



# Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type:  New Item

Final Version

Date:

| PRODUCT INFORMATION                                                 |                                                                                                                               |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Company Name:                                                       | ZYDUS PHARMACEUTICALS (USA) INC.                                                                                              |
| Application:                                                        | ANDA                                                                                                                          |
| Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): | 203894                                                                                                                        |
| DUNS:                                                               | 156861945                                                                                                                     |
| Proprietary Name (If Applicable) and Established Name:              | METOPROLOL SUCCINATE EXTENDED-RELEASE TABLETS,100MG                                                                           |
| Selling Unit NDC:                                                   | 68382-566-01                                                                                                                  |
| Individual Unit NDC:                                                |                                                                                                                               |
| UPC:                                                                | 368382566010                                                                                                                  |
| UDI                                                                 |                                                                                                                               |
| CVX Code:                                                           |                                                                                                                               |
| MVX Code:                                                           |                                                                                                                               |
| Description:                                                        | White to off-white color, round shaped, biconvex coated tablets, debossed with "566" on one side and break line on other side |
| Active Ingredient(s):                                               | METOPROLOL SUCCINATE                                                                                                          |
| URL for Additional Product Information:                             |                                                                                                                               |
| Address:                                                            | 73 ROUTE 31 NORTH                                                                                                             |
| City:                                                               | PENNINGTON                                                                                                                    |
| State:                                                              | NJ                                                                                                                            |
| Address 2:                                                          |                                                                                                                               |
| Zip:                                                                | 08534                                                                                                                         |
| Key Contact:                                                        |                                                                                                                               |
| Phone Number:                                                       | (609) 730 1900                                                                                                                |
| Fax:                                                                | (609) 730 1998                                                                                                                |
| Product Therapeutic Classification:                                 |                                                                                                                               |

| SPECIAL HANDLING AND STORAGE REQUIREMENTS*                                   |                                                   |
|------------------------------------------------------------------------------|---------------------------------------------------|
| <b>a. Temperature – Indicate the USP temperature range for this product.</b> |                                                   |
| Temperature Range                                                            | Controlled Room – between 20 and 25 C (68° – 77°) |
| Other Temperature Range Requirement (write in)                               |                                                   |
| Is this product to be shipped to customers on ice?                           | <input type="checkbox"/> No                       |
| Is this product to be shipped to customers on dry ice?                       | <input type="checkbox"/> No                       |
| <b>b. Contact for temperature excursion questions:</b>                       |                                                   |
| Name:                                                                        |                                                   |
| Number:                                                                      |                                                   |
| Group E-mail:                                                                |                                                   |
| <b>c. Special regulations for product in any states?</b>                     |                                                   |
| Special returns requirements for this product?                               | <input type="checkbox"/> No                       |
| <b>d. Store product (unit of sale) upright?</b>                              |                                                   |
| Protect product (unit of sale) from light?                                   | <input type="checkbox"/> No                       |
| <b>e. Shelf life:</b>                                                        |                                                   |
| Initial shelf life at launch (if different):                                 | <input type="text" value="24"/> Months            |

| ADDITIONAL PRODUCT INFORMATION                                      |                             |
|---------------------------------------------------------------------|-----------------------------|
| Is the Product... a legend device?                                  | <input type="checkbox"/> No |
| reverse numbered?                                                   | <input type="checkbox"/> No |
| co-licensed?                                                        | <input type="checkbox"/> No |
| Is the Product... Direct-Ship Only                                  | <input type="checkbox"/>    |
| Is the Product... Neither                                           | <input type="checkbox"/>    |
| If Unit Dose, is item bar coded to unit dose for hospital scanning? | <input type="checkbox"/>    |
| If Unit Dose NDC, indicate NDC here:                                | <input type="text"/>        |
| Country of Origin                                                   | <input type="text"/>        |
| Is this product covered under the Trade Agreements Act (TAA)?       | <input type="checkbox"/>    |

| PRODUCT DESCRIPTION INFORMATION |                    |
|---------------------------------|--------------------|
| Size:                           | 100 COUNT          |
| Strength:                       | 100MG              |
| Dosage Form:                    | TABLETS            |
| Product Shape:                  | ROUND              |
| Product Color:                  | WHITE TO OFF-WHITE |
| Product Imprint:                | 566                |

