



Amgen Inc.

(Repackager's Name)

## PRESCRIPTION (LEGEND) DRUG PEDIGREE

History of Drug Sales and Distributions for a Repackaged Prescription Drug

Description of drug being distributed:

Legend Drug Name, Strength, Dosage Form Container Size: HYDROCODONE/APAP, 10/325MG, TABLETS, #120


Manufacturer / Repacker Name on container: SOUTHWOOD PHARMACEUTICALS, INC.

NDC on container (optional): 58016-0495-02

| Lot Number | Quantity | Unique Serial# |
|------------|----------|----------------|
| BT339      | 44       |                |
|            |          |                |

Reference\* Number: 173476  
Document Type: InvoiceNumber  
Reference\* Date: 2006-07-05  
(related to the sale by the repacker identified above)

History of the drugs included in the repackaged lot identified above: (include pedigrees for additional drugs on attached pages as necessary)

|   |  |   |
|---|--|---|
| <b>Lot Number:</b> 4aa15306<br><b>Quantity:</b> 20<br><br><b>Manufacturer &amp; information for authentication:</b> Akyma Pharmaceuticals LLC<br><b>NDC:</b> 65162-0570-50<br><b>Unique Serial#:</b><br><br><i>Repeat as applicable</i><br><br><b>Lot Number:</b> _____<br><b>Quantity:</b> _____<br><b>Manufacturer &amp; information for authentication:</b> _____<br><b>NDC:</b> _____<br><b>Unique Serial#:</b> _____ | <b>OWNERSHIP HISTORY</b><br><b>1. WHOLESALE/REPACKAGER THAT PURCHASED FROM THE MANUFACTURER</b><br><br>Name: <u>Amgen Inc.</u><br>Address: <u>One Amgen Center Drive, Thousand Oaks, CA, 91320, USA</u><br>Date Purchased and Ref: <u>CO00001, Dispatch Advice, 2005-12-02T08:30:47</u><br>Print Name of Recipient: <u>David Loy</u><br>Signature of Recipient: <u></u><br><br>To authenticate a subsequent transaction, contact:<br>Name: <u>Jenny Holmes</u><br>Telephone Number: <u>(314) 555-7865</u><br>E-Mail Address: <u>jholmes@prepaksys.com</u> | <b>PHYSICAL DISTRIBUTION HISTORY(if different)</b><br><br>Name: _____<br>Address: _____<br><br>Date Purchased and Ref: _____<br>Print Name of Recipient: _____<br>Signature of Recipient: _____<br><br>To authenticate a subsequent transaction, contact:<br>Name: _____<br>Telephone Number: _____<br>E-Mail Address: _____  |
|   | <b>SUBSEQUENT WHOLESALE DISTRIBUTION(repeat as necessary)</b><br><br><b>#1 Above SOLD TO:</b><br><br>Name: _____<br>Address: _____<br><br>Date Purchased and Ref: _____<br>Print Name of Recipient: _____<br>Signature of Recipient: _____<br>Name of the Authenticator: _____<br>Signature of the Authenticator: _____<br>To authenticate a subsequent transaction, contact:<br>Name: _____<br>Telephone Number: _____<br>E-Mail Address: _____   | <b>SHIPPED TO:</b><br><br>Name: _____<br>Address: _____<br><br>Date Purchased and Ref: _____<br>Print Name of Recipient: _____<br>Signature of Recipient: _____<br>Name of the Authenticator: _____<br>Signature of the Authenticator: _____<br>To authenticate a subsequent transaction, contact:<br>Name: _____<br>Telephone Number: _____<br>E-Mail Address: _____ |

I swear or affirm that the information contained on this pedigree is accurate and complete and that prior sales and distribution is authenticated, if required



Robert GoodRich, InternalUser

2007-03-14

Page \_\_\_\_ of \_\_\_\_

Signature (Authorised to bind the Company)

Print Name and Title

Date