _____		Fax: _____																																																		
FOR GENERIC DRUG PRODUCTS				b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input type="radio"/> Yes <input checked="" type="radio"/> No Is this product to be shipped to customers on dry ice? <input type="radio"/> Yes <input checked="" type="radio"/> No c. Special regulations for this product in certain states? Special returns requirements for this product? <input type="radio"/> *Yes <input checked="" type="radio"/> No <input type="radio"/> *Yes <input checked="" type="radio"/> No d. Store product (unit of sale) upright? <input type="radio"/> Yes <input checked="" type="radio"/> No Protect product (unit of sale) from light? <input type="radio"/> Yes <input checked="" type="radio"/> No e. Shelf life: _____ Months Initial shelf life at launch (if different): _____ Months																																																
I. Orange Book Rating: _____		II. Brand Name: _____																																																		
III. Generic Equivalent for Brand: _____																																																				
ADDITIONAL PRODUCT INFORMATION																																																				
Serialized? <input type="radio"/> Yes <input type="radio"/> No		Level						How?		GTIN-14																																										
		<input type="checkbox"/> Item						<input type="checkbox"/> 2D		<input type="checkbox"/> Linear		<input type="checkbox"/> RFID																																								
		<input type="checkbox"/> Case						<input type="checkbox"/> 2D		<input type="checkbox"/> Linear		<input type="checkbox"/> RFID																																								
		<input type="checkbox"/> Pallet						<input type="checkbox"/> 2D		<input type="checkbox"/> Linear		<input type="checkbox"/> RFID																																								
										50355150167109																																										
										70355150167103																																										
Is the Product... <input type="checkbox"/> Direct Ship Item <input type="checkbox"/> Direct and Drop Ship <input type="checkbox"/> Drop Ship only item (See new page 3.)																																																				
a Legend Device? <input type="radio"/> Yes <input type="radio"/> No		a State Control? <input type="radio"/> Yes <input type="radio"/> No		ITEM AND PACKING INFORMATION																																																
ARCOS reportable? <input type="radio"/> Yes <input type="radio"/> No		Co-Licensed? <input type="radio"/> Yes <input type="radio"/> No																																																		
Repackaged? <input type="radio"/> Yes <input type="radio"/> No		Controlled Substance? <input type="radio"/> Yes <input type="radio"/> No																																																		
Schedule No.? N		(incl. N for non-narcotic)																																																		
Hazardous Material / Cytotoxic Agent? <input type="radio"/> *Yes <input checked="" type="radio"/> No																																																				
Is Item... <input type="radio"/> Unit Dose <input type="radio"/> Unit of Use																																																				
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="radio"/> Yes <input type="radio"/> No																																																				
Is it reverse numbered? <input type="radio"/> Yes <input type="radio"/> No																																																				
WHOLESALE USE ONLY:																																																				
Vendor #:		(Write-in, e.g. 1 Vial)						<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item:</th> <th rowspan="2">Weight Lbs.</th> <th colspan="3">Dimensions (US msmts.)</th> <th rowspan="2">Volume (Cube)</th> <th rowspan="2"># Pieces:</th> </tr> <tr> <th>Depth</th> <th>Height</th> <th>Width:</th> </tr> </thead> <tbody> <tr> <td>Box/ Carton:</td> <td>1.68</td> <td>5.315</td> <td>2.362</td> <td>5.315</td> <td>66.72467</td> <td>25 vials</td> </tr> <tr> <td>Case:</td> <td>13.78</td> <td>11.22</td> <td>5.512</td> <td>11.22</td> <td>693.8969</td> <td>200 vials 8x25 vials</td> </tr> <tr> <td>Pallet:</td> <td>1029.56</td> <td>47.244</td> <td>42.717</td> <td>39.37</td> <td>79453.46</td> <td>72 Shippers</td> </tr> <tr> <td>UPC:</td> <td>Case:</td> <td colspan="5"></td> </tr> <tr> <td></td> <td>Carton:</td> <td colspan="5"></td> </tr> </tbody> </table>				Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:	Depth	Height	Width:	Box/ Carton:	1.68	5.315	2.362	5.315	66.72467	25 vials	Case:	13.78	11.22	5.512	11.22	693.8969	200 vials 8x25 vials	Pallet:	1029.56	47.244	42.717	39.37	79453.46	72 Shippers	UPC:	Case:							Carton:	
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:																																														
		Depth	Height	Width:																																																
Box/ Carton:	1.68	5.315	2.362	5.315	66.72467	25 vials																																														
Case:	13.78	11.22	5.512	11.22	693.8969	200 vials 8x25 vials																																														
Pallet:	1029.56	47.244	42.717	39.37	79453.46	72 Shippers																																														
UPC:	Case:																																																			
	Carton:																																																			
Rec. sell unit to customer?		Size/Strength/Form:		Regular Cost Per Unit of Sale (\$)		Invoice Cost (WAC) (\$)						Federal Excise Tax Per Unit of Sale																																								
Rx billing unit to pharmacy:		Product Shape:																																																		
<input type="checkbox"/> Each <input type="checkbox"/> Gram <input type="checkbox"/> Millilite		Product Color:																																																		
		Product Imprint:																																																		