| ORDER INFORMATION                          |                                                        |
|--------------------------------------------|--------------------------------------------------------|
| Unit of Sale                               | What is the NDC selling unit? <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Bottle | 1 BOTTLE OF 100 TABLETS                                |
| <input type="checkbox"/> Box/Carton        | (Write-in, e.g. 1 Box of 10 Vials)                     |
| <input type="checkbox"/> Ampule            |                                                        |
| <input type="checkbox"/> Glass             |                                                        |
| <input type="checkbox"/> Tube              |                                                        |
| <input type="checkbox"/> Vial Liquid Sgl   |                                                        |
| <input type="checkbox"/> Vial Liquid Multi |                                                        |
| <input type="checkbox"/> Vial Powder Sgl   |                                                        |
| <input type="checkbox"/> Vial Powder Multi |                                                        |
| <input type="checkbox"/> Other: Write In   |                                                        |
|                                            | Minimum order quantity? <input type="checkbox"/> Yes   |
|                                            | If Yes, how many of which package type?                |
|                                            | <input type="checkbox"/> Each                          |
|                                            | <input type="checkbox"/> Inner/Cartron/Pack            |
|                                            | <input checked="" type="checkbox"/> Case               |

| FOR GENERIC DRUG PRODUCTS                   |                                                                 |
|---------------------------------------------|-----------------------------------------------------------------|
| I. Orange Book Rating:                      | AB                                                              |
| II. Generic Equivalent to What Brand?:      | TOPROL-XL                                                       |
| <input type="checkbox"/> Authorized Generic | *If Authorized Generic, other section fields are not applicable |

| PHARMACY ORDER / BILL UNIT                           |                                          |
|------------------------------------------------------|------------------------------------------|
| Rec. sell unit to customer? <input type="checkbox"/> | Rx billing unit to pharmacy:             |
| (Write-in, e.g. 1 Vial)                              | <input checked="" type="checkbox"/> Each |
|                                                      | <input type="checkbox"/> Gram            |
|                                                      | <input type="checkbox"/> Milliliter      |

| DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION       |                              |
|----------------------------------------------------------|------------------------------|
| Does supplier meet DSCSA definition of manufacturer?     | <input type="checkbox"/> Yes |
| Is product exempt from DSCSA?                            | <input type="checkbox"/> No  |
| If yes, select exemption:                                |                              |
| Other exemption - Write in:                              |                              |
| Is product repackaged?                                   | <input type="checkbox"/> No  |
| Is product sold by manufacturer's exclusive distributor? | <input type="checkbox"/> No  |
| Has FDA granted waiver/exception/exemption for product?  | <input type="checkbox"/> No  |
| GLN:                                                     | 036382000002                 |
| If Yes, was original product purchased direct from mfr?  | <input type="checkbox"/>     |
| If yes, attach documentation from FDA.                   |                              |

| ITEM AND PACKING INFORMATION   |             |       |        |       |               |           |
|--------------------------------|-------------|-------|--------|-------|---------------|-----------|
| Item:                          | Weight Lbs. | Depth | Height | Width | Volume (Cube) | # Pieces: |
| Item:                          | 0.12        | 1.88  | 3.43   | 1.88  | 12.122992     | 1         |
| Box/Cartron/Bundle/Inner Pack: |             |       |        |       | 0             |           |
| Case:                          | 5.94        | 11.29 | 7.51   | 4.33  | 367.131607    | 24        |
| Pallet:                        | 777.86      | 48    | 40     | 48    | 92160         | 3072      |
| UPC:                           | Case:       |       |        |       |               |           |
|                                | Carton:     |       |        |       |               |           |

| GTIN PRODUCT INFORMATION                                          |                                     |          |                |
|-------------------------------------------------------------------|-------------------------------------|----------|----------------|
| Serialized?                                                       | No                                  |          |                |
| If not, when?                                                     | 9/1/2018                            |          |                |
| Items aggregated?                                                 | Yes                                 |          |                |
| Level                                                             | Saleable Unit                       | Quantity | GTIN-14        |
| <input checked="" type="checkbox"/> Item                          | <input checked="" type="checkbox"/> | 1        | 00368382566010 |
| <input checked="" type="checkbox"/> Box/Cartron/Bundle/Inner Pack | <input type="checkbox"/>            |          |                |
| <input checked="" type="checkbox"/> Case                          | <input type="checkbox"/>            | 24       | 40368382566018 |
| <input checked="" type="checkbox"/> Pallet                        | <input type="checkbox"/>            |          | 80368382566016 |
|                                                                   |                                     |          |                |
|                                                                   |                                     |          |                |
|                                                                   |                                     |          |                |
|                                                                   |                                     |          |                |
|                                                                   |                                     |          |                |
|                                                                   |                                     |          |                |
|                                                                   |                                     |          |                |

