

New Item Promotion/Deal Open Stock Post Launch Change

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: Strides Number: _____ Rx Product Name: Calcitriol Capsules 0.5mcg <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 64380-724-06 <input checked="" type="checkbox"/> UPC/GTIN N364380724063 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: orange, oblong capsules, imprinted with 674 URL for additional product information: _____ Address: 201 South Main Street 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: Calcitriol Country of Origin: _____ Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;">Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</p>	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) <u>Store < 25 °C (77°F) Do not Freeze</u> 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	ITEM AND PACKING INFORMATION									
Product Shape: Oblong Product Color: Orange Product Imprint: 674 Is there a minimum order quantity? <input checked="" type="checkbox"/> Yes <input 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): _____ 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 type="checkbox"/> No	Size/Strength/Form: 30's/0.25 mcg /Capsules 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: _____ Mstr. Shpr.: 96 (Bottles) Inner Case Pk: 24 (Bottles) Wght. Lbs.: Case: 1352.9597 Carton: 2.379 Item: 0.088 Cube: _____ Dimensions: Case: Depth: 14.37, Height: 8.858, Width: 10.629 Item: Depth: 1.629, Height: 3.543, Width: 1.629 Pallet: Depth: 47.992, Height: 41.457, Width: 43.031 # Cases/Pallet: 40									
For Generic Drug Products: I. Orange Book: Rating: AB III. Brand Name Equivalent: ROCALTROL II. Product Color: Orange IV. Generic Name for Brand: Calcitriol Capsules										
COST INFORMATION										
Regular Cost (\$) _____ Invoice Cost (\$) _____ Net Cost (\$) _____ Mfr's AWP _____ Avg Retail Price (\$) _____ SRP (\$) _____ Excise Tax _____	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____ Distribution <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____	Regular Cost (\$) _____ Invoice Cost (\$) _____ Net Cost (\$) _____ Mfr's AWP _____ Avg Retail Price (\$) _____ SRP (\$) _____ Excise Tax _____	Regular Cost (\$) _____ Invoice Cost (\$) _____ Net Cost (\$) _____ Mfr's AWP _____ Avg Retail Price (\$) _____ SRP (\$) _____ Excise Tax _____	Regular Cost (\$) _____ Invoice Cost (\$) _____ Net Cost (\$) _____ Mfr's AWP _____ Avg Retail Price (\$) _____ SRP (\$) _____ Excise Tax _____	Regular Cost (\$) _____ Invoice Cost (\$) _____ Net Cost (\$) _____ Mfr's AWP _____ Avg Retail Price (\$) _____ SRP (\$) _____ Excise Tax _____	Regular Cost (\$) _____ Invoice Cost (\$) _____ Net Cost (\$) _____ Mfr's AWP _____ Avg Retail Price (\$) _____ SRP (\$) _____ Excise Tax _____	Regular Cost (\$) _____ Invoice Cost (\$) _____ Net Cost (\$) _____ Mfr's AWP _____ Avg Retail Price (\$) _____ SRP (\$) _____ Excise Tax _____	Regular Cost (\$) _____ Invoice Cost (\$) _____ Net Cost (\$) _____ Mfr's AWP _____ Avg Retail Price (\$) _____ SRP (\$) _____ Excise Tax _____	Regular Cost (\$) _____ Invoice Cost (\$) _____ Net Cost (\$) _____ Mfr's AWP _____ Avg Retail Price (\$) _____ SRP (\$) _____ Excise Tax _____	Regular Cost (\$) _____ Invoice Cost (\$) _____ Net Cost (\$) _____ Mfr's AWP _____ Avg Retail Price (\$) _____ SRP (\$) _____ Excise Tax _____

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

Signature: _____