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

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature: _____

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																																
Company Name: AuroMedics Pharma LLC		<input type="checkbox"/> NDA <input type="checkbox"/> ANDA <input type="checkbox"/> BLA <input type="checkbox"/> Med Device 7		a. Temperature – Indicate the USP temperature range for this product. <input type="checkbox"/> 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 checked="" type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Avoid Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement																																																
Application number for NDA/ ANDA/ BLA, Med Device: _____																																																				
Rx Product / Proprietary Name: BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.25% (2.5 mg/mL)																																																				
NDC: 55150-168-30		UPC: _____																																																		
CVX Code: _____		MVX Code: _____																																																		
Description: BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.25% (2.5 mg/mL) [30 mL Single Dose Vial]																																																				
Active ingredients: _____																																																				
URL for additional product information: _____																																																				
Address: 6 Wheeling Road		Address 2: _____																																																		
City: Dayton, NJ 08810		State: _____ Zip: _____																																																		
Key Contact: _____		Email: _____																																																		
Phone Number: _____		Fax: _____																																																		
FOR GENERIC DRUG PRODUCTS				b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input type="radio"/> Yes <input checked="" type="radio"/> No Is this product to be shipped to customers on dry ice? <input type="radio"/> Yes <input checked="" type="radio"/> No c. Special regulations for this product in certain states? Special returns requirements for this product? <input type="radio"/> *Yes <input checked="" type="radio"/> No <input type="radio"/> *Yes <input checked="" type="radio"/> No d. Store product (unit of sale) upright? <input type="radio"/> Yes <input checked="" type="radio"/> No Protect product (unit of sale) from light? <input type="radio"/> Yes <input checked="" type="radio"/> No e. Shelf life: _____ Months Initial shelf life at launch (if different): _____ Months																																																
I. Orange Book Rating: _____		II. Brand Name: _____																																																		
III. Generic Equivalent for Brand: _____																																																				
ADDITIONAL PRODUCT INFORMATION																																																				
Serialized? <input type="radio"/> Yes <input type="radio"/> No		Level How?						GTIN-14																																												
		<input type="checkbox"/> Item <input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID						_____																																												
		<input type="checkbox"/> Case <input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID						50355150168304																																												
		<input type="checkbox"/> Pallet <input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID						70355150168308																																												
Is the Product... <input type="checkbox"/> Direct Ship Item <input type="checkbox"/> Direct and Drop Ship <input type="checkbox"/> Drop Ship only item (See new page 3.)																																																				
