	A	B	C
1	**Brand-Name Drug with Putative AG**	**Active ingredient**	**AG? (Yes/No)**
2	Lowetrol	levohexastatin	
3	Magislim	polydextrastat	
4	Marvacid	trichloroprazole	
5	Painfree	phenylthiocodone	

	A	B	C	D	E	F
1	**Brand-Name of Drug Subject to ¶ 4**	**Active Ingredient**	**Dosage Form**	**NDA #**	**Dosage Strength**	**AG? (Yes/No)**
2	Benetan	lactotannate	tablet	17823	40 mg	
3	Benetan	lactotannate	tablet	17823	80 mg	
4	Benetan	lactotannate	tablet	17823	200 mg	
5	Gigatropin DR	methylvitatropin	capsule DR	21777	10 mg	
6	Gigatropin DR	methylvitatropin	capsule DR	21777	20 mg	
7	Gigatropin DR	methylvitatropin	capsule DR	21777	50 mg	
8	Magislim	polydextrastat	tablet	15443	200 mg	
9	Magislim	polydextrastat	tablet	15443	400 mg	
10	Magislim	polydextrastat	tablet	15443	800 mg	
11	Marvacid	trichloroprazole	capsule	18998	15 mg	
12	Marvacid	trichloroprazole	capsule	18998	30 mg	
13	Scherzo XL	dihydrochloramine	tablet XR	27483	60 mg	
14	Scherzo XL	dihydrochloramine	tablet XR	27483	120 mg	
15	Tranquilia XR	isodoxazepam	capsule XR	20490	20 mcg	
16	Tranquilia XR	isodoxazepam	capsule XR	20490	40 mcg	
17	Tranquilia XR	isodoxazepam	capsule XR	20490	80 mcg	
18	Tranquilia XR	isodoxazepam	capsule XR	20490	200 mcg	

	A	B	C	D	E	F	G	H	I	J
	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**
1										

	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
1	**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**

	A	K	L	M	N	O	P	Q	R
1	**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►►**

	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)**