| COST INFORMATION                    |          | WHOLESALE USE ONLY: |  |
|-------------------------------------|----------|---------------------|--|
| Regular Cost                        |          | Vendor #:           |  |
| Invoice Cost (WAC) (\$)             | \$37.91  | Whsl. Code #:       |  |
| Federal Excise Tax Per Unit of Sale |          | Fineline Code:      |  |
| As of date:                         | 8/1/2018 |                     |  |

For Designated Drop Ship Only Products, Please Use Page 3  
**MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION**

Is this product (check all that apply):

a. Cytotoxic?  No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?  
 Is the product a CA Prop 65 carcinogen?  No  
 Is the product a CA Prop 65 reproductive toxicant?   
 Does the product label bear a CA Prop 65 warning?

c. Contact Hazard?  No

d. Does this product require special clean-up instructions?  
 (If yes, attach SDS with special instructions.)  No

e. Does the product contain DEHP?  No

Is this product regulated for shipment by DOT or IATA?  
 (if yes, answer a-e below and provide SDS)  No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?

Is the product restricted for air shipment? If so, indicate restriction:

Passenger  
 Cargo  
 Passenger & Cargo

Is this a reportable quantity?  No  
 RQ Threshold:

Is this a marine pollutant?  No

Is this product shipped utilizing an authorized DOT exception or Special Permit?  
 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#

**ADD'L STORAGE INFORMATION**

Is the Product...

Controlled Substance?  No

Controlled by State(s)?  No

ARCOS Reportable?  No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II)  No  
 If yes, indicate which:

Is it a scheduled listed chemical product?:

**CLASS OF TRADE RESTRICTION:**

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices  No

Restricted to retail pharmacy only:  No

Restricted to hospital, clinics, and physician offices only:  No

Restricted from US territories? (explain in comments)  No

Comments:

**SDS Hazard Classification**

Organic  Corrosive  
 Inorganic  Oxidizer  
 Steroid/Androgen  Contact Hazard

Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug?   
 If yes, indicate which:

**Hazardous Waste Identification**

EPA Hazardous Waste Code:

**REMS or REGISTRY RESTRICTIONS**

Is there a REMS on this product?  No  
 If Yes, is it managed with a pharmacy registry?   
 Website URL:

Comments / Details: (For example, iPledge program?)

**REMS:**

REMS Program Manager Name:  Phone:

Supplier Manages REMS registry exclusively:   
 Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned by Supplier:

DEA #:   
 PCPDP #:   
 NPI #:

Comments

**Registry:**

Registry Program Contact Name:  Phone:

Comments

**RETURN INSTRUCTIONS**

Contact tel. # if product received damaged:  (877) 993 8779

Is product returnable for credit:

URL/Link to returns policy:  www.zyduusa.com

Special regulations or returns requirements for this product in certain states?  No

If so, which states? Other requirements? Comments?

**MISCELLANEOUS NOTES and/or Image of Product Barcode:**

**FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.**

| Order Method for Designated Drop Ship Product                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Standard Order Receipt and Processing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #:</p> <p style="margin-left: 20px;">Name: <input type="text"/></p> <p style="margin-left: 20px;">Phone: <input type="text"/></p> <p style="margin-left: 20px;">Fax Number: <input type="text"/></p> <p style="margin-left: 20px;">Fax Number: <input type="text"/></p> <p style="margin-left: 20px;">Phone No.: <input type="text"/></p> <p style="margin-left: 20px;">Site Address: <input type="text"/></p> | <p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Expedited Freight Charges or Other Designated Drop Ship Fees:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Overnight and Priority Overnight PO Processing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 50px;" type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Monday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tuesday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Wednesday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Thursday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Friday</p> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="checkbox"/></p> <p style="margin-left: 20px;">Phone: <input type="text"/> Phone #: <input type="text"/></p> <p style="margin-left: 20px;">Fax: <input type="text"/> Fax #: <input type="text"/></p> <p style="margin-left: 20px;">EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p> |
| Class of Trade Restriction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Return Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 100%; height: 50px;" type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                    | <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p style="margin-left: 20px;">If so, which states? Other requirements? Comments?</p> <p style="margin-left: 20px;"><input style="width: 100%; height: 50px;" type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Other Data Information Required to Process PO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADDITIONAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Miscellaneous Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><input style="width: 100%; height: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