a Legend Device? <input type="radio"/> Yes <input type="radio"/> No		a State Control? <input type="radio"/> Yes <input type="radio"/> No						ITEM AND PACKING INFORMATION																																												
ARCOS reportable? <input type="radio"/> Yes <input type="radio"/> No		Co-Licensed? <input type="radio"/> Yes <input type="radio"/> No																																																		
Repackaged? <input type="radio"/> Yes <input type="radio"/> No		Controlled Substance? <input type="radio"/> Yes <input type="radio"/> No																																																		
Schedule No.? N		(incl. N for non-narcotic)																																																		
Hazardous Material / Cytotoxic Agent? <input type="radio"/> *Yes <input checked="" type="radio"/> No																																																				
Is Item... <input type="radio"/> Unit Dose <input type="radio"/> Unit of Use																																																				
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="radio"/> Yes <input type="radio"/> No																																																				
Is it reverse numbered? <input type="radio"/> Yes <input type="radio"/> No																																																				
WHOLESALE USE ONLY:																																																				
Vendor #:		(Write-in, e.g. 1 Vial)		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item:</th> <th rowspan="2">Weight Lbs.</th> <th colspan="3">Dimensions (US msmts.)</th> <th rowspan="2">Volume (Cube)</th> <th rowspan="2"># Pieces:</th> </tr> <tr> <th>Depth</th> <th>Height</th> <th>Width:</th> </tr> </thead> <tbody> <tr> <td>Box/ Carton:</td> <td>3.44</td> <td>6.693</td> <td>3.15</td> <td>6.693</td> <td>141.1082</td> <td>25 Vials</td> </tr> <tr> <td>Case:</td> <td>16.49</td> <td>14.173</td> <td>4.331</td> <td>14.173</td> <td>869.985</td> <td>100 vials 2x2x25</td> </tr> <tr> <td>Pallet:</td> <td>829.02</td> <td>47.244</td> <td>45.472</td> <td>39.37</td> <td>84577.75</td> <td>48 Shippers</td> </tr> <tr> <td>UPC:</td> <td>Case:</td> <td colspan="5"></td> </tr> <tr> <td></td> <td>Carton:</td> <td colspan="5"></td> </tr> </tbody> </table>								Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:	Depth	Height	Width:	Box/ Carton:	3.44	6.693	3.15	6.693	141.1082	25 Vials	Case:	16.49	14.173	4.331	14.173	869.985	100 vials 2x2x25	Pallet:	829.02	47.244	45.472	39.37	84577.75	48 Shippers	UPC:	Case:							Carton:	
Item:	Weight Lbs.	Dimensions (US msmts.)						Volume (Cube)	# Pieces:																																											
		Depth	Height							Width:																																										
Box/ Carton:	3.44	6.693	3.15					6.693	141.1082	25 Vials																																										
Case:	16.49	14.173	4.331					14.173	869.985	100 vials 2x2x25																																										
Pallet:	829.02	47.244	45.472					39.37	84577.75	48 Shippers																																										
UPC:	Case:																																																			
	Carton:																																																			
Rec. sell unit to customer?		Size/Strength/Form:						Regular Cost Per Unit of Sale (\$)		Invoice Cost (WAC) (\$)		Federal Excise Tax Per Unit of Sale																																								
(Write-in, e.g. 1 Vial)		Product Shape:																																																		
Rx billing unit to pharmacy:		Product Color:																																																		
<input type="checkbox"/> Each <input type="checkbox"/> Gram <input type="checkbox"/> Millilite		Product Imprint:																																																		

