

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<b>Manufacturer/Broker Name:</b> Zydus Pharmaceuticals (USA) Inc. <b>Number:</b> _____ <b>Rx Product Name:</b> Lansoprazole Delayed-Release Capsules, USP 15 mg <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA <b>Product ID Number:</b> <input checked="" type="checkbox"/> NDC 68382-543-06 <input checked="" type="checkbox"/> UPC/GTIN 10368382543063 <b>Serialized?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>How?</b> <input checked="" type="checkbox"/> 2D <input type="checkbox"/> RFID <input checked="" type="checkbox"/> Pallet <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Item <b>Description:</b> pink opaque colored cap printed with "ZA -50" in black ink and white opaque body printed with "15mg" in black ink. + <b>URL for additional product information:</b> WWW.ZYDUSUSA.COM <b>Address:</b> 73 Route 31 North <b>City, State, Zip:</b> Pennington, NJ 08534 <b>Key Contact:</b> _____ <b>Email:</b> _____ <b>Phone Number:</b> (609) 730-1900 <b>Fax:</b> (609)730-1991 <b>Is the Product...</b> <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item <b>a Controlled Drug?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If Yes, Schedule Number:</b> _____ <b>ARCOS reportable?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Biological?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Co-Licensed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Repackaged?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>a Legend Device?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Does the product contain DEHP?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Active ingredient, if product contains a drug:</b> Lansoprazole <b>Country of Origin:</b> India <b>Harmonization Code Number for International Shipping:</b> _____ <b>Is this product a Hazardous Material or Cytotoxic Agent?</b> <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;"><b>Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</b></p>	<b>a. Temperature – Indicate the USP temperature range for this product.</b> <input type="checkbox"/> I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="checkbox"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/> III. Cool – between 8 and 15 C (46° – 59° F) <input checked="" type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement  <b>b. Contact for temperature excursion questions:</b> <b>Name:</b> _____ <b>Number:</b> _____  <b>Is this product to be shipped to customers on ice?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Is this product to be shipped to customers on dry ice?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>c. Special regulations for this product in certain states?</b> <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <b>Special returns requirements for this product?</b> <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No  <b>d. Store product upright?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Protect product from light?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Other requirements?*</b> _____ <p style="text-align: right;">*Please provide additional information on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																																																											
<b>Product Shape</b> Capsule <b>Product Color</b> Pink/white <b>Product Imprint</b> ZA50 & 15 mg <b>Is there a minimum order quantity?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how many?</b> case <b>Of what package type?</b> <input checked="" type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item <b>Shelf life:</b> 24 <b>Months</b> <b>Initial shelf life at launch (if diff't)</b> _____  <b>Whsl. Code #:</b> _____ <b>Fineline Code:</b> _____ <b>Is Item?</b> <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use <b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Size/Strength/Form</th> <th rowspan="2">Unit of Sale</th> <th rowspan="2">UPC Code</th> <th rowspan="2">Mstr. Shpr.</th> <th rowspan="2">Inner Case Pk</th> <th rowspan="2">Wght. Lbs.</th> <th rowspan="2">Cube</th> <th colspan="3">Dimensions</th> <th rowspan="2"># Cases/Pallet</th> </tr> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>30 count Lansoprazole Delayed-Release Capsules, USP 15 mg</td> <td><input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other:</td> <td>Case: Carton: Item:</td> <td>24</td> <td></td> <td>Case: 3.55 lb Carton: Item: 12.00 g</td> <td>0.16</td> <td>Depth: 6.73" Height: 4.02" Width: 10.08"</td> <td>Depth: 47.24" Height: 2.982" Width: 1.609"</td> <td>Depth: 47.00 Width: 39.37"</td> <td>160</td> </tr> </tbody> </table>	Size/Strength/Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Dimensions			# Cases/Pallet	Case	Item	Pallet	30 count Lansoprazole Delayed-Release Capsules, USP 15 mg	<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:	24		Case: 3.55 lb Carton: Item: 12.00 g	0.16	Depth: 6.73" Height: 4.02" Width: 10.08"	Depth: 47.24" Height: 2.982" Width: 1.609"	Depth: 47.00 Width: 39.37"	160																																		
Size/Strength/Form	Unit of Sale								UPC Code	Mstr. Shpr.	Inner Case Pk		Wght. Lbs.	Cube	Dimensions			# Cases/Pallet																																										
		Case	Item	Pallet																																																								
30 count Lansoprazole Delayed-Release Capsules, USP 15 mg	<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:	24		Case: 3.55 lb Carton: Item: 12.00 g	0.16	Depth: 6.73" Height: 4.02" Width: 10.08"	Depth: 47.24" Height: 2.982" Width: 1.609"	Depth: 47.00 Width: 39.37"	160																																																		
	<b>For Generic Drug Products:</b> <b>I. Orange Book Rating:</b> AB <b>III. Brand Name Equivalent:</b> Prevacid <b>II. Product Color:</b> Pink/white <b>IV. Generic Name for Brand:</b> Lansoprazole Delayed-Release Capsules, USP 15 mg																																																											
	<b>COST INFORMATION</b>																																																											
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Regular Cost (\$)</th> <th colspan="2">Purchase Allowance</th> <th colspan="2">Distribution</th> <th rowspan="2">Invoice Cost (\$)</th> <th rowspan="2">Net Cost (\$)</th> <th rowspan="2">Mfr's AWP</th> <th rowspan="2">Avg Retail Price (\$)</th> <th rowspan="2">SRP (\$)</th> <th rowspan="2">Excise Tax</th> </tr> <tr> <th><input type="checkbox"/> OI</th> <th><input type="checkbox"/> BB</th> <th><input type="checkbox"/> OI</th> <th><input type="checkbox"/> BB</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> <td>%</td> <td>\$</td> <td>%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DZ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EA</td> <td></td> <td></td> <td></td> <td></td> <td>?</td> <td></td> <td>?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PPK</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Regular Cost (\$)	Purchase Allowance		Distribution		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax	<input type="checkbox"/> OI	<input type="checkbox"/> BB	<input type="checkbox"/> OI	<input type="checkbox"/> BB		\$	%	\$	%							DZ											EA					?		?				PPK										
Regular Cost (\$)	Purchase Allowance		Distribution		Invoice Cost (\$)	Net Cost (\$)							Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax																																												
	<input type="checkbox"/> OI	<input type="checkbox"/> BB	<input type="checkbox"/> OI	<input type="checkbox"/> BB																																																								
	\$	%	\$	%																																																								
DZ																																																												
EA					?		?																																																					
PPK																																																												

