

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-158-72 <input type="checkbox"/> UPC/GTIN Serialized? H: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 mg/mL) 2 mL Fill Volume URL for additional product information: _____ Address: 6 Wheeling Road City, State, Zip: Dayton, NJ 08810 Key Contact: _____ Email: _____ Phone Number: 732-839-9400 Fax: 732-601-4499 Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: LIDOCAINE HYDROCHLORIDE INJECTION, USP Country of Origin: India Harmonization Code 2941.10.10 Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> VII. No Requirement <input checked="" type="checkbox"/> b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Ampoules per Carton 20 mg /2 mL(10mg/mL) <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 <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	UPC Code Case: _____ Carton: _____ Item: _____	Mstr. Shpr. 600(Ampoules)	Inner Case Pk 300(Ampoules)	Wght. Lbs. Case: 10.562 Carton: 0.1322 Item: _____	Cube	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 13.188976</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 11.023622</td> <td>Height: _____</td> <td>Height: 64.173</td> </tr> <tr> <td>Width: 11.220472</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 13.188976	Depth: _____	Depth: 47.24409	Height: 11.023622	Height: _____	Height: 64.173	Width: 11.220472	Width: _____	Width: 39.37008	# Cases/ Pallet
Case	Item	Pallet																					
Depth: 13.188976	Depth: _____	Depth: 47.24409																					
Height: 11.023622	Height: _____	Height: 64.173																					
Width: 11.220472	Width: _____	Width: 39.37008																					
For Generic Drug Products: I. Orange Book: Rating: AP III. Brand Name Equivalent: _____ II. Product Color: White to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10																							
COST INFORMATION																							
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Retail Price (\$)	SRP (\$)	Excise Tax														
	DZ																						
	EA	WAC			\$10.35		\$19.75																
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-159-74 <input type="checkbox"/> UPC/GTIN Serialized? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 mg/mL) 5 mL Fill Volume URL for additional product information: _____ Address: 6 Wheeling Road City, State, Zip: Dayton, NJ 08810 Key Contact: _____ Email: _____ Phone Number: 732-839-9400 Fax: 732-601-4499 Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: LIDOCAINE HYDROCHLORIDE INJECTION, USP Country of Origin: India Harmonization Code 2941.10.10 Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> VII. No Requirement <input checked="" type="checkbox"/> b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Ampoules per Carton 50 mg /5 mL (10mg/mL) <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 <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	UPC Code Case: _____ Carton: _____ Item: _____	Mstr. Shpr. 960(Ampoules)	Inner Case Pk 240(Ampoules)	Wght. Lbs. Case: 27.51366 Carton: 0.2358 Item: _____	Cube _____	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 16.141732</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 16.929134</td> <td>Height: _____</td> <td>Height: 58.661</td> </tr> <tr> <td>Width: 13.385827</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 16.141732	Depth: _____	Depth: 47.24409	Height: 16.929134	Height: _____	Height: 58.661	Width: 13.385827	Width: _____	Width: 39.37008	# Cases/ Pallet _____
Case	Item	Pallet																					
Depth: 16.141732	Depth: _____	Depth: 47.24409																					
Height: 16.929134	Height: _____	Height: 58.661																					
Width: 13.385827	Width: _____	Width: 39.37008																					
For Generic Drug Products: I. Orange Book: Rating: AP III. Brand Name Equivalent: _____ II. Product Color: White to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10																							
COST INFORMATION																							
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Retail Price (\$) _____	SRP (\$) _____	Excise Tax _____														
	DZ																						
	EA	WAC				\$12.30		\$26.70															
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-160-72 <input type="checkbox"/> UPC/GTIN Serialized? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 2% (20 mg/mL) 2 mL Fill Volume URL for additional product information: _____ Address: 6 Wheeling Road City, State, Zip: Dayton, NJ 08810 Key Contact: _____ Email: _____ Phone Number: 732-839-9400 Fax: 732-601-4499 Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: LIDOCAINE HYDROCHLORIDE INJECTION, USP Country of Origin: India Harmonization Code 2941.10.10 Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> VII. No Requirement <input checked="" type="checkbox"/> b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Ampoules per Carton 20 mg /2 mL(10mg/mL) <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 <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	UPC Code Case: _____ Carton: _____ Item: _____	Mstr. Shpr. 600(Ampoules)	Inner Case Pk 300(Ampoules)	Wght. Lbs. Case: 10.562 Carton: 0.1322 Item: _____	Cube	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> <tr> <td>Depth: 13.188976</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 11.023622</td> <td>Height: _____</td> <td>Height: 64.173</td> </tr> <tr> <td>Width: 11.220472</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </table>			Case	Item	Pallet	Depth: 13.188976	Depth: _____	Depth: 47.24409	Height: 11.023622	Height: _____	Height: 64.173	Width: 11.220472	Width: _____	Width: 39.37008	# Cases/ Pallet
Case	Item	Pallet																					
Depth: 13.188976	Depth: _____	Depth: 47.24409																					
Height: 11.023622	Height: _____	Height: 64.173																					
Width: 11.220472	Width: _____	Width: 39.37008																					
For Generic Drug Products: I. Orange Book: Rating: AP III. Brand Name Equivalent: _____ II. Product Color: White to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 2% (20																							
COST INFORMATION																							
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Retail Price (\$)	SRP (\$)	Excise Tax														
	DZ																						
	EA	WAC			\$14.25		% '\$\$																
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-161-02 <input type="checkbox"/> UPC/GTIN Serialized? H: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 mg/mL) 2 mL Single Dose Vial URL for additional product information: _____ Address: 6 Wheeling Road City, State, Zip: Dayton, NJ 08810 Key Contact: _____ Email: _____ Phone Number: 732-839-9400 Fax: 732-601-4499 Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: LIDOCAINE HYDROCHLORIDE INJECTION, USP Country of Origin: India Harmonization Code 2941.10.10 Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> VII. No Requirement <input checked="" type="checkbox"/> b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																				
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Vial per Carton 20 mg /2 mL(10mg/mL) <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 <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	UPC Code Case: _____ Carton: _____ Item: _____	Mstr. Shpr. 1200(Vial)	Inner Case Pk 300 (Vial)	Wght. Lbs. Case: 30.783 Carton: 0.227 Item: _____	Cube	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 15.354331</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 10.23622</td> <td>Height: _____</td> <td>Height: 44.685</td> </tr> <tr> <td>Width: 11.811024</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>	Case	Item	Pallet	Depth: 15.354331	Depth: _____	Depth: 47.24409	Height: 10.23622	Height: _____	Height: 44.685	Width: 11.811024	Width: _____	Width: 39.37008	# Cases/ Pallet
Case	Item	Pallet																			
Depth: 15.354331	Depth: _____	Depth: 47.24409																			
Height: 10.23622	Height: _____	Height: 44.685																			
Width: 11.811024	Width: _____	Width: 39.37008																			
For Generic Drug Products: I. Orange Book: Rating: AP III. Brand Name Equivalent: _____ II. Product Color: White to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10																					
COST INFORMATION																					
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Retail Price (\$)	SRP (\$)	Excise Tax												
	DZ																				
	EA	WAC			\$18.45	\$20.00															
	PPK																				

