	A	B	C	D	E	F	G	H	I
1	**AG Trade Name, if any**	**Brand-Name**	**Active Ingredient**	**Dosage Form**	**NDA #**	**Dosage Strength**	**14-Digit Generic Product Identifier**	**AG - 9 digit NDC # (Labeler Code - Product Code)**	**AG Labeler/Entity Name**

	H	J	K	L	M	N
1	**AG - 9 digit NDC # (Labeler Code - Product Code)**	**NDC Date of Launch**	**NDC Date of Discontinuance, if any**	**Date of first announcement of AG marketing**	**Has Company marketed this drug as an ANDA generic? (Yes/No)**	**QUESTION 6 AG marketed pursuant to settlement? (Yes/No)**

	A	B	C	D	E	F	G	H	I	J	K
1	**Brand-Name of Drug Subject to ¶ 4 or Drug with AG marketed by Any Company**	**NDA # of RLD**	**Active Ingredient**	**Dosage Form**	**ANDA #**	**Dosage Strength**	**9 digit NDC # (Labeler Code - Product Code)**	**Labeler/Entity Name**	**NDC Date of Launch**	**NDC Date of Discontinuance, if any**	**180-day exclusivity? (Yes/No)**

	G	L	M	N	O	P	Q
1	**9 digit NDC # (Labeler Code - Product Code)**	**Date 180-day exclusivity began**	**Date 180-day exclusivity ended**	**Name of ANDA-Generic Company #2 During Exclusivity**	**Name of ANDA-Generic Company #3 During Exclusivity**	**Name of ANDA-Generic Company #4 During Exclusivity**	**Enter columns for additional companies here►►**

	A	B	C	D	E	F	G	H	I	J	K	L
	Active Ingredient	**Dosage Form**	**ANDA #**	**Dosage Strength**	**Date of ANDA Filing**	**Date of ANDA Approval for Dosage Strength**	**14-Digit Generic Product Identifier**	**Patent Number**	**Paragraph # of Certification**	**Date of Patent Certification**	**Paragraph # of Amended Patent Certification**	**Date of Amended Certification**
1												

	C	M	N	O	P	Q	R
1	**ANDA #**	**Patent Number**	**Paragraph # of Certification**	**Date of Patent Certification**	**Paragraph # of Amended Patent Certification**	**Date of Amended Certification**	**Enter sets of columns for additional patents here►►**