

| PRODUCT INFORMATION | |
|--|--|
| Manufacturer/Broker Name: Strides | Number: _____ |
| Rx Product Name: Calcitriol Capsules 0.25mcg | <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA |
| Product ID Number: <input checked="" type="checkbox"/> NDC 64380-723-04 <input checked="" type="checkbox"/> UPC/GTIN N364380723042 | |
| 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 checked="" type="checkbox"/> Item |
| Description: orange, oval capsules, imprinted with 673 | |
| URL for additional product information: _____ | |
| Address: 201 South Main Street | |
| City, State, Zip: Lambertville, NJ, 08530 | |
| Key Contact: JB Davis | Email: Sales@StridesUSA.com |
| Phone Number: (855)-273-0146 | Fax: (855)-228-9481 |
| Is the Product... <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No |
| Co-Licensed? <input type="radio"/> Yes <input checked="" 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: Calcitriol | |
| Country of Origin: _____ | |
| Harmonization Code Number for International Shipping: _____ | |
| Is this product a Hazardous Material or Cytotoxic Agent? <input type="radio"/> *Yes <input checked="" type="radio"/> No | |
| *If yes, provide additional information on page 2. | |
| Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT | |

| SPECIAL HANDLING AND STORAGE REQUIREMENTS |
|---|
| a. Temperature – Indicate the USP temperature range for this product. I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="checkbox"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/> III. Cool – between 8 and 15 C (46° – 59° F) <input type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) <input checked="" type="checkbox"/> allows for excursions between 15 and 30 C (59° – 86° F) V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement <input type="checkbox"/> (write in) <u>Store < 25 °C (77°F) Do not Freeze</u> VII. No Requirement <input type="checkbox"/> |
| b. Contact for temperature excursion questions: Name: <u>Nagesh Majeti</u> Number: <u>609-773-5004</u> |
| 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 |
|---|
| Product Shape Oval |
| Product Color Orange |
| Product Imprint 673 |
| 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 |

| ITEM AND PACKING INFORMATION | | | | | | | | | | | |
|-----------------------------------|-------------------------|--|--|---------------|---------------|---|-----------|--|---|--|----------------|
| Product Shape | Size/Strength/Form | Unit of Sale | UPC Code | Mstr. Shpr. | Inner Case Pk | Wght. Lbs. | Cube | Dimensions | | | # Cases/Pallet |
| | | | | | | | | Case | Item | Pallet | |
| Oval | 30's/0.25 mcg /Capsules | <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: | Case: _____ Carton: _____ Item: _____ | 144 (Bottles) | 12 (Bottles) | Case: 9.872 Carton: 0.726 Item: 0.049 | 1478.4754 | Depth: 13.583 Height: 10.433 Width: 10.433 | Depth: 1.496 Height: 2.755 Width: 1.496 | Depth: 47.992 Height: 41.457 Width: 38.307 | 33 |
| For Generic Drug Products: | | | | | | | | | | | |
| I. Orange Book: Rating: AB | | | III. Brand Name Equivalent: ROCALTROL | | | | | | | | |
| II. Product Color: Orange | | | IV. Generic Name for Brand: Calcitriol Capsules | | | | | | | | |

| COST INFORMATION | | | | | | | | | | |
|-------------------|---|----|--------------|---|-------------------|---------------|-----------|-----------------------|----------|------------|
| Regular Cost (\$) | Purchase Allowance | | Distribution | | Invoice Cost (\$) | Net Cost (\$) | Mfr's AWP | Avg Retail Price (\$) | SRP (\$) | Excise Tax |
| | <input type="checkbox"/> OI <input type="checkbox"/> BB | \$ | % | <input type="checkbox"/> OI <input type="checkbox"/> BB | | | | | | |
| DZ | | | | | | | | | | |
| EA | | | | | | | | | | |
| PPK | | | | | | | | | | |