

**PRODUCT INFORMATION**

Manufacturer/Broker Name: AvKARE, Inc. Number: \_\_\_\_\_  
 Product Name: Acyclovir Tablet USP  
 Product ID Number: \_\_\_\_\_  
☒ NDC 50268-0061-15 ☐ UPC/GTIN # \_\_\_\_\_  
 Description: Acyclovir 400 mg Tablet USP, UD50  
 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? 1  
 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
5 x 10 400 mg Tablet	<input type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other	Case:  Carton:  Item:			Case: 5.0 Carton:  Item: .50		Depth: 9.50" Height: 4.50" Width: 6.50"	Depth: 2.00" Height: 4.25" Width: 3.25"	Depth:  Height:  Width: 	

**For Generic Drug Products:** I. Orange Book Rating: AB II. Product Color: See Page 2  
 III. Brand Name Equivalent: Zovirax IV. Generic Name For Brand: Acyclovir

**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					\$29.87	\$187.30		
PPK								

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

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

Item Description: Acyclovir Tablet 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**

White to Off-white, unscored, oval and engraved with "CTI; 112"  
 10 Tablets per card, 5 cards per box