
From: Michael Perfetto [nguerraruiz@actavis.com]
Sent: 5/30/2007 9:05:44 AM
To: Sales reps and contract team
CC: kanderson@actavis.com; nbornell@amide.com; Terrence Fullem [tfullem@actavis.com]; Doug Boothe [dboothe@actavis.com]
Subject: Oxycodone Unit Dose 15 mg and 30 mg

As we discussed on the conference call :

Actavis is planning to launch the subject product this week, below is the **POA** :

- Pricing, WAC,AWP, HDMA forms - completed
- Offers to major wholesalers (asap) and sales team to secure orders : this week.
Mckesson, ABC, Cardinal, HD Smith, and Morris Dixon
- Offers to all hospital/ltc GPO's, VA, Multi state, Kaiser,Omnicare - (asap) and sales to close offers
- Offers to any other accounts that are interested in this product.
- Sales and marketing work with specific accounts to drive business on this first to market product.

Please call me if you have any questions.

Michael Perfetto
Vice President, Sales
Actavis US
Cell 908 - 868 -9778

----- Forwarded by Michael Perfetto/SM/CRA/Alpharma on 05/30/2007 11:50 AM -----

PLAINTIFF
TRIAL EXHIBIT
P-04437_00001

Nekela Bornell/Actavis@Exchange

05/30/2007 11:20 AM

To

William Dickman/PG/ELZ/Alpharma@Alpharma, Alana Dundas/CS/CRA/Alpharma@ALPHARMA, Andrea Johnson/AF/CRA/Alpharma@Alpharma, Barbara Haszko/CS/CRA/Alpharma@ALPHARMA, Bob Miranda/SM/CRA/Alpharma@ALPHARMA, Chris Gordon/AF/CRA/Alpharma@ALPHARMA, Cristina Garcia/RE/PIS/Alpharma@Alpharma, Danielle Metzger/QA/ELZ/Alpharma@Alpharma, Danny Soares/AF/CRA/Alpharma@ALPHARMA, David Myers/SM/WIN/Alpharma@Alpharma, Divya Patel/Actavis@Exchange, Dominick Gagliostro <DGagliostro@actavis.com>, Doug Boothe/AD/CRA/Alpharma@Alpharma, Fran Pisciotta/RE/PIS/Alpharma@Alpharma, Hector Chaparro/AF/CRA/Alpharma@Alpharma, Janet Schnurr/AF/CRA/Alpharma@ALPHARMA, Jinping McCormick/BI/CRA/Alpharma@Alpharma, John Reed/SM/CRA/Alpharma@ALPHARMA, Joseph Corsetti/RD/CRA/Alpharma@Alpharma, Judith Rivano/AF/CRA/Alpharma@Alpharma, Karen Belton/SM/CRA/Alpharma@ALPHARMA, Karen Stoedter/CS/WIN/Alpharma@Alpharma, Ken Washington/WH/WIN/Alpharma@Alpharma, Kevin Anderson/Actavis@Exchange, Lisa Pehlke/SM/ELZ/Alpharma@Alpharma, Liza Pavlock/SM/CRA/Alpharma@Alpharma, Malika Muhammad/QA/ELZ/Alpharma@Alpharma, Maria Molina/CS/CRA/Alpharma@Alpharma, Mel McDaniels/QA/ELZ/Alpharma@Alpharma, Melissa Humphrey/GR/WIN/Alpharma@Alpharma, Michael Berryman/SM/WIN/Alpharma@Alpharma, Michael Craney/SM/WIN/Alpharma@Alpharma, Michael Perfetto/SM/CRA/Alpharma@ALPHARMA, Michael Puorro/QA/ELZ/Alpharma@Alpharma, Mike DiBlasi/CS/WIN/Alpharma@Alpharma, Pat Corridon/CS/CRA/Alpharma@Alpharma, Peter Rota/AF/CRA/Alpharma@ALPHARMA, Sarah Meyer/CS/CRA/Alpharma@ALPHARMA, Teisha Davis/SM/CRA/Alpharma@ALPHARMA, Teresa Wozniak/RE/PIS/Alpharma@Alpharma, Terrence Fullem/AF/CRA/Alpharma@Alpharma

cc

Subject

Oxycodone Unit Dose 15 & 30 mg; Product profile and HDMA.

