

PRODUCT INFORMATION

Manufacturer/Broker Name: AvKARE, Inc. Number: _____

Product Name: Primidone 50 mg Tablets, 5 x 10

Product ID Number: _____

☒ NDC 50268-0686-15 ☐ UPC/GTIN # _____

Description: Primidone 50 mg Tablets, 5 x 10 UD

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: N/A

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 50 mg Tablet	☐ Bottle	Case:			Case:		Depth:	Depth:	Depth:	
	☒ Box				5.00			9.50"	2.00"	
	☐ Glass jar	Carton:			Carton:		Height:	Height:	Height:	
	☐ Ampule						4.50"	4.25"		
	☐ Other	Item:			Item:		Width:	Width:	Width:	
					.50		6.50"	3.25"		

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

III. Brand Name Equivalent: Mysoline IV. Generic Name For Brand: Primidone 50 mg

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					\$24.74	47.68		
PPK								

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

Signature: _____



Item Description: Primidone 50 mg Tablet 5 x 10

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, round, flat faced tablet, debossed "AN" above "44" on one side and cut bisected on the other side. 10 Tablets per card; 5 cards per box