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| PRODUCT INFORMATION                                                 |                                                                                                                               |
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| Company Name:                                                       | ZYDUS PHARMACEUTICALS (USA) INC.                                                                                              |
| Application:                                                        | ANDA                                                                                                                          |
| Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): | 203894                                                                                                                        |
| DUNS:                                                               | 156861945                                                                                                                     |
| Proprietary Name (If Applicable) and Established Name:              | METOPROLOL SUCCINATE EXTENDED-RELEASE TABLETS,100MG                                                                           |
| Selling Unit NDC:                                                   | 68382-566-10                                                                                                                  |
| Individual Unit NDC:                                                |                                                                                                                               |
| UPC:                                                                | 368382566102                                                                                                                  |
| UDI                                                                 |                                                                                                                               |
| CVX Code:                                                           |                                                                                                                               |
| MVX Code:                                                           |                                                                                                                               |
| Description:                                                        | White to off-white color, round shaped, biconvex coated tablets, debossed with "566" on one side and break line on other side |
| Active Ingredient(s):                                               | METOPROLOL SUCCINATE                                                                                                          |
| URL for Additional Product Information:                             |                                                                                                                               |
| Address:                                                            | 73 ROUTE 31 NORTH                                                                                                             |
| City:                                                               | PENNINGTON                                                                                                                    |
| State:                                                              | NJ                                                                                                                            |
| Address 2:                                                          |                                                                                                                               |
| Zip:                                                                | 08534                                                                                                                         |
| Key Contact:                                                        |                                                                                                                               |
| Phone Number:                                                       | (609) 730 1900                                                                                                                |
| Fax:                                                                | (609) 730 1998                                                                                                                |
| Product Therapeutic Classification:                                 |                                                                                                                               |

| SPECIAL HANDLING AND STORAGE REQUIREMENTS*                            |                                                   |
|-----------------------------------------------------------------------|---------------------------------------------------|
| a. Temperature – Indicate the USP temperature range for this product. | Controlled Room – between 20 and 25 C (68° – 77°) |
| Temperature Range                                                     |                                                   |
| Other Temperature Range Requirement (write in)                        |                                                   |
| Is this product to be shipped to customers on ice?                    | No                                                |
| Is this product to be shipped to customers on dry ice?                | No                                                |
| b. Contact for temperature excursion questions:                       |                                                   |
| Name:                                                                 |                                                   |
| Number:                                                               |                                                   |
| Group E-mail:                                                         |                                                   |
| c. Special regulations for product in any states?                     | No                                                |
| Special returns requirements for this product?                        |                                                   |
| d. Store product (unit of sale) upright?                              | No                                                |
| Protect product (unit of sale) from light?                            | No                                                |
| e. Shelf life:                                                        | 24 Months                                         |
| Initial shelf life at launch (if different):                          |                                                   |

| ADDITIONAL PRODUCT INFORMATION                                      |    |
|---------------------------------------------------------------------|----|
| Is the Product... a legend device?                                  | No |
| reverse numbered?                                                   | No |
| co-licensed?                                                        | No |
| Is the Product... Direct-Ship Only?                                 |    |
| Is the Product... Neither?                                          |    |
| If Unit Dose, is item bar coded to unit dose for hospital scanning? |    |
| If Unit Dose NDC, indicate NDC here:                                |    |
| Country of Origin                                                   |    |
| Is this product covered under the Trade Agreements Act (TAA)?       |    |

| PRODUCT DESCRIPTION INFORMATION |                    |
|---------------------------------|--------------------|
| Size:                           | 1000 COUNT         |
| Strength:                       | 100MG              |
| Dosage Form:                    | TABLETS            |
| Product Shape:                  | ROUND              |
| Product Color:                  | WHITE TO OFF-WHITE |
| Product Imprint:                | 566                |