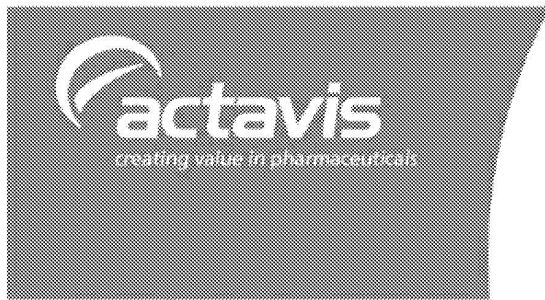
Nekela Bornell
Actavis Totowa LLC
Tel.973/ 890 /1440 Ext.1016
Fax.862/757/0493
Cell.973/919/3076



Oxycodone Unit Dose Launch.pdf



OxyUDPricing.doc



Actavis Announces the Introduction of Oxycodone HCl Tabs Unit Dose

- ◆ Actavis would like to announce that Oxycodone HCl Tablets 15mg and 30mg are now available in our new Unit Dose packaging!
- ◆ Individual RSS Barcodes on each unit dose blister and reverse sequence numbering allows for added security and traceability when dispensing.
- ◆ This new unit dose packaging form is in addition to our existing 100 count bottle sizes.

NDC #	Product Name	Size	Case Pack
52152-214-11	Oxycodone Hydrochloride USP 15mg Tabs Unit Dose CII	10x10	12
52152-215-11	Oxycodone Hydrochloride USP 30mg Tabs Unit Dose CII	10x10	12

We appreciate your support. If you have any questions, please do not hesitate to contact your National Account representative. You may also contact our Customer Service Department at **800-432-8534**.

Sincerely,

Nekela Bornell
Marketing Analyst
Actavis US

14 Commerce Drive, Cranford, NJ 07016

Tel: (800) 432-8534

Fax: (908) 653-8175



Oxycodone HCl 15mg UD

← Product profile

National Brand Name: Roxicodone[®] Tablets



OTC

Brand Manufacturer: Roxane Laboratories Inc.

Therapeutic Rating: AA **AB** AN AT

ANDA#: 76-636

Product Description: Active Ingredient: Oxycodone Hydrochloride, USP
Green colored Tablets debossed "A214" on the bisected side.

Expiration Dating: 24 Months

Label: Actavis

Packaging Information:

NDC Number:	52152-0214-11
UPC Number:	3 52152-021411 9
Case Quantity:	12
Case Dimensions:	10 1/8" x 7 3/4" x 5 1/2"
Case Cube:	0.204'
Case Weight:	1.96 lbs
Cases per Pallet:	1392
Bottle Dimensions:	2.09" x 7.13" x 2.96"
Item Weight:	0.13 lbs

* Roxicodone[®] is the registered trademark of Roxane Laboratories Inc. Corporation



Oxycodone HCl 30mg UD

← Product profile

National Brand Name: Roxicodone[®] Tablets



OTC

Brand Manufacturer: Roxane Laboratories Inc.

Therapeutic Rating: AA **AB** AN AT

ANDA#: 76-636

Product Description: Active Ingredient: Oxycodone Hydrochloride, USP
Blue colored Tablets debossed "A215" on the bisected side.

Expiration Dating: 24 Months

Label: Actavis

Packaging Information:

NDC Number:	52152-0215-11
UPC Number:	3 52152-021511 6
Case Quantity:	12
Case Dimensions:	10 1/8" x 7 3/4" x 5 1/2"
Case Cube:	0.204'
Case Weight:	1.96 lbs
Cases per Pallet:	1392
Bottle Dimensions:	2.09" x 7.13" x 2.96"
Item Weight:	0.13 lbs

* Roxicodone[®] is the registered trademark of Roxane Laboratories Inc. Corporation

