

New Item Promotion/Deal Open Stock Post Launch Change

PRODUCT INFORMATION	
Manufacturer/Broker Name: Strides	Number:
Rx Product Name: Tacrolimus Capsules USP 0.5 mg	<input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA
Product ID Number: <input checked="" type="checkbox"/> NDC 64380-720-06	<input type="checkbox"/> UPC/GTIN 00364380720065
Serialized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How? <input checked="" type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input checked="" type="checkbox"/> Item
Description: White to off white powder filled in size 5 hard gelatin capsules with red opaque cap & red opaque body printed	
URL for additional product information:	
Address: 201 South Main Street, Ste 3	
City, State, Zip: Lambertville, NJ 08530	
Key Contact: JB Davis	Email: sales@stridesusa.com
Phone Number: (855) 273-0146	Fax: (855) 228-9481
Is the Product... <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item	
a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Schedule Number:
ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Biological? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Co-Licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Repackaged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the product contain DEHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Active ingredient, if product contains a drug: Tacrolimus	
Country of Origin: India	
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) and PACKAGE INSERT	

SPECIAL HANDLING AND STORAGE REQUIREMENTS
a. Temperature – Indicate the USP temperature range for this product.
I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="checkbox"/>
II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/>
III. Cool – between 8 and 15 C (46° – 59° F) <input type="checkbox"/>
IV. Controlled Room – between 20 and 25 C (68° – 77° F) <input checked="" type="checkbox"/>
allows for excursions between 15 and 30 C (59° – 86° F)
V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/>
VI. Other Temperature Range Requirement <input type="checkbox"/>
(write in) _____
VII. No Requirement <input type="checkbox"/>
b. Contact for temperature excursion questions:
Name: Nagesh Majeti Number: 609-773-5004
Is this product to be shipped to customers on ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this product to be shipped to customers on dry ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Special regulations for this product in certain states? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No
Special returns requirements for this product? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No
d. Store product upright? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Protect product from light? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?*
*Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION
Product Shape Oblong
Product Color red opaque cap & red opaque body
Product Imprint SAL on cap and 720 on body
Is there a minimum order quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many? 12
Of what package type? <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item
Shelf life: 24 Months
Initial shelf life at launch (if diff't)
Whsl. Code #:
Fineline Code:
Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ITEM AND PACKING INFORMATION											
Product Shape	Size/Strength/Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Dimensions			# Cases/Pallet
								Case	Item	Pallet	
Oblong	100's/0.5 mg Capsules	<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 (Bottles)	12 (Bottles)	Case: Carton: Item:	717.68006	Depth: Height: Width:	Depth: Height: Width:	Depth: Height: Width:	84
								9.843 11.024 6.614	1.417 3.74 1.417	47.992 38.307 40	

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