STATE OF WISCONSIN	CIRCUIT COURT Branch 9	DANE COUNTY
STATE OF WISCONSIN, Plaintiff, v. AMGEN INC., et al., Defendants.	)	Case No. 04-CV-1709 Unclassified – Civil: 30703

PLAINTIFF'S REQUESTS FOR ADMISSION TO DEFENDANT JOHNSON & JOHNSON AND ITS SUBSIDIARY DEFENDANTS

Pursuant to Wis. Stat.804.11, plaintiff requests that Johnson & Johnson and/or its subsidiary defendants admit the following facts.

1. Exhibits 1-5 are true and correct copies of documents which were reviewed, signed and sent to The Redbook by Suzann Lowery acting on behalf of Johnson & Johnson/ Merck Consumer Pharmaceuticals Co. on or about the dates shown thereon.

2. Exhibits 6, 7 and 8 are true and correct copies of documents received from Red Book by Melanie Berstler and/or David Mitchell, employees of Ortho-McNeil Pharmaceuticals, or another Johnson & Johnson subsidiary, on our about the dates they bear.

3. Exhibit 9 is a true and correct copy of a document which was reviewed, signed and sent to Red Book by Ron Krawczyk acting on behalf of Centocor, Inc., a Johnson & Johnson subsidiary, on or about the date it bears.

4. Exhibit 10 is a true and correct copy of a multi-page document that was sent to and received by Donna at Centocor, Inc., from Red Book, to be delivered to Ron Krawczk of Centocor.

5. As exhibit 11 shows, as of 9/24/1999-9/23/2003 it was the policy of Janssen Pharmaceutica Products, L.P., (hereinafter Janssen Pharmaceutica or Janssen) to communicate an AWP to Red Book which was calculated by adding 20% to any direct, wholesale and list price.

6. As exhibit 11 shows, as of 9/23/2003 Janssen Pharmaceutica replaced the policy of supplying AWPs to Red Book and began supplying a direct price and a "suggested AWP."

7. As exhibit 11 shows, as of June 1, 2005 Janssen Pharmaceutica told Red Book that it will no longer supply an AWP. In response Red Book informed Janssen that it would publish an AWP for Janssen calculated by adding 20% to the WAC or direct price furnished it by Janssen.

8. Exhibit 12 is a true and correct copy of a letter sent to Ronnie Lane of Red Book, by Flora Bryant, Business Coordinator, Johnson & Johnson on or about April 18, 2003.

9. Exhibit 13 is a true and correct copy of a letter announcing a price change sent to Ronnie Lane of Red Book by Flora Bryant, Business Coordinator, Johnson & Johnson, on or about the date it bears.

10. Exhibit 14 is a true and correct copy of a Red Book Product Listing Verification sent to Red Book by Daniel Watts of Janssen Pharmaceutica on or about the date it bears.

11. Exhibit 15 is a true correct copy of materials Daniel Watts reviewed and sent to Red Book on behalf of Janssen Pharmaceutica in or about the date they bear.

12. Exhibit 16 is a true and correct copy of an email received by Bill Parks, Director of Trade Relations of Janssen, from Kristen Camus of Red Book and a subsequent e-mail he sent back to her on or about the date they bear.

13. Exhibit 17 is a true and correct copy of a price change notification sent to Red Book by Bill Parks, Director, Trade Relations of Janssen on or about the date it bears.

14. Exhibit 18 is a true and correct copy of document sent to, and received by, Suzann Lowery, Reimbursement Administrator, McNeil Consumer and Specialty Pharmaceuticals, by Traci Kellam of Red Book on or about the date it bears.

15. Exhibits 19 and 20 are true and correct copies of letters sent to Carol Flanagan of Red Book by Suzann Lowery, Reimbursement Administrator, on behalf of McNeil Consumer Healthcare on or about the date they bear.

16. Exhibit 21 is a true and correct copy of a letter and attachments (Red Book 09455-09468) sent to Carol Flanagan of Red Book by Suzann Lowery, Product Reimbursement Administrator, on behalf of McNeil Consumer Healthcare on or about the date it bears.

17. Exhibit 22 is a true and correct copy of a multi-page document sent to Johnson & Johnson/ Merck Consumer Pharmaceuticals Co., by Red Book which was reviewed, initialed and signed by Suzann Lowery and sent back to Red Book on behalf of Johnson & Johnson/Merck Consumer Pharmaceuticals on or about the date it bears.