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

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature: _____

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																		
Company Name: AuroMedics Pharma LLC		<input type="checkbox"/> NDA <input type="checkbox"/> ANDA <input type="checkbox"/> BLA <input type="checkbox"/> Med Device 7		a. Temperature – Indicate the USP temperature range for this product.																																		
Application number for NDA/ ANDA/ BLA, Med Device: _____				<input type="checkbox"/> 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 checked="" type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Avoid Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement																																		
Rx Product / Proprietary Name: BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.75% (7.5 mg/mL)		NDC: 55150-171-10		b. Contact for temperature excursion questions: Name: _____ Number: _____																																		
Description: BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.75% (7.5 mg/mL) [10 mL Single Dose Vial]		UPC: _____		Is this product to be shipped to customers on ice? <input type="radio"/> Yes <input checked="" type="radio"/> No Is this product to be shipped to customers on dry ice? <input type="radio"/> Yes <input checked="" type="radio"/> No																																		
Active ingredients: _____		CVX Code: _____ MVX Code: _____		c. Special regulations for this product in certain states? Special returns requirements for this product? <input type="radio"/> *Yes <input checked="" type="radio"/> No																																		
URL for additional product information: _____		Address: 6 Wheeling Road		d. Store product (unit of sale) upright? <input type="radio"/> Yes <input checked="" type="radio"/> No Protect product (unit of sale) from light? <input type="radio"/> Yes <input checked="" type="radio"/> No																																		
Address 2: _____		City: Dayton, NJ 08810		e. Shelf life: _____ Months Initial shelf life at launch (if different): _____ Months																																		
State: _____		Key Contact: _____		FOR GENERIC DRUG PRODUCTS I. Orange Book Rating: _____ II. Brand Name: _____ III. Generic Equivalent for Brand: _____																																		
Zip: _____		Phone Number: _____		ADDITIONAL PRODUCT INFORMATION Serialized? <input type="radio"/> Yes <input type="radio"/> No																																		
Email: _____		Fax: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Level</th> <th>How?</th> <th>GTIN-14</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Item</td> <td><input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Case</td> <td><input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID</td> <td>50355150171106</td> </tr> <tr> <td><input type="checkbox"/> Pallet</td> <td><input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID</td> <td>70355150171100</td> </tr> </tbody> </table>				Level	How?	GTIN-14	<input type="checkbox"/> Item	<input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID	_____	<input type="checkbox"/> Case	<input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID	50355150171106	<input type="checkbox"/> Pallet	<input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID	70355150171100																			
Level	How?	GTIN-14																																				
<input type="checkbox"/> Item	<input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID	_____																																				
<input type="checkbox"/> Case	<input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID	50355150171106																																				
<input type="checkbox"/> Pallet	<input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID	70355150171100																																				
