

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<p>Manufacturer/Broker Name: <u>AvKARE, Inc.</u> Number: _____</p> <p>Product Name: <u>Mexiletine HCl 200 mg Capsule</u></p> <p>Product ID Number: _____</p> <p><input checked="" type="checkbox"/> NDC <u>42291-0625-01</u> <input type="checkbox"/> UPC/GTIN # _____</p> <p>Description: <u>Mexiletine HCl 200 mg Capsule</u></p> <p>Address: <u>615 North First Street</u></p> <p>City, State, Zip: <u>Pulaski TN 38478</u></p> <p>Key Contact: <u>Debbi Shaw</u> Fax: <u>931-292-6229</u></p> <p>Phone Number: <u>931-292-6222</u> Ext: <u>2110</u></p> <p>Phone Number: <u>931-908-2194</u> Ext: _____</p> <p>Is the Product? <input checked="" type="checkbox"/> Direct Ship Item <input checked="" type="checkbox"/> Drop Ship Item</p> <p>Is the Product a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, Schedule Number: _____</p> <p>Is this ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this Product a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Country of Origin: <u>USA</u></p> <p>Harmonization Code Number for International Shipping: _____</p> <p>Is this product a Hazardous Material or Cytotoxic Agent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide additional information on page 2.</p> <p>Attach copy of Material Safety Data Sheet (MSDS)</p> <p>Attach Package Insert</p>	<p>a. Temperature – Indicate the normal temperature range for this product.</p> <p>I. Controlled Room Temperature (68° – 77° F) <input type="checkbox"/></p> <p>II. Room Temperature (59° – 86° F) <input checked="" type="checkbox"/></p> <p>III. Excessive Heat (>104° F) <input type="checkbox"/></p> <p>IV. Cool (46° – 59° F) <input type="checkbox"/></p> <p>V. Refrigerated (36° – 46° F) <input type="checkbox"/></p> <p>VI. Frozen (-4° – 14° F) <input type="checkbox"/></p> <p>VII. No Requirement <input type="checkbox"/></p> <p>b. Are temperature excursions permitted/allowed for product? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, provide the temperature range and hours duration: _____ and _____</p> <p>c. Are there additional storage and shipping requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please provide on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
<p>Is there a minimum order quantity?</p> <p>If yes, <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item</p> <p>Number of Pieces? _____</p> <p>Shelf Life: _____ Months</p> <p>Whsl. Code #: _____</p> <p>Fineline Code: _____</p> <p>Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use</p> <p>If Unit Dose, is item bar coded to unit dose for Hospital tracking purposes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will handling data change in the first:</p> <p>6 months? <input type="checkbox"/> Yes</p> <p>9 months? <input type="checkbox"/> Yes</p> <p>12 months? <input type="checkbox"/> Yes</p> <p>Unknown? <input type="checkbox"/> Yes</p>	Size/Strength /Form	Unit Of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Case Dimensions	Item Dimensions	Pallet Dimensions	# Cases/ Pallet
	100 Count 200 mg Capsule	<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:	72		Case: 9.746 lb Carton: Item: 61.4 gr		Depth: 17.00" Height: 8.00" Width: 9.00"	Depth: 1.50" Height: 4.50" Width: 2.25"	Depth: Height: Width:	50
	<p>For Generic Drug Products: I. Orange Book Rating: <u>AB</u> II. Product Color: <u>See page 2</u></p> <p>III. Brand Name Equivalent: <u>Mexitil® Capsule</u> IV. Generic Name For Brand: <u>Mexiletine HCl</u></p>										
	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				\$178.96	\$302.67					
	PPK										

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

Signature: _____



Item Description: Mexiletine HCl 200 mg Capsule

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
- INORGANIC
- CORROSIVE/OXIDIZER
- AEROSOL
- AEROSOL CLASS
- ANTINEOPLASTIC
- STEROID/ANDROGEN
- ESSENTIAL CHEMICAL
- PRECURSOR CHEMICAL (Describe below)
- 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

White granular powder in a hard gelatin capsule with an opaque orange cap and an opaque orange body, imprinted with "N" on one side and "740 and 200" on the other side in black ink