| ORDER INFORMATION                          |                                             |
|--------------------------------------------|---------------------------------------------|
| Unit of Sale                               | What is the NDC selling unit? □             |
| <input checked="" type="checkbox"/> Bottle | 1 BOTTLE OF 1000 TABLETS                    |
| <input type="checkbox"/> Box/Carton        | (Write-in, e.g. 1 Box of 10 Vials)          |
| <input type="checkbox"/> Ampule            |                                             |
| <input type="checkbox"/> Glass             |                                             |
| <input type="checkbox"/> Tube              |                                             |
| <input type="checkbox"/> Vial Liquid Sgl   |                                             |
| <input type="checkbox"/> Vial Liquid Multi |                                             |
| <input type="checkbox"/> Vial Powder Sgl   |                                             |
| <input type="checkbox"/> Vial Powder Multi |                                             |
| <input type="checkbox"/> Other: Write In   |                                             |
|                                            | Minimum order quantity? Yes                 |
|                                            | If Yes, how many of which package type?     |
|                                            | <input type="checkbox"/> Each               |
|                                            | <input type="checkbox"/> Inner/Cartron/Pack |
|                                            | <input checked="" type="checkbox"/> Case    |

| FOR GENERIC DRUG PRODUCTS                   |                                                                 |
|---------------------------------------------|-----------------------------------------------------------------|
| I. Orange Book Rating:                      | AB                                                              |
| II. Generic Equivalent to What Brand?:      | TOPROL-XL                                                       |
| <input type="checkbox"/> Authorized Generic | *If Authorized Generic, other section fields are not applicable |

| PHARMACY ORDER / BILL UNIT    |                                          |
|-------------------------------|------------------------------------------|
| Rec. sell unit to customer? □ | Rx billing unit to pharmacy:             |
| (Write-in, e.g. 1 Vial)       | <input checked="" type="checkbox"/> Each |
|                               | <input type="checkbox"/> Gram            |
|                               | <input type="checkbox"/> Milliliter      |

| DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION       |              |
|----------------------------------------------------------|--------------|
| Does supplier meet DSCSA definition of manufacturer?     | Yes          |
| Is product exempt from DSCSA?                            | No           |
| If yes, select exemption:                                |              |
| Other exemption - Write in:                              |              |
| Is product repackaged?                                   | No           |
| Is product sold by manufacturer's exclusive distributor? | No           |
| Has FDA granted waiver/exception/exemption for product?  | No           |
| GLN:                                                     | 036382000002 |
| If Yes, was original product purchased direct from mfr?  |              |
| If yes, attach documentation from FDA.                   |              |

| ITEM AND PACKING INFORMATION   |             |       |        |       |               |           |
|--------------------------------|-------------|-------|--------|-------|---------------|-----------|
| Item:                          | Weight Lbs. | Depth | Height | Width | Volume (Cube) | # Pieces: |
| Item:                          | 1.39        | 3.77  | 7.25   | 3.77  | 103.043525    | 1         |
| Box/Cartron/Bundle/Inner Pack: |             |       |        |       | 0             |           |
| Case:                          | 18.93       | 15.11 | 11.33  | 8.18  | 1400.38573    | 12        |
| Pallet:                        | 699         | 48    | 40     | 48    | 92160         | 432       |
| UPC:                           | Case:       |       |        |       |               |           |
|                                | Cartron:    |       |        |       |               |           |

| GTIN PRODUCT INFORMATION |          |                                                                   |                                     |          |                |  |
|--------------------------|----------|-------------------------------------------------------------------|-------------------------------------|----------|----------------|--|
| Serialized?              | No       | Level                                                             | Saleable Unit                       | Quantity | GTIN-14        |  |
| If not, when?            | 9/1/2018 | <input checked="" type="checkbox"/> Item                          | <input checked="" type="checkbox"/> | 1        | 00368382566102 |  |
| Items aggregated?        | Yes      | <input checked="" type="checkbox"/> Box/Cartron/Bundle/Inner Pack |                                     |          |                |  |
|                          |          | <input checked="" type="checkbox"/> Case                          |                                     | 12       | 40368382566100 |  |
|                          |          | <input checked="" type="checkbox"/> Pallet                        |                                     |          | 80368382566108 |  |
|                          |          |                                                                   |                                     |          |                |  |
|                          |          |                                                                   |                                     |          |                |  |
|                          |          |                                                                   |                                     |          |                |  |
|                          |          |                                                                   |                                     |          |                |  |
|                          |          |                                                                   |                                     |          |                |  |
|                          |          |                                                                   |                                     |          |                |  |

