



*King Pharmaceuticals, Inc. and its wholly owned subsidiaries:
Monarch Pharmaceuticals, Inc., and Meridian Medical Technologies, Inc.*

Case Quantity Change

The case quantity for Levoxyl[®] 50mcg, 100's (*levothyroxine sodium tablets, USP*) Tablets has changed to 72. Please notify any other persons within your organization and adjust your systems accordingly to enable you to receive this product.

Please note that case quantities for all SKU's of Levoxyl will be changing; you will be notified as these changes are effective.

Attached for your information is our revised HDMA product form.

**Please direct questions or concerns to:
Customer Service – Wholesale Trade
King Pharmaceuticals, Inc.
100 18th Street
Bristol, TN 37620
888-840-5370
866-990-0545 fax**

3/3/11

King is now part of Pfizer. The integration of King and Pfizer entities may be pending in various local jurisdictions and integration may be subject to completion of various local legal and regulatory obligations. All content in this message is subject to works council and/or union consultations, if applicable, and other legal requirements where appropriate.

Manufacturer/Broker #: _____
 Manufacturer/Broker Name: King Pharmaceuticals
 Address: 501 5th Street
 City, State, Zip: Bristol, TN 37620
 Key Contact: Customer Service Fax: 866-990-0545
 Phone: 1/888- 840-5370 /Phone: _____
 Send orders to: Ordernet CPU HEALTHCOM Other
 Allowances Available Electronically: Yes No
 Certificate of Product Liability Insurance Coverage
 Attached On File Available on Request
 Is This Product a Controlled Drug? Yes No If yes, Schedule # _____

Hazardous Material Information

a. Department of Transportation (DOT) I.D.#

 b. Hazard Class/ORM Code

 c. Attach copy of Material Safety Data Sheet (MSDS)
 See Attached

Special Handling and Storage Requirements

- a. Temperature - Indicate the normal temperature range for this product.
- I. Controlled room temperature (59-77° F)
 - II. Room Temperature (59-86° F)
 - III. Excessive heat (>104° F)
 - IV. Refrigerated (35-46° F)
 - V. Frozen (-4-14° F)
 - VI. No requirement
- b. If frozen or refrigerated, how long can it be kept out of listed temperature range? Hours _____
- c. If controlled room temperature or room temperature, does humidity affect this product? Yes No
- d. Are temperature indicators needed for this product? Yes No
 If yes, are they supplied at no charge? Yes No
- e. Are special shipping containers required? Yes No
 If yes, are they supplied at no charge? Yes No

PLEASE ATTACH COPY OF STABILITY DATA

Date: _____ Page _____ of _____
 Minimum prepaid Shipment: _____
 Terms: _____ Extra Dating: _____
 Number of Orders: _____ Buy Period: _____
 Shipping Period: _____
 Type of Promotion: National Regional Test/ New Item: National Regional Test/
 Regular Item: National Regional Test/
 Price Protection Guaranteed on Any Price Decrease? Yes No
 If Yes, Please Describe Terms: _____

OSHA/DOT Chemical Storage Class - Check appropriate Class(es) for this particular product.

- ORGANIC ANTINEOPLASTIC
- INORGANIC STEROID/ANDROGEN
- CORROSIVE/OXIDIZER ESSENTIAL CHEMICAL
- AEROSOL PRECURSOR CHEMICAL
- AEROSOL CLASS MAXIMUM QUANTITY LEVEL

ITEM AND PACKING INFORMATION

Product/Deal Name, Description, And Manufacturer Code #	Size/Strength	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk.	Case Wt. Lbs.	Case Cube	Case Dimension	Item Demension	Pallet Dimension	# Cases Per Pallet
Levoxyl 50mcg 100's NDC: 60793-851-01	100 ct	EA	Case: 60793-851-01 Carton: 60793-851-01 Item: 60793-851-01	72	shrink in 12's	6.30 lbs		Depth: 6"	Depth: 1 3/8"	Depth: 40"	90
								Height: 7 1/2"	Height: 3 1/4"	Height: 40"	
								Width: 12 1/2"	Width: 1"	Width: 48"	
For Generic Drug Products:				I. FDA Orange Book Rating _____				II. Product Color _____			
				III. Brand Name Equivalent _____				IV. Generic Name For Brand _____			

Cost Information

	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB	\$ Invoice Cost	\$ Net Cost	MFRS. ' AWP	\$ Average Retail Price	\$ SRP	\$ Salespersons P.M. <input type="checkbox"/> \$ <input type="checkbox"/> %	Medicaid Billing Code (entered by wholesaler)
<input checked="" type="checkbox"/> NDC <input type="checkbox"/> UPC#								
Whsl. Code # _____	DZ	See Price List						
Fineline Code _____	EA							
	PPK							

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

Signature: _____