

PRODUCT INFORMATION	
Manufacturer/Broker Name: <b>Strides</b>	Number: _____
Rx Product Name: <b>Tacrolimus Capsules USP 5 mg</b>	<input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA
Product ID Number: <input checked="" type="checkbox"/> NDC 64380-722-06	<input type="checkbox"/> UPC/GTIN 00364380722069
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: <b>White to off white powder filled in size '4' hard gelatin capsules with Teal opaque cap &amp; Teal opaque body printed</b>	
URL for additional product information: _____	
Address: <b>201 South Main Street, Ste 3</b>	
City, State, Zip: <b>Lambertville, NJ 08530</b>	
Key Contact: <b>J B Davis</b>	Email: <b>sales@stridesusa.com</b>
Phone Number: <b>(855) 273-0146</b>	Fax: <b>(855) 228-9481</b>
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 checked="" type="checkbox"/> Yes <input 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: <b>Tacrolimus</b>	
Country of Origin: <b>India</b>	
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.	
<b>Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</b>	

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: <b>Nagesh Majeti</b> Number: <b>609-773-5004</b>
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 <b>Oblong</b>
Product Color <b>Teal opaque cap &amp; Teal opaque body</b>
Product Imprint <b>SAL' on cap and '722' on body</b>
Is there a minimum order quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many? <b>12</b>
Of what package type? <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item
Shelf life: <b>12 Months</b>
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/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: 7.874 Carton: 1.522 Item: 0.089	717.68006	Depth: 9.843 Height: 11.024 Width: 6.614	Depth: 1.417 Height: 3.74 Width: 1.417	Depth: 47.992 Height: 38.307 Width: 40	84
<b>For Generic Drug Products:</b>											
I. Orange Book: Rating: <b>AB</b>			III. Brand Name Equivalent: <b>Prograf</b>			II. Product Color: <b>Teal</b>			IV. Generic Name for Brand: <b>Tacrolimus capsules USP</b>		

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										