

New Item Promotion/Deal Open Stock Post Launch Change

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: Strides Number: _____ Rx Product Name: Imiquimod Cream, 5% <input type="radio"/> NDA <input checked="" type="radio"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 64380-773-19 <input type="checkbox"/> UPC/GTIN Serialized? <input checked="" type="radio"/> Yes <input type="radio"/> No How? <input checked="" type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: Imiquimod Cream, 5 % URL for additional product information: _____ Address: 201 South Main Street, Suite 3 City, State, Zip: Lambertville, NJ 08530 Key Contact: JB Davis Email: sales@stridesusa.com Phone Number: 8134446299 Fax: 8133303058 Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input type="radio"/> Yes <input checked="" type="radio"/> No Biological? <input checked="" type="radio"/> Yes <input type="radio"/> No Co-Licensed? <input checked="" type="radio"/> Yes <input type="radio"/> No Repackaged? <input type="radio"/> Yes <input checked="" type="radio"/> No a Legend Device? <input type="radio"/> Yes <input checked="" type="radio"/> No Does the product contain DEHP? <input type="radio"/> Yes <input checked="" type="radio"/> No Active ingredient, if product contains a drug: Imiquimod Country of Origin: Italy Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input type="radio"/> *Yes <input checked="" type="radio"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="color: red; text-align: center;">Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</p>	a. Temperature – Indicate the USP temperature range for this product. I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="radio"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="radio"/> III. Cool – between 8 and 15 C (46° – 59° F) <input type="radio"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) <input type="radio"/> allows for excursions between 15 and 30 C (59° – 86° F) V. Excessive Heat – above 40 C (>104° F) <input type="radio"/> VI. Other Temperature Range Requirement <input checked="" type="radio"/> (write in) <u>between 4° to 25 °C (39 to 77°F)Do</u> VII. No Requirement <input type="radio"/> b. Contact for temperature excursion questions: Name: Nagesh Majeti Number: 6097735004 Is this product to be shipped to customers on ice? <input type="radio"/> Yes <input checked="" type="radio"/> No Is this product to be shipped to customers on dry ice? <input type="radio"/> Yes <input checked="" type="radio"/> No c. Special regulations for this product in certain states? <input type="radio"/> *Yes <input checked="" type="radio"/> No Special returns requirements for this product? <input type="radio"/> *Yes <input checked="" type="radio"/> No d. Store product upright? <input type="radio"/> Yes <input checked="" type="radio"/> No Protect product from light? <input type="radio"/> Yes <input checked="" type="radio"/> No Other requirements?* *Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																																																										
Product Shape: Cream Product Color: White to Off white cream Product Imprint: N/A Is there a minimum order quantity? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, how many? _____ Of what package type? <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item Shelf life: 24 Months Initial shelf life at launch (if diff't) _____ Whsl. Code #: _____ Fineline Code: _____ Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="radio"/> Yes <input type="radio"/> No	Size/Strength/Form: 24's/12.5mg /Cream <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	Unit of Sale: _____ UPC Code: _____ Mstr. Shpr.: 104 (Carton) Inner Case Pk: 24 (Sachet) Wght. Lbs.: _____ Cube: 1587.6174	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Dimensions</th> <th rowspan="2"># Cases/ Pallet</th> </tr> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth:</td> <td>Depth:</td> <td>Depth:</td> <td rowspan="3">36</td> </tr> <tr> <td>14.173</td> <td>2.126</td> <td>47.2441</td> </tr> <tr> <td>Height:</td> <td>Height:</td> <td>Height:</td> </tr> <tr> <td>11.614</td> <td>1.28</td> <td>40.5512</td> <td></td> </tr> <tr> <td>Width:</td> <td>Width:</td> <td>Width:</td> <td></td> </tr> <tr> <td>9.645</td> <td>0.079</td> <td>39.3701</td> <td></td> </tr> </tbody> </table>	Dimensions			# Cases/ Pallet	Case	Item	Pallet	Depth:	Depth:	Depth:	36	14.173	2.126	47.2441	Height:	Height:	Height:	11.614	1.28	40.5512		Width:	Width:	Width:		9.645	0.079	39.3701		For Generic Drug Products: I. Orange Book: Rating: _____ III. Brand Name Equivalent: Aldara® II. Product Color: White to off white IV. Generic Name for Brand: _____							COST INFORMATION																			
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This offer is made on a proportionally equal basis to all sellers' accounts complete with customer.

Signature: _____



HAZARDOUS MATERIAL INFORMATION

Is this product (check all that apply):

- a. Cytotoxic? Yes No
- b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Yes No
- Carcinogen
- Reproductive Toxicant
- Both
- Warning appears on label
- c. Contact Hazard? Yes No
- d. Does this product require special clean-up instructions? Yes No
- If yes, attach MSDS with special instructions

DANGEROUS GOODS SHIPPING INFORMATION

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

a. DOT Hazard Class _____

b. UN/ID Number _____

c. Packing Group _____

d. Inhalation Hazard? Yes NoIs this product shipped utilizing an authorized DOT exception or Special Permit? Yes No (if yes, identify method below)

- Limited Quantity
- Consumer Commodity, ORM-D
- Small Quantity (49 CFR 173.4)
- Special Permit; DOT-SP _____
- Special Provision (listed in Column 7 of 49 CFR 172.101); SP# _____

Is the product restricted for air shipment?

- Passenger
- Cargo
- Passenger & Cargo

STORAGE INFORMATION

Please check as appropriate for this product.

- Organic Inorganic
- Antineoplastic Steroid/Androgen
- Corrosive Oxidizer
- Aerosol; Identify NFPA Storage Level: Level 1 Level 2 Level 3
- Precursor Chemical (Describe below):
- Ephedrine
- Pseudoephedrine
- Phenylpropanolamine
- Iodine ($\geq 2.2\%$)
- Other: _____

PRODUCT INFORMATION

Does this product or its components have an MSDS? Yes No
(e.g., chemicals, solutions, products impregnated with solutions, batteries, drugs, etc.)
Attach a copy of MSDS or non-hazard letter.

ADDITIONAL INFORMATION

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