18. Exhibit 23 is a true and correct copy of a multi-page document sent to Johnson & Johnson/Merck Consumer Pharmaceutical Co. by Red Book which was reviewed, initialed and signed by Suzann Lowery and sent back to Red Book on behalf of Johnson & Johnson/Merck on or about the date it bears.

19. Exhibit 24 is a true and correct copy of a multi-page document sent to Ortho-McNeil Pharmaceutical Corporation (Ortho-McNeil) by Red Book which was reviewed, initialed and signed by Joan Handel on behalf of Ortho-McNeill on or about the date it bears.

20. Exhibit 25 is a true and correct copy of a multi-page document sent to Ortho-McNeil Pharmaceutical Corporation (Ortho-McNeil) by Red Book which was reviewed, initialed and signed by Joan Handel on behalf of Ortho-McNeil on or about the date it bears.

21. Exhibit 26 is a true and correct copy of a multi-page document sent to Ortho-McNeil Pharmaceutical Corporation (Ortho-McNeil) by Red Book which was reviewed, initialed and signed by Joan Handel on behalf of Ortho-McNeil on or about the date it bears.

22. Exhibit 27 is a true and correct copy of a multi-page document sent to direct purchasing accounts of Ortho-McNeil Pharmaceutical Corporation (Ortho-McNeil) and to Red Book by Luis Valcarcel, Director Trade Development, and Tim Gribben, Director Retail Trade Development on behalf of Ortho-McNeil on or about the date it bears.

23. Exhibit 28 is a true and correct copy of a document sent to, and received by, Fran Kleinbard of Ortho-Clinical Diagnostics, Inc. from Red Book on or about the date it bears.

24. Exhibit 29 correctly notes that the markup history for Ortho-Clinical Diagnostics, Inc., (Diagnostics) was that on May 29, 2001 and in prior years, Diagnostics provided Red Book with an AWP list of their products, and on August 25, 2005 Fran Kleinbard notified Red Book that Diagnostics would not supply an AWP and received, in turn, a letter from Red Book that it will print an AWP for Diagnostics' products using the formula WAC + 20%.

Dated this 24th day of November, 2007.

One of Plaintiff's Attorneys

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EXHIBIT 1

MANUFACTURER DIRECTORY INFORMATION FORM

AUG 2 6 1999

Please verify the following data to ensure that your organization is properly listed in the Red Book 2000 Edition. Please make changes directly on the form where it may apply.

Company Name: JOHNSON & JOHNSON/MERCK CONSUMER PHARMACEUTICALS CO.

Address: 7050 CAMP HILL ROAD

City: FORT WASHINGTON State: PA Zip: 19034-

Web Site: www. Company E:Mail Address:

Toll Free #: Main #: (215) 273-7000

Main Fax # (215) 273-7216 Clinical Support #:

Parent Company:

The following information is for internal use only and will not be published.

Contact Name: SUZANN LOWERY

Contact Mail To Address:
(if different than above)

City: State: Zip:

Contact E:Mail Address:

Contact Direct #: (215) 273-7741 Ext. Contact Fax #: (215) 273-4145

OK as is OK with changes

Signature Suzann Lowery Date:

If you have any questions, please call the Red Book Hunt Line at (201) 358-2228 and ask to speak to your Red Book contact: CAROL FLANAGAN

REDBOOK

Product Listing Verification

Medical Economics
Five Paragon Drive
07645-1742
(201) 358-2228 Fax (201) 722-2666

JOHNSON & JOHNSON/MERCK CONSUMER
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

AUG 2 6 1999

Please Respond By: 09/24/1999
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0860-12	ALTERNAGEL SUS PO 12.00 oz 1 EA ALUMINUM HYDROXIDE		07	OTC		5.74	4.78	4.78		12/31/90
16837-0610-12	MYLANTA SUS PO 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		2/1/93
16837-0610-24	MYLANTA SUS PO 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.58	6.32	6.32		4/4/94
16837-0610-50	MYLANTA (W/FREE 5 OZ LEMON) SUS PO 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		9/4/98
16837-0610-55	MYLANTA SUS PO 5.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		2.48	2.07	2.07		4/4/94

Instructions: please make corrections directly on this printout
X OK as is ____ OK with changes
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Phone Number: 215-273-7000

NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0621-12	MYLANTA (CHERRY) SUS PO 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		2/1/93
16837-0621-24	MYLANTA (CHERRY) SUS PO 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.58	6.32	6.32		4/4/94
16837-0621-50	MYLANTA (CHERRY W/FREE 5OZ LEMON) SUS PO 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		9/4/98
16837-0629-12	MYLANTA (MINT) SUS PO 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		2/1/93
16837-0629-50	MYLANTA (MINT W/FREE 5 OZ LEMON) SUS PO 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		9/4/98