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

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



HAZARDOUS MATERIAL INFORMATION

Is this product (check all that apply):

a. Cytotoxic?  Yes  No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?  Yes  No

Carcinogen

Reproductive Toxicant

Both

Warning appears on label

c. Contact Hazard?  Yes  No

d. Does this product require special clean-up instructions?  Yes  No

If yes, attach MSDS with special instructions

DANGEROUS GOODS SHIPPING INFORMATION

Is this product regulated for shipment by the DOT  Yes  No  
(if yes, answer a-d below and provide MSDS)

a. DOT Hazard Class \_\_\_\_\_ b. UN/ID Number \_\_\_\_\_

c. Packing Group \_\_\_\_\_ d. Inhalation Hazard?  Yes  No

Is this product shipped utilizing an authorized DOT exception or Special Permit?  Yes  No (if yes, identify method below)

Limited Quantity

Consumer Commodity, ORM-D

Small Quantity (49 CFR 173.4)

Special Permit; DOT-SP \_\_\_\_\_

Special Provision (listed in Column 7 of 49 CFR 172.101); SP# \_\_\_\_\_

Is the product restricted for air shipment?

Passenger

Cargo

Passenger & Cargo

STORAGE INFORMATION

Please check as appropriate for this product.

Organic  Inorganic

Antineoplastic  Steroid/Androgen

Corrosive  Oxidizer

Aerosol; Identify NFPA Storage Level:  Level 1  Level 2  Level 3

Precursor Chemical (Describe below):

Ephedrine

Pseudoephedrine

Phenylpropanolamine

Iodine (≥2.2%)

Other: \_\_\_\_\_

PRODUCT INFORMATION

Does this product or its components have an MSDS?  Yes  No  
(e.g., chemicals, solutions, products impregnated with solutions, batteries, drugs, etc.)

Attach a copy of MSDS or non-hazard letter.

ADDITIONAL INFORMATION

Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements?

