

PRODUCT INFORMATION

Manufacturer/Broker Name: AvKARE, Inc. Number: _____
 Product Name: Piroxicam 20 mg Capsule, USP
 Product ID Number: _____
☒ NDC 42291-0677-01 ☐ UPC/GTIN # _____
 Description: Piroxicam 20 mg Capsule, USP, 100 count
 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: Israel
 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
100 ct 20 mg Capsule	☒ Bottle	Case:	72		Case:		Depth:	Depth:	Depth:	144
	☐ Box	Carton:			3.158 lb		9.00"	1.50"		
	☐ Glass jar				Carton:		Height:	Height:	Height:	
	☐ Ampule				Item:		7.00"	4.50"		
	☐ Other	Item:			59.7 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: Feldene® Capsule IV. Generic Name For Brand: Piroxicam Capsule

COST INFORMATION

Regular Cost (\$)	Purchase Allowance ☐ OI ☐ BB	Distribution Allowance ☐ OI ☐ BB	Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retl Price (\$)	SRP (\$)	Excise Tax
	\$ %	\$ %						
DZ								
EA			\$170.31		\$403.76			
PPK								

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

Signature: _____

Item Description: Piroxicam 20 mg Capsule, USP

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

#2 Capsule with a dark green cap and an olive body imprinted "93" "757" on the cap and body