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NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0817-12	MYLANTA (LEMON TWIST) SUS PO 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		8/27/97
16837-0817-24	MYLANTA (LEMON TWIST) SUS PO 24.00 oz EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.58	6.32	6.32		8/27/97
16837-0848-10	MYLANTA (MINT) CTB PO 100 EA CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98		2/1/95
16837-0848-36	MYLANTA (MINT.3X12.ROLLPACK) CTB PO 36 EA CAL CARB/MG HYDROX		07	OTC		1.90	1.58	1.58		2/1/95
16837-0848-50	MYLANTA (MINT) CTB PO 50 EA CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40		2/1/95

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16837-0850-10	MYLANTA (GELCAPLET) TAB PO 100 EA CAL CARB/MG HYDROX		07	OTC		7.54	6.28	6.28		4/4/94
16837-0850-24	MYLANTA (GELCAPLET) TAB PO 24 EA CAL CARB/MG HYDROX		07	OTC		2.64	2.20	2.20		4/4/94
16837-0850-50	MYLANTA (GELCAPLET) TAB PO 50 EA CAL CARB/MG HYDROX		07	OTC		4.43	3.69	3.69		4/4/94
16837-0877-08	MYLANTA AR TAB PO 10 MG 8 EA FAMOTIDINE		07	OTC		3.74	3.12	3.12		12/16/96
16837-0877-16	MYLANTA AR TAB PO 10 MG 16 EA FAMOTIDINE		07	OTC		6.30	5.25	5.25		12/16/96

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16837-0877-30	MYLANTA AR TAB PO 10 MG 30 EA FAMOTIDINE		07	OTC		8.99	7.49	7.49		12/16/96
16837-0810-24	MYLANTA CHILDREN'S (BUBBLE GUM) CTB PO 24 EA CALCIUM CARBONATE		07	OTC		3.54	2.95	2.95		6/10/96
16837-0820-04	MYLANTA CHILDREN'S (BUBBLE GUM) LIQ PO 4.00 oz 1 EA CALCIUM CARBONATE		07	OTC		3.54	2.95	2.95		6/10/96
16837-0849-09	MYLANTA DOUBLE STRENGTH (25X2.MINT) CTB PO 50 EA CAL CARB/MG HYDROX		07	OTC		9.74	8.12	8.12		2/17/99
16837-0849-35	MYLANTA DOUBLE STRENGTH (MINT) CTB PO 35 EA CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40		2/1/95

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16837-0849-36	MYLANTA DOUBLE STRENGTH (MINT.3X8.ROLLPACK) CTB PO 24 EA CAL CARB/MG HYDROX		07	OTC		1.92	1.60	1.60		2/1/95
16837-0849-70	MYLANTA DOUBLE STRENGTH (MINT) CTB PO 70 EA CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98		2/1/95
16837-0849-71	MYLANTA DOUBLE STRENGTH (MINT.WAREHOUSE PKG) CTB PO 70 EA CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98		6/29/98
16837-0869-35	MYLANTA DOUBLE STRENGTH (CHERRY) CTB PO 35 EA CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40		2/1/95
16837-0869-36	MYLANTA DOUBLE STRENGTH (CHERRY.3X8 ROLLPACK) CTB PO 24 EA CAL CARB/MG HYDROX		07	OTC		1.92	1.60	1.60		2/1/95

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16837-0869-70	MYLANTA DOUBLE STRENGTH (CHERRY) CTB PO 70 EA CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98		2/1/95
16837-0858-10	MYLANTA GAS (MINT) CTB PO 80 MG 100 EA SIMETHICONE		07	OTC		10.39	8.66	8.66		5/27/96
16837-0455-12	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 12 EA SIMETHICONE		07	OTC		2.09	1.74	1.74		5/27/96
16837-0455-24	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 24 EA SIMETHICONE		07	OTC		3.62	3.02	3.02		5/27/96
16837-0455-48	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 60 EA SIMETHICONE		07	OTC		6.72	5.60	5.60		5/27/96