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-162-05 <input type="checkbox"/> UPC/GTIN Serialized? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 mg/mL) 5 mL Single Dose Vial URL for additional product information: _____ Address: 6 Wheeling Road City, State, Zip: Dayton, NJ 08810 Key Contact: _____ Email: _____ Phone Number: 732-839-9400 Fax: 732-601-4499 Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: LIDOCAINE HYDROCHLORIDE INJECTION, USP Country of Origin: India Harmonization Code 2941.10.10 Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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) Store at 20° to 25°C (68° and 77°F). [Se VII. No Requirement <input checked="" type="checkbox"/> b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* *Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Vial per Carton 50 mg /5 mL (10mg/mL)	Unit of Sale <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	UPC Code Case: _____ Carton: _____ Item: _____	Mstr. Shpr. 200(Vial)	Inner Case Pk 50 (Vial)	Wght. Lbs. Case: 11.186 Carton: 0.454 Item: _____	Cube	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 11.220472</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 5.511811</td> <td>Height: _____</td> <td>Height: 42.323</td> </tr> <tr> <td>Width: 11.220472</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 11.220472	Depth: _____	Depth: 47.24409	Height: 5.511811	Height: _____	Height: 42.323	Width: 11.220472	Width: _____	Width: 39.37008	# Cases/ Pallet
Case	Item	Pallet																					
Depth: 11.220472	Depth: _____	Depth: 47.24409																					
Height: 5.511811	Height: _____	Height: 42.323																					
Width: 11.220472	Width: _____	Width: 39.37008																					
For Generic Drug Products: I. Orange Book: Rating: AP III. Brand Name Equivalent: _____ II. Product Color: White to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10																							
COST INFORMATION																							
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Retail Price (\$)	SRP (\$)	Excise Tax														
	DZ																						
	EA	WAC			\$24.60	\$27.00																	
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-163-30 <input type="checkbox"/> UPC/GTIN Serialized? H: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10 mg/mL) 30 mL Single Dose Vial URL for additional product information: _____ Address: 6 Wheeling Road City, State, Zip: Dayton, NJ 08810 Key Contact: _____ Email: _____ Phone Number: 732-839-9400 Fax: 732-601-4499 Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: LIDOCAINE HYDROCHLORIDE INJECTION, USP Country of Origin: India Harmonization Code 2941.10.10 Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No *If yes, provide additional information on page 2. Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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) Store at 20° to 25°C (68° and 77°F). [Se VII. No Requirement <input checked="" type="checkbox"/> b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* *Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Mono Pack of one vial per Carton 300 mg /30 mL(10mg/mL)	Unit of Sale <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	UPC Code Case: _____ Carton: _____ Item: _____	Mstr. Shpr. 144(Vial)	Inner Case Pk 24 (Vial)	Wght. Lbs. Case: 25.628 Carton: 0.154 Item: _____	Cube	Dimensions			# Cases/ Pallet
								Case	Item	Pallet	
								Depth: 16.141732	Depth: _____	Depth: 47.24409	
								Height: 11.417323	Height: _____	Height: 42.126	
								Width: 10.23622	Width: _____	Width: 39.37008	
For Generic Drug Products: I. Orange Book: Rating: AP III. Brand Name Equivalent: _____ II. Product Color: White to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 1% (10											
COST INFORMATION											
Whsl. Code #: _____ Fineline Code: _____	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 Retail Price (\$)	SRP (\$)	Excise Tax
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DZ EA WAC PPK					\$2.65		\$3.00			