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<p>Manufacturer/Broker Name: <u>Actavis Totowa LLC</u> Number: _____</p> <p>Product Name: <u>Oxycodone Hydrochloride Tablets 15mg Unit Dose</u></p> <p>Product ID Number: <u>214</u></p> <p><input checked="" type="checkbox"/> NDC <u>52152-214-11</u> <input checked="" type="checkbox"/> UPC/GTIN # <u>N3 52152-214-11 9</u></p> <p>Description: <u>Green colored , round tablets, debossed "A214" on the bisected side.</u></p> <p>Address: <u>101 East Main</u></p> <p>City, State, Zip: <u>Little Falls</u></p> <p>Key Contact: <u>Kevin Anderson</u> Fax: <u>973 890 7980</u></p> <p>Phone Number: <u>973 890 1440</u> Ext: _____</p> <p>Phone Number: _____ Ext: _____</p> <p>Is the Product? <input checked="" type="checkbox"/> Direct Ship Item <input type="checkbox"/> Drop Ship Item</p> <p>Is the Product a Controlled Drug? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Schedule Number: <u>CII</u></p> <p>Is this ARCOS reportable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this Product a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Country of Origin: <u>USA</u></p> <p>Harmonization Code Number for International Shipping: _____</p> <p>Is this product a Hazardous Material or Cytotoxic Agent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide additional information on page 2.</p> <p>Attach copy of Material Safety Data Sheet (MSDS)</p> <p>Attach Package Insert</p>	<p>a. Temperature – Indicate the normal temperature range for this product.</p> <p>I. Controlled Room Temperature (68° – 77° F) <input type="checkbox"/></p> <p>II. Room Temperature (59° – 86° F) <input checked="" type="checkbox"/></p> <p>III. Excessive Heat (>104° F) <input type="checkbox"/></p> <p>IV. Cool (46° – 59° F) <input type="checkbox"/></p> <p>V. Refrigerated (36° – 46° F) <input type="checkbox"/></p> <p>VI. Frozen (-4° – 14° F) <input type="checkbox"/></p> <p>VII. No Requirement <input type="checkbox"/></p> <p>b. Are temperature excursions permitted/allowed for product? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide the temperature range and hours duration: _____ and _____</p> <p>c. Are there additional storage and shipping requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
<p>Is there a minimum order quantity? If yes, <input checked="" type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item Number of Pieces? <u>12</u></p> <p>Shelf Life: <u>24</u> Months</p> <p>Whsl. Code #: _____</p> <p>Fineline Code: _____</p> <p>Is Item? <input checked="" type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use</p> <p>If Unit Dose, is item bar coded to unit dose for Hospital tracking purposes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will handling data change in the first: 6 months? <input type="checkbox"/> Yes 9 months? <input type="checkbox"/> Yes 12 months? <input type="checkbox"/> Yes Unknown? <input type="checkbox"/> Yes</p>	Size/Strength /Form	Unit Of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Case Dimensions	Item Dimensions	Pallet Dimensions	# Cases/Pallet
	10x10/15mg	<input type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other	Case: Carton: <u>N352152214119</u> Item:			Case: <u>1.96lbs</u> Carton: <u>0.132lbs</u> Item:		Depth: <u>10 1/8</u> Height: <u>5 1/2</u> Width: <u>7 3/4</u>	Depth: <u>3"</u> Height: <u>4 1/2"</u> Width: <u>1 3/4"</u>	Depth: Height: Width:	
	For Generic Drug Products: I. Orange Book Rating: <u>AB</u> II. Product Color: <u>Green</u> III. Brand Name Equivalent: <u>Roxicodone Tablet</u> IV. Generic Name For Brand: <u>Oxycodone Hcl. Tabs.</u>										
	COST INFORMATION										
	Regular Cost (\$)	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB	Distribution Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB	Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retl Price (\$)	SRP (\$)	Excise Tax		
	DZ	\$	%	\$	%						
	EA			\$45.00		\$73.75					
	PPK										

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



Item Description: Oxycodone Hydrochloride 15mg Tabs Manufacturer: Actavis Totowa LLC