Is the Product... <input type="checkbox"/> Direct Ship Item <input type="checkbox"/> Direct and Drop Ship <input type="checkbox"/> Drop Ship only item (See new page 3.)		Is the Product... <input type="checkbox"/> Direct Ship Item <input type="checkbox"/> Direct and Drop Ship <input type="checkbox"/> Drop Ship only item (See new page 3.)		ITEM AND PACKING INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item:</th> <th rowspan="2">Weight Lbs.</th> <th colspan="3">Dimensions (US msmts.)</th> <th rowspan="2">Volume (Cube)</th> <th rowspan="2"># Pieces:</th> </tr> <tr> <th>Depth</th> <th>Height</th> <th>Width:</th> </tr> </thead> <tbody> <tr> <td>Box/ Carton:</td> <td>1.68</td> <td>5.315</td> <td>2.362</td> <td>5.315</td> <td>66.72467</td> <td>25 vials</td> </tr> <tr> <td>Case:</td> <td>13.78</td> <td>11.22</td> <td>5.512</td> <td>11.22</td> <td>693.8969</td> <td>200 vials 8x25 vials</td> </tr> <tr> <td>Pallet:</td> <td>1029.56</td> <td>47.244</td> <td>42.717</td> <td>39.37</td> <td>79453.46</td> <td>72 Shippers</td> </tr> </tbody> </table>				Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:	Depth	Height	Width:	Box/ Carton:	1.68	5.315	2.362	5.315	66.72467	25 vials	Case:	13.78	11.22	5.512	11.22	693.8969	200 vials 8x25 vials	Pallet:	1029.56	47.244	42.717	39.37	79453.46	72 Shippers
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:																																
		Depth	Height	Width:																																		
Box/ Carton:	1.68	5.315	2.362	5.315	66.72467	25 vials																																
Case:	13.78	11.22	5.512	11.22	693.8969	200 vials 8x25 vials																																
Pallet:	1029.56	47.244	42.717	39.37	79453.46	72 Shippers																																
a Legend Device? <input type="radio"/> Yes <input type="radio"/> No a State Control? <input type="radio"/> Yes <input type="radio"/> No ARCOS reportable? <input type="radio"/> Yes <input type="radio"/> No Co-Licensed? <input type="radio"/> Yes <input type="radio"/> No Repackaged? <input type="radio"/> Yes <input type="radio"/> No Controlled Substance? <input type="radio"/> Yes <input type="radio"/> No Schedule No.? N (incl. N for non-narcotic)		Order Information Unit of Sale: <input type="checkbox"/> Bottle <input type="checkbox"/> Box / Carton <input type="checkbox"/> Ampule <input type="checkbox"/> Glass <input type="checkbox"/> Tube <input checked="" type="checkbox"/> Vial Liquid Sgl <input type="checkbox"/> Vial Liquid Multil <input type="checkbox"/> Vial Powder Sgl <input type="checkbox"/> Vial Powder Multi <input type="checkbox"/> Other: Write In What is the NDC selling unit? 1 Box of 25 Vials (Write-in, e.g. 1 Box of 10 Vials) Minimum order quantity? <input type="radio"/> Yes <input type="radio"/> No If Yes, how many of which package type? <input type="checkbox"/> Eac <input type="checkbox"/> Inner / Carton <input type="checkbox"/> Case		PHARMACY ORDER / BILL UNIT Rec. sell unit to customer? _____ (Write-in, e.g. 1 Vial)																																		
Hazardous Material / Cytotoxic Agent? <input type="radio"/> *Yes <input checked="" type="radio"/> No Is Item... <input type="radio"/> Unit Dose <input type="radio"/> Unit of Use If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="radio"/> Yes <input type="radio"/> No Is it reverse numbered? <input type="radio"/> Yes <input type="radio"/> No		Other Product Information Size/Strength/Form: _____ Product Shape: _____ Product Color: _____ Product Imprint: _____		COST INFORMATION Regular Cost Per Unit of Sale (\$) _____ Invoice Cost (WAC) (\$) _____ Federal Excise Tax Per Unit of Sale _____																																		
WHOLESALE USE ONLY:		Vendor #: _____		WHOLESALE USE ONLY: Whsl. Code #: _____ Finline Code: _____																																		

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

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature: _____

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*							
Company Name: AuroMedics Pharma LLC		<input type="checkbox"/> NDA <input type="checkbox"/> ANDA <input type="checkbox"/> BLA <input type="checkbox"/> Med Device 7		a. Temperature – Indicate the USP temperature range for this product.							
Application number for NDA/ ANDA/ BLA, Med Device: _____				<input type="checkbox"/> 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 checked="" type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Avoid Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement							
Rx Product / Proprietary Name: BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.75% (7.5 mg/mL)		NDC: 55150-172-30		b. Contact for temperature excursion questions:							
Description: BUPIVACAINE HYDROCHLORIDE INJECTION, USP 0.75% (7.5 mg/mL) [30 mL Single Dose Vial]		UPC: _____		Name: _____ Number: _____							
Active ingredients: _____		CVX Code: _____		Is this product to be shipped to customers on ice? <input type="radio"/> Yes <input checked="" type="radio"/> No Is this product to be shipped to customers on dry ice? <input type="radio"/> Yes <input checked="" type="radio"/> No							
URL for additional product information: _____		MVX Code: _____		c. Special regulations for this product in certain states?							
Address: 6 Wheeling Road		Address 2: _____		Special returns requirements for this product? <input type="radio"/> *Yes <input checked="" type="radio"/> No							
City: Dayton, NJ 08810		State: _____		d. Store product (unit of sale) upright?							
Key Contact: _____		Zip: _____		Protect product (unit of sale) from light? <input type="radio"/> Yes <input checked="" type="radio"/> No							
Phone Number: _____		Email: _____		e. Shelf life: _____ Months							
Phone Number: _____		Fax: _____		Initial shelf life at launch (if different): _____ Months							
FOR GENERIC DRUG PRODUCTS											
I. Orange Book Rating: _____		II. Brand Name: _____		c. Special regulations for this product in certain states?							
III. Generic Equivalent for Brand: _____				Special returns requirements for this product? <input type="radio"/> *Yes <input checked="" type="radio"/> No							
ADDITIONAL PRODUCT INFORMATION											
Serialized? <input type="radio"/> Yes <input type="radio"/> No		Level		How?		GTIN-14					
		<input type="checkbox"/> Item <input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID				_____					
		<input type="checkbox"/> Case <input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID				50355150172301					
		<input type="checkbox"/> Pallet <input type="checkbox"/> 2D <input type="checkbox"/> Linear <input type="checkbox"/> RFID				70355150172305					
Is the Product... <input type="checkbox"/> Direct Ship Item <input type="checkbox"/> Direct and Drop Ship <input type="checkbox"/> Drop Ship only item (See new page 3.)				d. Store product (unit of sale) upright?							
a Legend Device? <input type="radio"/> Yes <input type="radio"/> No a State Control? <input type="radio"/> Yes <input type="radio"/> No ARCOS reportable? <input type="radio"/> Yes <input type="radio"/> No Co-Licensed? <input type="radio"/> Yes <input type="radio"/> No Repackaged? <input type="radio"/> Yes <input type="radio"/> No Controlled Substance? <input type="radio"/> Yes <input type="radio"/> No Schedule No.? N (incl. N for non-narcotic)				e. Shelf life: _____ Months							
Hazardous Material / Cytotoxic Agent? <input type="radio"/> *Yes <input checked="" type="radio"/> No Is Item... <input type="radio"/> Unit Dose <input type="radio"/> Unit of Use If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="radio"/> Yes <input type="radio"/> No Is it reverse numbered? <input type="radio"/> Yes <input type="radio"/> No				Initial shelf life at launch (if different): _____ Months							
WHOLESALE USE ONLY:				ITEM AND PACKING INFORMATION							
Vendor #: _____		Rx billing unit to pharmacy: _____		Order Information		Weight Lbs.		Dimensions (US msmts.)		Volume (# Pieces):	
Whsl. Code #: _____		Product Shape: _____		What is the NDC selling unit? 1 Box of 25 Vials		Item:		Depth		Height	
Fineline Code: _____		Product Color: _____		(Write-in, e.g. 1 Box of 10 Vials)		Box/ Carton:		Width:		Volume (Cube)	
		Product Imprint: _____		Minimum order quantity? <input type="radio"/> Yes <input type="radio"/> No		Case:				# Pieces:	
				If Yes, how many of which package type?		Pallet:					
				<input type="checkbox"/> Eac <input type="checkbox"/> Inner / Carton <input type="checkbox"/> Case		UPC:					
						Case:					
						Carton:					
PHARMACY ORDER / BILL UNIT				Other Product Information				COST INFORMATION			
Rec. sell unit to customer? _____		Size/Strength/Form: _____		Regular Cost Per Unit of Sale (\$)		Invoice Cost (WAC) (\$)		Federal Excise Tax Per Unit of Sale			
(Write-in, e.g. 1 Vial)		Product Shape: _____									
Rx billing unit to pharmacy: _____		Product Color: _____									
<input type="checkbox"/> Each <input type="checkbox"/> Gram <input type="checkbox"/> Millilite		Product Imprint: _____									

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

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature: _____