| | | | | | | | | Date: | | _ Paç | je 1 of 2 | |
|---|------------------------------|-----------------|-------------|------------|--|---------------|------------|--------------------|-------------------|----------------------|--------------------|--|
| PRODUCT INFORMATION | | | | | SPECIAL HANDLING AND STORAGE REQUIREMENTS | | | | | | | |
| Manufacturer/Broker Name: <u>AvKARE, Inc.</u> Number: | | | | a | a. Temperature – Indicate the normal temperature range for this product. | | | | | | | |
| Product Name: Pravastatin Sodium 20mg Tablet 1000ct | | | | | I. Controlled Room Temperature (68° – 77° F) | | | | | | | |
| Product ID Number: | | | | | II. Room Temperature (59° – 86° F) | | | | | \boxtimes | | |
| ✓ NDC 42291-0667-10 ☐ UPC/GTIN # | | | | | | | | | | _ | | |
| Description: Pravastatin Sodium 20mg Tablet 1000ct | | | | | III. Excessive Heat (>104° F) | | | | | | | |
| Address: 615 North First Street | | | | | IV. Cool (46° – 59° F) | | | | | | | |
| City, State, Zip: Pulaski TN 38478 | | | | | V. Refrigerated (36° – 46° F) | | | | | | | |
| Key Contact: Kim Bracey Fax: 931-292-6229 Phone Number: 931-292-6222 Ext: | | | | | VI. Frozen (-4° – 14° F) | | | | | | | |
| Phone Number: 931-908-0028 Ext: | | | | | VII. No Requirement | | | | | | | |
| Is the Product? | | | | | The No Requirement | | | | | | | |
| Is the Product a Controlled Drug? Yes No | | | | | b. Are temperature excursions permitted/allowed for product? $\ \square$ | | | | | ☐ Yes | ☑ No | |
| If Yes, Schedule Number: | | | | | If Yes, provide the temperature range and hours duration: | | | | | | | |
| Is this ARCOS reportable? ☐ Yes ☐ No | | | | | _ | | | and | | | | |
| Is this Product a Legend Device? ☐ Yes ☐ No | | | | | A 4l | | | | | □ v | 7 N | |
| Country of Origin: USA | | | | | c. Are there additional storage and shipping requirements? | | | | | | 7 NO | |
| Harmonization Code Number for International Shipping: | | | | | If yes | s, please pr | ovide on p | page 2. | | | | |
| 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 S | heet (MSDS) | | | | | | | | | | | |
| Attach Package Insert ADDITIONAL PRODUCT | | | | | | | | | | | | |
| INFORMATION | ITEM AND PACKING INFORMATION | | | | | | | | | | | |
| Is there a minimum order quantity? | Size/Strength /Form | Unit Of Sale | UPC Code | Mstr. | Inner Case Pk | Wght. Lbs. | Cuba | Case Dimensions | Item | Pallet Dimensions | # Cases/ Pallet | |
| If yes, ☐ Case ☐ Carton ☐ Item | 1000ct | ⊠ Bottle | Case: | Shpr. | Case PK | Case: | Cube | Depth: | Dimensions Depth: | Dimensions Depth: | Pallet | |
| Number of Pieces? | 20mg | □ Box | Gusc. | | | 20lbs | | 18 1/2" | Jopan. | 200 | 30 | |
| Shelf Life: Months | Tablet | ☐ Glass jar | Carton: | | | Carton: | | Height: | Height: | Height: | | |
| Whsl. Code #: | | ☐ Ampule | | | | | | 9 7/16" | 5.220" | J | | |
| | | ☐ Other | Item: | 1 | | Item: | | Width: | Width: | Width: | | |
| Fineline Code: | | | | | | 245.8g | | 12 1/8" | 2.895" | | | |
| Is Item? Unit Dose Unit of Use | For Generic D | Orug Products | I. Orange B | ook Rating | ı: AB | | | II. Product | Color: see page | 2 | | |

Unknown? This offer is made on a proportionally equal basis to all sellers' accounts completive with customer. Signature:

%

Purchase Allowance

□ OI □ BB

\$



If Unit Dose, is item bar coded to unit

dose for Hospital tracking purposes?

Will handling data change in the first:

6 months?

9 months?

12 months?

□ No

☐ Yes

☐ Yes

☐ Yes

☐ Yes

Regular

Cost (\$)

DΖ

EΑ

PPK

☐ Yes

III. Brand Name Equivalent: Pravachol®

\$

COST INFORMATION

%

Distribution Allowance

□ OI □ BB

Excise

Tax

IV. Generic Name For Brand: Pravastatin

Avg Reti

Price (\$)

SRP

(\$)

Mfr's

AWP

3267.10

Net

Cost (\$)

Invoice

Cost (\$)

\$58.64

Item Description: Pravastatin Sodium 20mg Tablet 1000ct Manufacturer: AvKARE, Inc.

| If additional information is necessary, provide on right of pa | ge or as attachment. | |
|--|----------------------|---|
| HAZARDOUS MATERIAL INFORI | MATION | ADDITIONAL INFORMATION AS NECESSARY |
| Is this product: | | |
| a) Cytotoxic? $\hfill \square$ Yes $\hfill \square$ 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 | |
| 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 | | Light-yellow, unscored, round tablet, debossed "TEVA" on one side and "7201" on the |
| ☐ AEROSOL ☐ PRECURSOR CHEMICAL (De | escribe below) | other side |
| ☐ AEROSOL CLASS ☐ MAXIMUM QTY LEVEL | | |
| Is the product restricted for air shipping? | | |
| ☐ Passenger | | |
| ☐ Cargo | | |
| ☐ Passenger & Cargo | | |
| Precursor Chemical: | Size/Strength | |
| Ephedrine | | |
| Pseudoephedrine | | |
| Phenylpropanolamine ☐ Yes ☒ No | | |
| ADDITIONAL STORAGE AND SHIPPING F | REQUIREMENTS | |
| Is this product to be shipped to customers on ice? | ☐ Yes | |
| Is this product to be shipped to customers on dry ice? | ☐ Yes | |
| Does this product require refrigerated truck for transport? | ☐ Yes | |
| Is this Product State Regulated? | ☐ Yes | |
| If yes, list states on the right or as an attachment. | | |
| Are there special returns requirements? | ☐ Yes | |
| If yes, provide requirements in the space to the righ | nt or as attachment | |

