

## PRODUCT INFORMATION

Manufacturer/Broker Name: AvKARE, Inc. Number: \_\_\_\_\_

Product Name: Lamotrigine Tablet, 150 mg

Product ID Number: \_\_\_\_\_

☒ NDC 42291-0368-60 ☐ UPC/GTIN # \_\_\_\_\_

Description: Lamotrigine Tablet, 150 mg

Address: 615 North First Street

City, State, Zip: Pulaski TN 38478

Key Contact: Debbi Shaw Fax: 931-292-6229

Phone Number: 931-292-6222 Ext: 2110

Phone Number: 931-908-2194 Ext: \_\_\_\_\_

Is the Product? ☒ Direct Ship Item ☒ Drop Ship Item

Is the Product a Controlled Drug? ☐ Yes ☒ No

If Yes, Schedule Number: \_\_\_\_\_

Is this ARCOS reportable? ☐ Yes ☒ No

Is this Product a Legend Device? ☒ Yes ☐ No

Country of Origin: USA

Harmonization Code Number for International Shipping: \_\_\_\_\_

Is this product a Hazardous Material or Cytotoxic Agent?

☐ Yes ☒ No If yes, provide additional information on page 2.

Attach copy of Material Safety Data Sheet (MSDS)

Attach Package Insert

## SPECIAL HANDLING AND STORAGE REQUIREMENTS

- a. Temperature – Indicate the normal temperature range for this product.
- I. Controlled Room Temperature (68° – 77° F) ☐
- II. Room Temperature (59° – 86° F) ☐
- III. Excessive Heat (>104° F) ☐
- IV. Cool (46° – 59° F) ☐
- V. Refrigerated (36° – 46° F) ☐
- VI. Frozen (-4° – 14° F) ☐
- VII. No Requirement ☒
- b. Are temperature excursions permitted/allowed for product? ☐ Yes ☒ No
- If Yes, provide the temperature range and hours duration:  
\_\_\_\_\_ and \_\_\_\_\_
- c. Are there additional storage and shipping requirements? ☐ Yes ☒ No
- If yes, please provide on page 2.

## ADDITIONAL PRODUCT INFORMATION

Is there a minimum order quantity?

If yes, ☐ Case ☐ Carton ☐ Item

Number of Pieces? \_\_\_\_\_

Shelf Life: \_\_\_\_\_ Months

Whsl. Code #: \_\_\_\_\_

Fineline Code: \_\_\_\_\_

Is Item? ☐ Unit Dose ☐ Unit of Use

If Unit Dose, is item bar coded to unit dose for Hospital tracking purposes?

☐ Yes ☐ No

Will handling data change in the first:

6 months? ☐ Yes

9 months? ☐ Yes

12 months? ☐ Yes

Unknown? ☐ Yes

## ITEM AND PACKING INFORMATION

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 count	<input checked="" type="checkbox"/> Bottle	Case:	72		Case:		Depth:	Depth:	Depth:	
150 mg	<input type="checkbox"/> Box	Carton:			2.99 lb		9.00"	1.50"		144
Tablet	<input type="checkbox"/> Glass jar				Carton:		Height:	Height:	Height:	
	<input type="checkbox"/> Ampule	Item:			Item:		7.00"	4.50"		
	<input type="checkbox"/> Other				56.4 gr		Width:	Width:	Width:	
							8.50"	2.25"		

**For Generic Drug Products:** I. Orange Book Rating: AB II. Product Color: See page 2

III. Brand Name Equivalent: Lamictal® IV. Generic Name For Brand: Lamotrigine

## 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			\$99.06		\$312.44			
PPK								

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

Signature: \_\_\_\_\_



Item Description: Lamotrigine Tablet, 150 mg

Manufacturer: AvKARE, Inc.

If additional information is necessary, provide on right of page or as attachment.

**HAZARDOUS MATERIAL INFORMATION**

Is this product:

- a) Cytotoxic? ☐ Yes ☒ No  
 b) Carcinogen? ☐ Yes ☒ No  
 c) Inhalation Hazard? ☐ Yes ☒ No  
 d) Contact Hazard? ☐ Yes ☒ No

Is this item considered a carcinogen? ☐ Yes ☒ No

Is this item an aerosol requiring special storage? ☐ Yes ☒ No

Does this product require special clean-up instructions? ☐ Yes ☒ No

If yes, attach MSDS with special instructions.

Department of Transportation (DOT) I.D. Number: \_\_\_\_\_

Hazard Class/ORM Code: \_\_\_\_\_

**OSHA/DOT CHEMICAL STORAGE CLASS**

Please check appropriate Class(s) for this product.

- ☐ ORGANIC ☐ ANTINEOPLASTIC  
☐ INORGANIC ☐ STEROID/ANDROGEN  
☐ CORROSIVE/OXIDIZER ☐ ESSENTIAL CHEMICAL  
☐ AEROSOL ☐ PRECURSOR CHEMICAL (Describe below)  
☐ AEROSOL CLASS ☐ MAXIMUM QTY LEVEL

Is the product restricted for air shipping?

- ☐ Passenger  
☐ Cargo  
☐ Passenger & Cargo

Precursor Chemical:

Size/Strength

- Ephedrine ☐ Yes ☒ No \_\_\_\_\_  
 Pseudoephedrine ☐ Yes ☒ No \_\_\_\_\_  
 Phenylpropanolamine ☐ Yes ☒ No \_\_\_\_\_

**ADDITIONAL STORAGE AND SHIPPING REQUIREMENTS**

Is this product to be shipped to customers on ice? ☐ Yes ☒ No

Is this product to be shipped to customers on dry ice? ☐ Yes ☒ No

Does this product require refrigerated truck for transport? ☐ Yes ☒ No

Is this Product State Regulated? ☐ Yes ☒ No

If yes, list states on the right or as an attachment.

Are there special returns requirements? ☐ Yes ☒ No

If yes, provide requirements in the space to the right or as attachment.

**ADDITIONAL INFORMATION AS NECESSARY**

Round, white to off-white, debossed with "J" and "247" on one side and scoreline on the other side