| COST INFORMATION                    |          | WHOLESALE USE ONLY: |  |
|-------------------------------------|----------|---------------------|--|
| Regular Cost                        |          | Vendor #:           |  |
| Invoice Cost (WAC) (\$)             | \$367.73 | Whsl. Code #:       |  |
| Federal Excise Tax Per Unit of Sale |          | Fineline Code:      |  |
| As of date:                         | 8/1/2018 |                     |  |

For Designated Drop Ship Only Products, Please Use Page 3  
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic?  No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?  
Is the product a CA Prop 65 carcinogen?  No  
Is the product a CA Prop 65 reproductive toxicant?   
Does the product label bear a CA Prop 65 warning?

c. Contact Hazard?  No

d. Does this product require special clean-up instructions?  
(If yes, attach SDS with special instructions.)  No

e. Does the product contain DEHP?  No

Is this product regulated for shipment by DOT or IATA?  
(if yes, answer a-e below and provide SDS)  No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?

Is the product restricted for air shipment? If so, indicate restriction:

Passenger  
 Cargo  
 Passenger & Cargo

Is this a reportable quantity?  No  
RQ Threshold:

Is this a marine pollutant?  No

Is this product shipped utilizing an authorized DOT exception or Special Permit?  
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#

### ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance?  No

Controlled by State(s)?  No

ARCOS Reportable?  No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II)  No  
If yes, indicate which:

Is it a scheduled listed chemical product?:

### CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices  No

Restricted to retail pharmacy only:  No

Restricted to hospital, clinics, and physician offices only:  No

Restricted from US territories? (explain in comments)  No

Comments:

### SDS Hazard Classification

Organic  Corrosive  
 Inorganic  Oxidizer  
 Steroid/Androgen  Contact Hazard

Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug?   
If yes, indicate which:

### Hazardous Waste Identification

EPA Hazardous Waste Code:

### REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?  No  
If Yes, is it managed with a pharmacy registry?   
Website URL:

Comments / Details: (For example, iPledge program?)

**REMS:**

REMS Program Manager Name:  Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned by Supplier:

DEA #:

PCPDP #:

NPI #:

Comments

**Registry:**

Registry Program Contact Name:  Phone:

Comments

### RETURN INSTRUCTIONS

Contact tel. # if product received damaged:  (877) 993 8779

Is product returnable for credit:

URL/Link to returns policy:  www.zyduusa.com

Special regulations or returns requirements for this product in certain states?  No

If so, which states? Other requirements? Comments?

### MISCELLANEOUS NOTES and/or Image of Product Barcode:

**FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.**

| Order Method for Designated Drop Ship Product                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Standard Order Receipt and Processing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #:</p> <p style="margin-left: 20px;">Name: <input type="text"/></p> <p style="margin-left: 20px;">Phone: <input type="text"/></p> <p style="margin-left: 20px;">Fax Number: <input type="text"/></p> <p style="margin-left: 20px;">Fax Number: <input type="text"/></p> <p style="margin-left: 20px;">Phone No.: <input type="text"/></p> <p style="margin-left: 20px;">Site Address: <input type="text"/></p> | <p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Expedited Freight Charges or Other Designated Drop Ship Fees:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Overnight and Priority Overnight PO Processing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 50px;" type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Monday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tuesday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Wednesday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Thursday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Friday</p> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/></p> <p style="margin-left: 20px;">Fax: <input type="text"/> Fax #: <input type="text"/></p> <p style="margin-left: 20px;">EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p> |
| Class of Trade Restriction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Return Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 100%; height: 50px;" type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                    | <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p style="margin-left: 20px;">If so, which states? Other requirements? Comments?</p> <p style="margin-left: 20px;"><input style="width: 100%; height: 50px;" type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Other Data Information Required to Process PO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADDITIONAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Miscellaneous Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><input style="width: 100%; height: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |