

PRODUCT INFORMATION					SPECIAL HANDLING AND STORAGE REQUIREMENTS							
Manufacturer/Broker Name: <u>Cadista Pharmaceuticals Inc.</u> Number: _____ Product Name: <u>LAMOTRIGINE 200MG</u> Product ID Number: _____ <input checked="" type="checkbox"/> NDC <u>59746-0248-05</u> <input checked="" type="checkbox"/> UPC/GTIN # <u>3-59746-0248-05-5</u> Description: <u>Lamotrigine Tablets 200MG</u> Address: <u>207 Kiley Dr</u> City, State, Zip: <u>Salisbury, MD 21801</u> Key Contact: <u>Nora Cruse</u> Fax: <u>215-443-9646</u> Phone Number: <u>410-912-3748</u> Ext: _____ Phone Number: _____ Ext: _____ Is the Product? <input checked="" type="checkbox"/> Direct Ship Item <input type="checkbox"/> Drop Ship Item Is the Product a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ Is this ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this Product a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Country of Origin: <u>USA</u> Harmonization Code Number for International Shipping: _____ 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. Attach copy of Material Safety Data Sheet (MSDS) Attach Package Insert					a. Temperature – Indicate the normal temperature range for this product. I. Controlled Room Temperature (68° – 77° F) <input checked="" type="checkbox"/> II. Room Temperature (59° – 86° F) <input type="checkbox"/> III. Excessive Heat (>104° F) <input type="checkbox"/> IV. Cool (46° – 59° F) <input type="checkbox"/> V. Refrigerated (36° – 46° F) <input type="checkbox"/> VI. Frozen (-4° – 14° F) <input type="checkbox"/> VII. No Requirement <input type="checkbox"/> b. Are temperature excursions permitted/allowed for product? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the temperature range and hours duration: <u>59</u> and <u>86</u> F c. Are there additional storage and shipping requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide on page 2.							
ADDITIONAL PRODUCT INFORMATION		ITEM AND PACKING INFORMATION										
Is there a minimum order quantity? If yes, <input checked="" type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item Number of Pieces? <u>12</u> Shelf Life: <u>24</u> Months Whsl. Code #: _____ Finline 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 tracking purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No Will handling data change in the first: 6 months? <input type="checkbox"/> Yes 9 months? <input type="checkbox"/> Yes 12 months? <input type="checkbox"/> Yes Unknown? <input type="checkbox"/> Yes		Size/Strength /Form <u>500 200MG TAB</u>	Unit Of Sale <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other	UPC Code Case: <u>-11178</u> Carton: Item:	Mstr. Shpr. <u>12</u>	Inner Case Pk	Wght. Lbs. Case: <u>6.0</u> Carton: Item: <u>.155</u>	Cube <u>1.074 cu. ft.</u>	Case Dimensio ns Depth: <u>14.25 IN</u> Height: <u>IN</u> Width: <u>10.75 IN</u>	Item Dimensi ons Depth: <u>IN</u> Height: <u>IN</u> Width: <u>IN</u>	Pallet Dimensions Depth: <u>48.000 IN</u> Height: <u>IN</u> Width: <u>40.000 IN</u>	# Cases/ Pallet <u>88</u>
		For Generic Drug Products: I. Orange Book Rating: <u>AB</u> II. Product Color: <u>White</u> III. Brand Name Equivalent: <u>Lamictal (GSK)</u> IV. Generic Name For Brand: <u>Lamotrigine</u>										
COST INFORMATION												
Regular Cost (\$)		Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB		Distribution Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retl Price (\$)	SRP (\$)	Excise Tax	
\$		%	\$ %									
DZ												
EA						138.33		2,826.33				
PPK												



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

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

Item Description: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

*If additional information is necessary, provide on right of page or as attachment.*

**HAZARDOUS MATERIAL INFORMATION**

**ADDITIONAL INFORMATION AS NECESSARY**

Is this product:

- a) Cytotoxic?       Yes     No
- b) Carcinogen?     Yes     No
- c) Inhalation Hazard?  Yes     No
- d) Contact Hazard?  Yes     No

Is this item considered a carcinogen?       Yes     No

Is this item an aerosol requiring special storage?       Yes     No

Does this product require special clean-up instructions?       Yes     No

    If yes, attach MSDS with special instructions.

Department of Transportation (DOT) I.D. Number: \_\_\_\_\_

Hazard Class/ORM Code: \_\_\_\_\_

**OSHA/DOT CHEMICAL STORAGE CLASS**

**Please check appropriate Class(s) for this product.**

- ORGANIC                       ANTINEOPLASTIC
- INORGANIC                     STEROID/ANDROGEN
- CORROSIVE/OXIDIZER       ESSENTIAL CHEMICAL
- AEROSOL                       PRECURSOR CHEMICAL (Describe below)
- AEROSOL CLASS             MAXIMUM QTY LEVEL

Is the product restricted for air shipping?

- Passenger
- Cargo
- Passenger & Cargo

Precursor Chemical:

Size/Strength

- Ephedrine                       Yes     No      \_\_\_\_\_
- Pseudoephedrine             Yes     No      \_\_\_\_\_
- Phenylpropanolamine       Yes     No      \_\_\_\_\_

**ADDITIONAL STORAGE AND SHIPPING REQUIREMENTS**

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

Does this product require refrigerated truck for transport?  Yes  No

Is this Product State Regulated?  Yes  No

If yes, list states on the right or as an attachment.

Are there special returns requirements?  Yes  No

If yes, provide requirements in the space to the right or as attachment.