	A	B	C
1	**Brand-Name Drug with Putative AG**	**Active ingredient**	**AG? (Yes/No)**

	A	B	C	D	E	F
	Brand-Name of Drug Subject to ¶ 4	**Active Ingredient**	**Dosage Form**	**NDA #**	**Dosage Strength**	**AG? (Yes/No)**
1						

	A	B	C	D	E	F	G	H	I	J
1	**AG Trade Name, if any**	**Brand-Name**	**Active Ingredient**	**Dosage Form**	**NDA #**	**Dosage Strength**	**NDA Date of Approval (for each strength)**	**AG - 9 digit NDC # (Labeler Code - Product Code)**	**NDC Date of Launch**	**NDC Date of Discontinuance, if any**

	H	K	L	M	N	O	P	Q
1	**AG - 9 digit NDC # (Labeler Code - Product Code)**	**AG Labeler/Entity Name**	**AG Labeler/Entity Relationship to Company**	**AG Labeler/ Marketing Entity Address & Phone**	**QUESTION 7 Coordinate with marketing entity? (Yes/No)**	**STOP!! FILL IN COLUMNS P & Q WITH PART III.**	**QUESTION 10 Date of first announcement of AG marketing**	**QUESTION 11 Settlement agreement related to AG marketing? (Yes/No)**

	A	B	C	D	E	F	G	H	I	J
	Brand-Name (AG version marketed)	**Active Ingredient**	**Dosage Form**	**NDA #**	**Dosage Strength**	**NDA Approval Date (for each strength)**	**9 digit NDC # (Labeler Code - Product Code)**	**Labeler/Entity Name**	**Labeler/Entity Relationship to Company**	**Therapeutic Category**
1										

	A	K	L	M	N	O	P	Q	R
	Brand-Name (AG version marketed)	**Pharmacological Class**	**14-Digit Generic Product Identifier**	**Date of first ANDA-generic entry (or "none")**	**Generic entry via 180 day exclusivity? (Yes/No)**	**Name of ANDA-Generic Company #1 During Exclusivity**	**Name of ANDA-Generic Company #2 During Exclusivity**	**Name of ANDA-Generic Company #3 During Exclusivity**	**Enter columns for additional companies here►►**
1									

	A	B	C	D	E	F	G	H	I
	Brand-Name (¶ IV-no AG marketed)	**Active Ingredient**	**Dosage Form**	**NDA #**	**Dosage Strength**	**NDA Approval Date (for each strength)**	**9 digit NDC # (Labeler Code - Product Code)**	**Labeler/Entity Name**	**Labeler/Entity Relationship to Company**
1									

	A	J	K	L	M	N	O	P	Q	R	S
1	**Brand-Name (¶ IV-no AG marketed)**	**Therapeutic Category**	**Pharma-cological Class**	**14-Digit Generic Product Identifier**	**Date of first ANDA-generic entry (or "none")**	**Generic entry via 180-day exclusivity? (Yes/No)**	**Name of ANDA-Generic Company #1 During Exclusivity**	**Name of ANDA-Generic Company #2 During Exclusivity**	**Name of ANDA-Generic Company #3 During Exclusivity**	**Enter columns for additional companies here►►**	**Question 14 AG NOT Marketed Per Settlement Agreement (Yes/NO)**