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<b>Manufacturer/Broker Name:</b> Zydus Pharmaceuticals (USA) Inc. <b>Number:</b> _____ <b>Rx Product Name:</b> Lansoprazole Delayed-Release Capsules, USP 15 mg <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA <b>Product ID Number:</b> <input checked="" type="checkbox"/> NDC 68382-543-10 <input checked="" type="checkbox"/> UPC/GTIN 10368382543100 <b>Serialized?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>How?</b> <input checked="" type="checkbox"/> 2D <input type="checkbox"/> RFID <input checked="" type="checkbox"/> Pallet <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Item <b>Description:</b> pink opaque colored cap printed with "ZA -50" in black ink and white opaque body printed with "15mg" in black ink. <span style="float:right;">+</span> <b>URL for additional product information:</b> WWW.ZYDUSUSA.COM <b>Address:</b> 73 Route 31 North <b>City, State, Zip:</b> Pennington, NJ 08534 <b>Key Contact:</b> _____ <b>Email:</b> _____ <b>Phone Number:</b> (609) 730-1900 <b>Fax:</b> (609)730-1991 <b>Is the Product...</b> <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item <b>a Controlled Drug?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If Yes, Schedule Number:</b> _____ <b>ARCOS reportable?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Biological?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Co-Licensed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Repackaged?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>a Legend Device?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Does the product contain DEHP?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Active ingredient, if product contains a drug:</b> Lansoprazole <b>Country of Origin:</b> India <b>Harmonization Code Number for International Shipping:</b> _____ <b>Is this product a Hazardous Material or Cytotoxic Agent?</b> <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No *If yes, provide additional information on page 2. <b>Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</b>	<b>a. Temperature – Indicate the USP temperature range for this product.</b> <input type="checkbox"/> I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="checkbox"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/> III. Cool – between 8 and 15 C (46° – 59° F) <input checked="" type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement  <b>b. Contact for temperature excursion questions:</b> <b>Name:</b> _____ <b>Number:</b> _____  <b>Is this product to be shipped to customers on ice?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Is this product to be shipped to customers on dry ice?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>c. Special regulations for this product in certain states?</b> <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <b>Special returns requirements for this product?</b> <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No  <b>d. Store product upright?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Protect product from light?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Other requirements?*</b> _____ *Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION									
<b>Product Shape</b> Capsule <b>Product Color</b> Pink/white <b>Product Imprint</b> ZA50 & 15 mg <b>Is there a minimum order quantity?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how many?</b> case <b>Of what package type?</b> <input checked="" type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item <b>Shelf life:</b> 24 Months <b>Initial shelf life at launch (if diff't)</b> _____ <b>Whsl. Code #:</b> _____ <b>Finline Code:</b> _____ <b>Is Item?</b> <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use <b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Size/Strength/ Form</b> 1000 count Lansoprazole Delayed-Release Capsules, USP 15 mg	<b>Unit of Sale</b> <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other:	<b>UPC Code</b> Case: Carton: Item:	<b>Mstr. Shpr.</b> 12	<b>Inner Case Pk</b>	<b>Wght. Lbs.</b> Case: Carton: Item:	<b>Cube</b> 0.72	<b>Dimensions</b> Case    Item    Pallet	<b># Cases/ Pallet</b> 44	Depth: 10.31" Height: 8.74" Width: 13.86" Depth: 47.24" Height: 6.813" Width: 3.437" Depth: 47.00" Height: 47.00" Width: 39.37"
<b>For Generic Drug Products:</b> <b>I. Orange Book Rating:</b> AB <b>III. Brand Name Equivalent:</b> Prevacid <b>II. Product Color:</b> Pink/white <b>IV. Generic Name for Brand:</b> Lansoprazole Delayed-Release Capsules, USP 15 mg										
<b>COST INFORMATION</b>										
<b>Regular Cost (\$)</b>	<b>Purchase Allowance</b> <input type="checkbox"/> OI <input type="checkbox"/> BB		<b>Distribution</b> <input type="checkbox"/> OI <input type="checkbox"/> BB		<b>Invoice Cost (\$)</b>	<b>Net Cost (\$)</b>	<b>Mfr's AWP</b>	<b>Avg Retail Price (\$)</b>	<b>SRP (\$)</b>	<b>Excise Tax</b>
DZ										
EA					?			?		
PPK										

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

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



HAZARDOUS MATERIAL INFORMATION

Is this product (check all that apply):

a. Cytotoxic?  Yes  No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?  Yes  No

Carcinogen

Reproductive Toxicant

Both

Warning appears on label

c. Contact Hazard?  Yes  No

d. Does this product require special clean-up instructions?  Yes  No

If yes, attach MSDS with special instructions

DANGEROUS GOODS SHIPPING INFORMATION

Is this product regulated for shipment by the DOT  Yes  No  
(if yes, answer a-d below and provide MSDS)

a. DOT Hazard Class \_\_\_\_\_

b. UN/ID Number \_\_\_\_\_

c. Packing Group \_\_\_\_\_

d. Inhalation Hazard?  Yes  No

Is this product shipped utilizing an authorized DOT exception or Special Permit?  Yes  No (if yes, identify method below)

Limited Quantity

Consumer Commodity, ORM-D

Small Quantity (49 CFR 173.4)

Special Permit; DOT-SP \_\_\_\_\_

Special Provision (listed in Column 7 of 49 CFR 172.101); SP# \_\_\_\_\_

Is the product restricted for air shipment?

Passenger

Cargo

Passenger & Cargo

STORAGE INFORMATION

Please check as appropriate for this product.

Organic  Inorganic

Antineoplastic  Steroid/Androgen

Corrosive  Oxidizer

Aerosol; Identify NFPA Storage Level:  Level 1  Level 2  Level 3

Precursor  Chemical (Describe below):

Ephedrine

Pseudoephedrine

Phenylpropanolamine

Iodine (≥2.2%)

Other: \_\_\_\_\_

PRODUCT INFORMATION

Does this product or its components have an MSDS?  Yes  No  
(e.g., chemicals, solutions, products impregnated with solutions, batteries, drugs, etc.)

Attach a copy of MSDS or non-hazard letter.

ADDITIONAL INFORMATION

Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements?