

**PRODUCT INFORMATION**

Manufacturer/Broker Name: Zydus Pharmaceuticals USA Inc. Number: 68382  
 Product Name: Metformin HCl Tablets, 1000 mg  
 Product ID Number: 'Z' '71'  
 NDC 68382-030-01  UPC/GTIN # 10368382030013  
 Description: White to off-white, oval shaped, debossed with 'Z' and '71'  
 Address: 73 Route 31 North  
 City, State, Zip: Pennington, NJ 08534  
 Key Contact: Pradeep Shah Fax: 609-730-1991  
 Phone Number: 609-730-1900 Ext: 109  
 Phone Number: \_\_\_\_\_ 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: India  
 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:  
59° -86° F and 24 hours

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: 24 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 count 1000 mg	<input checked="" type="checkbox"/> Bottle	Case:	24	n/a	Case: 9.69	0.53	Depth:	Depth:	Depth:	63
	<input type="checkbox"/> Box	Carton:					9.68	2.263	47.24	
	<input type="checkbox"/> Glass jar	Item:					Height:	Height:	Height:	
	<input type="checkbox"/> Ampule				145.2 g		5.30	4.231	49.02	
	<input type="checkbox"/> Other						Width:	Width:	Width:	
							14.72	2.263	39.37	

**For Generic Drug Products:** I. Orange Book Rating: AB II. Product Color: White Oval  
 III. Brand Name Equivalent: Glucophage IV. Generic Name For Brand: Metformin HCl Tablets

**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					\$13.05		\$144.99			
EA										
PPK										

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

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



Item Description: Metformin HCl Tablets, 1000 mg

Manufacturer: Cadila Healthcare Ltd.

*If additional information is necessary, provide on right of page or as attachment.*

**HAZARDOUS MATERIAL INFORMATION**

**ADDITIONAL INFORMATION AS NECESSARY**

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.

**PRODUCT INFORMATION**

Manufacturer/Broker Name: Zydus Pharmaceuticals USA Inc. Number: 68382  
 Product Name: Metformin HCl Tablets, 1000 mg  
 Product ID Number: 'Z' '71'  
 NDC 68382-030-05  UPC/GTIN # 10368382030051  
 Description: White to off-white, oval shaped, debossed with 'Z' and '71'  
 Address: 73 Route 31 North  
 City, State, Zip: Pennington, NJ 08534  
 Key Contact: Pradeep Shah Fax: 609-730-1991  
 Phone Number: 609-730-1900 Ext: 109  
 Phone Number: \_\_\_\_\_ 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: India  
 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:  
59° -86° F and 24 hours

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: 24 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				
500 count 1000 mg	<input checked="" type="checkbox"/> Bottle	Case:	12	n/a	Case: 19.38	0.81	Depth: 11.34	Depth: 3.678	Depth: 47.24	36				
	<input type="checkbox"/> Box	Carton:									Carton:	Height: 8.19	Height: 7.138	Height: 40.50
	<input type="checkbox"/> Glass jar	Item:									Item: 647.5 g	Width: 15.12	Width: 3.678	Width: 39.37

**For Generic Drug Products:** I. Orange Book Rating: AB II. Product Color: White Oval  
 III. Brand Name Equivalent: Glucophage IV. Generic Name For Brand: Metformin HCl Tablets

**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										
PPK										

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



Item Description: **Metformin HCl Tablets, 1000 mg**

Manufacturer: Cadila Healthcare Ltd.

*If additional information is necessary, provide on right of page or as attachment.*

**HAZARDOUS MATERIAL INFORMATION**

**ADDITIONAL INFORMATION AS NECESSARY**

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.

**PRODUCT INFORMATION**

Manufacturer/Broker Name: Zydus Pharmaceuticals USA Inc. Number: 68382  
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 Product ID Number: 'Z' '71'  
 NDC 68382-030-10  UPC/GTIN # 10368382030105  
 Description: White to off-white, oval shaped, debossed with 'Z' and '71'  
 Address: 73 Route 31 North  
 City, State, Zip: Pennington, NJ 08534  
 Key Contact: Pradeep Shah Fax: 609-730-1991  
 Phone Number: 609-730-1900 Ext: 109  
 Phone Number: \_\_\_\_\_ 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: India  
 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.  
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b. Are temperature excursions permitted/allowed for product?  Yes  No  
 If Yes, provide the temperature range and hours duration:  
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 Number of Pieces? \_\_\_\_\_  
 Shelf Life: 24 Months  
 Whsl. Code #: \_\_\_\_\_  
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 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
1000 count 1000 mg	<input checked="" type="checkbox"/> Bottle	Case:	12	n/a	Case:	1.39	Depth:	Depth:	Depth:	24
	<input type="checkbox"/> Box	Carton:			35.9		14.76	4.780	47.24	
	<input type="checkbox"/> Glass jar	Item:			Carton:		8.27	8.530	47.24	
	<input type="checkbox"/> Ampule				Item:		Width:	Width:	Width:	
	<input type="checkbox"/> Other				1275 g		19.65	4.780	39.37	

**For Generic Drug Products:** I. Orange Book Rating: AB II. Product Color: White Oval  
 III. Brand Name Equivalent: Glucophage IV. Generic Name For Brand: Metformin HCl Tablets

**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					\$99.20		1442.48			
EA										
PPK										

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



Item Description: **Metformin HCl Tablets, 1000 mg**

Manufacturer: Cadila Healthcare Ltd.

*If additional information is necessary, provide on right of page or as attachment.*

**HAZARDOUS MATERIAL INFORMATION**

**ADDITIONAL INFORMATION AS NECESSARY**

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: \_\_\_\_\_

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- 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.