

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<p>Manufacturer/Broker Name: <u>Cadista Pharmaceuticals Inc.</u> Number: _____</p> <p>Product Name: <u>LAMOTRIGINE 200MG</u></p> <p>Product ID Number: _____</p> <p><input checked="" type="checkbox"/> NDC <u>59746-0248-60</u> <input checked="" type="checkbox"/> UPC/GTIN # <u>3-59746-0248-60-4</u></p> <p>Description: <u>Lamotrigine Tablets 200MG</u></p> <p>Address: <u>207 Kiley Dr</u></p> <p>City, State, Zip: <u>Salisbury, MD 21801</u></p> <p>Key Contact: <u>Nora Cruse</u> Fax: <u>215-443-9646</u></p> <p>Phone Number: <u>410-912-3748</u> Ext: _____</p> <p>Phone Number: _____ Ext: _____</p> <p>Is the Product? <input checked="" type="checkbox"/> Direct Ship Item <input type="checkbox"/> Drop Ship Item</p> <p>Is the Product a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, Schedule Number: _____</p> <p>Is this ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this Product a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Country of Origin: <u>USA</u></p> <p>Harmonization Code Number for International Shipping: _____</p> <p>Is this product a Hazardous Material or Cytotoxic Agent?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide additional information on page 2.</p> <p>Attach copy of Material Safety Data Sheet (MSDS)</p> <p>Attach Package Insert</p>	<p>a. Temperature – Indicate the normal temperature range for this product.</p> <p>I. Controlled Room Temperature (68° – 77° F) <input checked="" type="checkbox"/></p> <p>II. Room Temperature (59° – 86° F) <input type="checkbox"/></p> <p>III. Excessive Heat (>104° F) <input type="checkbox"/></p> <p>IV. Cool (46° – 59° F) <input type="checkbox"/></p> <p>V. Refrigerated (36° – 46° F) <input type="checkbox"/></p> <p>VI. Frozen (-4° – 14° F) <input type="checkbox"/></p> <p>VII. No Requirement <input type="checkbox"/></p> <p>b. Are temperature excursions permitted/allowed for product? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide the temperature range and hours duration: <u>59</u> and <u>86F</u></p> <p>c. Are there additional storage and shipping requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please provide on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
<p>Is there a minimum order quantity?</p> <p>If yes, <input checked="" type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item</p> <p>Number of Pieces? <u>48</u></p> <p>Shelf Life: <u>24</u> Months</p> <p>Whsl. Code #: _____</p> <p>Fineline Code: _____</p> <p>Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use</p> <p>If Unit Dose, is item bar coded to unit dose for Hospital tracking purposes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will handling data change in the first:</p> <p>6 months? <input type="checkbox"/> Yes</p> <p>9 months? <input type="checkbox"/> Yes</p> <p>12 months? <input type="checkbox"/> Yes</p> <p>Unknown? <input type="checkbox"/> Yes</p>	Size/Strength /Form	Unit Of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Case Dimensions	Item Dimensions	Pallet Dimensions	# Cases/Pallet
	60 200MG TAB	<input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other	Case: Carton: Item:	48		Case: 8.35 Carton: Item: .155	1.074 cu. ft.	Depth: 16.4 IN Height: 4.8 IN Width: 12.3 IN	Depth: Height: 3.77 IN Width: 3.79 IN	Depth: 48.000 IN Height: 45.000 IN Width: 40.000 IN	100
	<p>For Generic Drug Products:</p> <p>I. Orange Book Rating: <u>AB</u></p> <p>II. Product Color: <u>White</u></p> <p>III. Brand Name Equivalent: <u>Lamictal (GSK)</u></p> <p>IV. Generic Name For Brand: <u>Lamotrigine</u></p>										
	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					16.60		339.16			
	PPK										

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

Signature: _____