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

HAZARDOUS MATERIAL INFORMATION	ADDITIONAL INFORMATION AS NECESSARY																
<p>Is this product:</p> <p>a) Cytotoxic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b) Carcinogen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>c) Inhalation Hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>d) Contact Hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this item considered a carcinogen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this item an aerosol requiring special storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Does this product require special clean-up instructions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes, attach MSDS with special instructions.</p> <p>Department of Transportation (DOT) I.D. Number: _____</p> <p>Hazard Class/ORM Code: _____</p>	222 Form Required																
<p style="text-align: center;">OSHA/DOT CHEMICAL STORAGE CLASS</p> <p>Please check appropriate Class(s) for this product.</p> <p><input type="checkbox"/> ORGANIC <input type="checkbox"/> ANTINEOPLASTIC</p> <p><input checked="" type="checkbox"/> INORGANIC <input type="checkbox"/> STEROID/ANDROGEN</p> <p><input type="checkbox"/> CORROSIVE/OXIDIZER <input type="checkbox"/> ESSENTIAL CHEMICAL</p> <p><input type="checkbox"/> AEROSOL <input type="checkbox"/> PRECURSOR CHEMICAL (Describe below)</p> <p><input type="checkbox"/> AEROSOL CLASS <input type="checkbox"/> MAXIMUM QTY LEVEL</p>																	
<p>Is the product restricted for air shipping?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Passenger</p> <p style="padding-left: 40px;"><input type="checkbox"/> Cargo</p> <p style="padding-left: 40px;"><input type="checkbox"/> Passenger & Cargo</p>																	
<table border="0"> <tr> <td>Precursor Chemical:</td> <td></td> <td style="text-align: center;">Size/Strength</td> <td></td> </tr> <tr> <td>Ephedrine</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> <td>_____</td> </tr> <tr> <td>Pseudoephedrine</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> <td>_____</td> </tr> <tr> <td>Phenylpropanolamine</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> <td>_____</td> </tr> </table>		Precursor Chemical:		Size/Strength		Ephedrine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____	Pseudoephedrine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____	Phenylpropanolamine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____
Precursor Chemical:			Size/Strength														
Ephedrine		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____													
Pseudoephedrine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____														
Phenylpropanolamine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____														
<p style="text-align: center;">ADDITIONAL STORAGE AND SHIPPING REQUIREMENTS</p> <p>Is this product to be shipped to customers on ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this product to be shipped to customers on dry ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Does this product require refrigerated truck for transport? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this Product State Regulated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes, list states on the right or as an attachment.</p> <p>Are there special returns requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes, provide requirements in the space to the right or as attachment.</p>																	



PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<p>Manufacturer/Broker Name: <u>Actavis Totowa LLC</u> Number: _____</p> <p>Product Name: <u>Oxycodone Hydrochloride Tablets 30mg Unit Dose</u></p> <p>Product ID Number: <u>215</u></p> <p><input checked="" type="checkbox"/> NDC <u>52152-215-11</u> <input checked="" type="checkbox"/> UPC/GTIN # <u>N3 52152-215-11 6</u></p> <p>Description: <u>Blue colored , round tablets, debossed "A215" on the bisected side.</u></p> <p>Address: <u>101 East Main</u></p> <p>City, State, Zip: <u>Little Falls, New Jersey 07424</u></p> <p>Key Contact: <u>Kevin Anderson</u> Fax: <u>973 890 7980</u></p> <p>Phone Number: <u>973 890 1440</u> Ext: _____</p> <p>Phone Number: _____ Ext: _____</p> <p>Is the Product? <input checked="" type="checkbox"/> Direct Ship Item <input type="checkbox"/> Drop Ship Item</p> <p>Is the Product a Controlled Drug? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Schedule Number: <u>CII</u></p> <p>Is this ARCOS reportable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this Product a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Country of Origin: <u>USA</u></p> <p>Harmonization Code Number for International Shipping: _____</p> <p>Is this product a Hazardous Material or Cytotoxic Agent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide additional information on page 2.</p> <p>Attach copy of Material Safety Data Sheet (MSDS)</p> <p>Attach Package Insert</p>	<p>a. Temperature – Indicate the normal temperature range for this product.</p> <p>I. Controlled Room Temperature (68° – 77° F) <input type="checkbox"/></p> <p>II. Room Temperature (59° – 86° F) <input checked="" type="checkbox"/></p> <p>III. Excessive Heat (>104° F) <input type="checkbox"/></p> <p>IV. Cool (46° – 59° F) <input type="checkbox"/></p> <p>V. Refrigerated (36° – 46° F) <input type="checkbox"/></p> <p>VI. Frozen (-4° – 14° F) <input type="checkbox"/></p> <p>VII. No Requirement <input type="checkbox"/></p> <p>b. Are temperature excursions permitted/allowed for product? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide the temperature range and hours duration: _____ and _____</p> <p>c. Are there additional storage and shipping requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
<p>Is there a minimum order quantity? If yes, <input checked="" type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item Number of Pieces? <u>12</u></p> <p>Shelf Life: <u>24</u> Months</p> <p>Whsl. Code #: _____</p> <p>Fineline Code: _____</p> <p>Is Item? <input checked="" type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use</p> <p>If Unit Dose, is item bar coded to unit dose for Hospital tracking purposes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will handling data change in the first: 6 months? <input type="checkbox"/> Yes 9 months? <input type="checkbox"/> Yes 12 months? <input type="checkbox"/> Yes Unknown? <input type="checkbox"/> Yes</p>	Size/Strength /Form	Unit Of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Case Dimensions	Item Dimensions	Pallet Dimensions	# Cases/ Pallet
	10x10/30mg	<input type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other	Case: Carton: <u>N352152215116</u> Item:			Case: <u>1.96lbs</u> Carton: <u>0.132lbs</u> Item:		Depth: <u>10 1/8</u> Height: <u>5 1/2</u> Width: <u>7 3/4</u>	Depth: <u>3"</u> Height: <u>4 1/2"</u> Width: <u>1 3/4"</u>	Depth: Height: Width:	
For Generic Drug Products: I. Orange Book Rating: <u>AB</u> II. Product Color: <u>Blue</u> III. Brand Name Equivalent: <u>Roxicodone Tablet</u> IV. Generic Name For Brand: <u>Oxycodone Hcl. Tabs.</u>											
COST INFORMATION											
Regular Cost (\$)	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB	Distribution Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB	Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retl Price (\$)	SRP (\$)	Excise Tax			
DZ	\$	%	\$	%							
EA			\$75.00		\$142.15						
PPK											