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-164-02 <input type="checkbox"/> UPC/GTIN Serialized? H: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 2% (20 mg/mL) 2 mL Single Dose Vial URL for additional product information: _____ Address: 6 Wheeling Road City, State, Zip: Dayton, NJ 08810 Key Contact: _____ Email: _____ Phone Number: 732-839-9400 Fax: 732-601-4499 Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: LIDOCAINE HYDROCHLORIDE INJECTION, USP Country of Origin: India Harmonization Code 2941.10.10 Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> VII. No Requirement <input checked="" type="checkbox"/> b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Vial per Carton 40 mg /2 mL (20mg/mL)	Unit of Sale <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	UPC Code Case: _____ Carton: _____ Item: _____	Mstr. Shpr. 1200(Vial)	Inner Case Pk 300 (Vial)	Wght. Lbs. Case: 30.783 Carton: 0.227 Item: _____	Cube	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 15.354331</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 10.23622</td> <td>Height: _____</td> <td>Height: 44.685</td> </tr> <tr> <td>Width: 11.811024</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 15.354331	Depth: _____	Depth: 47.24409	Height: 10.23622	Height: _____	Height: 44.685	Width: 11.811024	Width: _____	Width: 39.37008	# Cases/ Pallet
Case	Item	Pallet																					
Depth: 15.354331	Depth: _____	Depth: 47.24409																					
Height: 10.23622	Height: _____	Height: 44.685																					
Width: 11.811024	Width: _____	Width: 39.37008																					
For Generic Drug Products: I. Orange Book: Rating: AP III. Brand Name Equivalent: _____ II. Product Color: White to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 2% (20																							
COST INFORMATION																							
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Retail Price (\$)	SRP (\$)	Excise Tax														
	DZ																						
	EA	WAC			\$27.70	\$30.00																	
	PPK																						

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

Signature: _____

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: AuroMedics Pharma LLC Number: 55150 Rx Product Name: LIDOCAINE HYDROCHLORIDE INJECTION, USP <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 55150-165-05 <input type="checkbox"/> UPC/GTIN Serialized? H: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: LIDOCAINE HYDROCHLORIDE INJECTION, USP 2% (20 mg/mL) 5 mL Single Dose Vial URL for additional product information: _____ Address: 6 Wheeling Road City, State, Zip: Dayton, NJ 08810 Key Contact: _____ Email: _____ Phone Number: 732-839-9400 Fax: 732-601-4499 Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: LIDOCAINE HYDROCHLORIDE INJECTION, USP Country of Origin: India Harmonization Code 2941.10.10 Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <small>*If yes, provide additional information on page 2.</small> Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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"/> <small>allows for excursions between 15 and 30 C (59° – 86° F)</small> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> <small>(write in) Store at 20° to 25°C (68° and 77°F). [Se</small> VII. No Requirement <input checked="" type="checkbox"/> b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Protect product from light? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* <small>*Please provide additional information on page 2.</small>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape _____ Product Color _____ Product Imprint _____ Is there a minimum order quantity? <input checked="" 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) _____	Size/Strength/ Form Pack of 10 Vial per Carton 100 mg /5 mL (20mg/mL)	Unit of Sale <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	UPC Code Case: _____ Carton: _____ Item: _____	Mstr. Shpr. 200(Vial)	Inner Case Pk 50 (Vial)	Wght. Lbs. Case: 11.186 Carton: 0.454 Item: _____	Cube _____	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 11.220472</td> <td>Depth: _____</td> <td>Depth: 47.24409</td> </tr> <tr> <td>Height: 5.511811</td> <td>Height: _____</td> <td>Height: 42.323</td> </tr> <tr> <td>Width: 11.220472</td> <td>Width: _____</td> <td>Width: 39.37008</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 11.220472	Depth: _____	Depth: 47.24409	Height: 5.511811	Height: _____	Height: 42.323	Width: 11.220472	Width: _____	Width: 39.37008	# Cases/ Pallet _____
Case	Item	Pallet																					
Depth: 11.220472	Depth: _____	Depth: 47.24409																					
Height: 5.511811	Height: _____	Height: 42.323																					
Width: 11.220472	Width: _____	Width: 39.37008																					
For Generic Drug Products: I. Orange Book: Rating: AP III. Brand Name Equivalent: _____ II. Product Color: White to off-white IV. Generic Name for Brand: LIDOCAINE HYDROCHLORIDE INJECTION, USP 2% (20																							
COST INFORMATION																							
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Retail Price (\$) _____	SRP (\$) _____	Excise Tax _____														
	DZ																						
	EA	WAC				\$22.10		\$26.15															
	PPK																						

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

Signature: _____