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



Item Description: Oxycodone Hydrochloride 30mg Tabs Manufacturer: Actavis Totowa LLC

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

HAZARDOUS MATERIAL INFORMATION

Is this product:

a) Cytotoxic? Yes No

b) Carcinogen? Yes No

c) Inhalation Hazard? Yes No

d) Contact Hazard? Yes No

Is this item considered a carcinogen? Yes No

Is this item an aerosol requiring special storage? Yes No

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

If yes, attach MSDS with special instructions.

Department of Transportation (DOT) I.D. Number: _____

Hazard Class/ORM Code: _____

ADDITIONAL INFORMATION AS NECESSARY

222 Form Required

OSHA/DOT CHEMICAL STORAGE CLASS

Please check appropriate Class(s) for this product.

ORGANIC ANTINEOPLASTIC

INORGANIC STEROID/ANDROGEN

CORROSIVE/OXIDIZER ESSENTIAL CHEMICAL

AEROSOL PRECURSOR CHEMICAL (Describe below)

AEROSOL CLASS MAXIMUM QTY LEVEL

Is the product restricted for air shipping?

Passenger

Cargo

Passenger & Cargo

Precursor Chemical: Size/Strength

Ephedrine Yes No _____

Pseudoephedrine Yes No _____

Phenylpropanolamine Yes No _____

ADDITIONAL STORAGE AND SHIPPING REQUIREMENTS

Is this product to be shipped to customers on ice? Yes No

Is this product to be shipped to customers on dry ice? Yes No

Does this product require refrigerated truck for transport? Yes No

Is this Product State Regulated? Yes No

If yes, list states on the right or as an attachment.

Are there special returns requirements? Yes No

If yes, provide requirements in the space to the right or as attachment.



New Product Pricing

Oxycodone HCl 15 & 30mg Tablets, Unit Dose

NDC #	Product Description	Size	AWP**	WAC*
52152-				
0214-11	Oxycodone HCl Tabs, 15mg UD	10x10	\$45.00	\$73.75
0215-11	Oxycodone HCl Tabs, 30mg UD	10x10	\$75.00	\$142.15

**WAC Price is also commonly referred to as "List Price", "Wholesale Acquisition Cost", "Invoice Price", and "Direct Price".*

***AWP is suggested only.*

Actavis Elizabeth LLC
Actavis Mid Atlantic LLC
Actavis Totowa LLC.

14 Commerce Drive, Suite 301
Cranford, NJ 07016 USA

☎ 908 653 8100
☎ 908 653 8105

www.actavis.com