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16837-0626-24	MYLANTA GAS MAXIMUM STRENGTH (GELCAPLET) TAB PO 62.5 MG 24 EA SIMETHICONE		07	OTC		3.62	3.02	3.02		5/27/96
16837-0626-36	MYLANTA GAS MAXIMUM STRENGTH (GELCAPLET.3X12) TAB PO 62.5 MG 36 EA SIMETHICONE		07	OTC		3.62	3.02	3.02		6/29/98
16837-0626-60	MYLANTA GAS MAXIMUM STRENGTH (GELCAPLET) TAB PO 62.5 MG 60 EA SIMETHICONE		07	OTC		7.12	5.93	5.93		10/1/96
16837-0861-24	MYLANTA GAS MAXIMUM STRENGTH (CHERRY) CTB PO 125 MG 24 EA SIMETHICONE		07	OTC		3.62	3.02	3.02		10/1/96
16837-0622-12	MYLANTA MAXIMUM STRENGTH (CHERRY) SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		4/4/94

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NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0622-24	MYLANTA MAXIMUM STRENGTH (CHERRY) SUS PO 400 MG-400 MG-40 MG/5 ML 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		9.78	8.15	8.15		4/4/94
16837-0624-12	MYLANTA MAXIMUM STRENGTH (MINT CREAM) SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		4/4/94
16837-0652-12	MYLANTA MAXIMUM STRENGTH SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		4/4/94
16837-0652-24	MYLANTA MAXIMUM STRENGTH SUS PO 400 MG-400 MG-40 MG/5 ML 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		9.78	8.15	8.15		4/4/94
16837-0652-55	MYLANTA MAXIMUM STRENGTH SUS PO 400 MG-400 MG-40 MG/5 ML 5.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		3.20	2.67	2.67		4/4/94

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16837-0818-12	MYLANTA MAXIMUM STRENGTH (LEMON TWIST) SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		8/27/97
16837-0819-12	MYLANTA SUPREME (MINT) SUS PO 400 MG-135 MG/5 ML 12.00 oz EA CAL CARB/MG HYDROX		07	OTC		4.21	3.51	3.51		11/30/98
16837-0825-12	MYLANTA SUPREME (CHERRY) SUS PO 400 MG-135 MG/5 ML 12.00 oz EA CAL CARB/MG HYDROX		07	OTC		4.21	3.51	3.51		11/23/98
16837-0825-24	MYLANTA SUPREME (CHERRY) SUS PO 400 MG-135 MG/5 ML 24.00 oz EA CAL CARB/MG HYDROX		07	OTC		7.58	6.32	6.32		12/11/98
16837-0831-12	MYLANTA SUPREME (LEMON TWIST) SUS PO 400 MG-135 MG/5 ML 12.00 oz EA CAL CARB/MG HYDROX		07	OTC		4.21	3.51	3.51		11/23/98

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Red Book 00296

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NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0831-24	MYLANTA SUPREME (LEMON TWIST) SUS PO 400 MG-135 MG/5 ML 24.00 oz EA CAL CARB/MG HYDROX		07	OTC		7.58	6.32	6.32		12/11/98
16837-0630-03	MYLICON INFANTS' (DROPS.A.F.) LIQ PO 40 MG/0.6 ML 30.00 ml 1 EA SIMETHICONE		07	OTC		10.36	8.63	8.63		1/2/90
16837-0630-05	MYLICON INFANTS' (DROPS.A.F.) LIQ PO 40 MG/0.6 ML 15.00 ml 1 EA SIMETHICONE		07	OTC		6.22	5.18	5.18		12/31/90
16837-0911-03	MYLICON INFANTS' (DROPS.A.F..NON-STAINING) LIQ PO 40 MG/0.6 ML 30.00 ml EA SIMETHICONE		07	OTC		10.36	8.63	8.63		8/29/97
16837-0911-05	MYLICON INFANTS' (DROPS.A.F..NON-STAINING) LIQ PO 40 MG/0.6 ML 15.00 ml EA SIMETHICONE		07	OTC		6.22	5.18	5.18		8/29/97

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Product Listing Verification

Medical Economics
Five Paragon Drive
07645-1742
(201) 358-2228 Fax (201) 722-2666

JOHNSON & JOHNSON/MERCK CONSUMER
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/24/1999
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0872-02	PEPCID AC TAB PO 10 MG 2 EA FAMOTIDINE		07	OTC		0.68	0.57	0.57		10/10/96
16837-0872-03	PEPCID AC (W/FREE IMODIUM ADV.) TAB PO 10 MG 30 EA FAMOTIDINE		07	OTC		9.53	7.94	7.94		6/17/98
16837-0872-06	PEPCID AC TAB PO 10 MG 6 EA FAMOTIDINE		07	OTC		2.88	2.40	2.40		5/12/95
16837-0872-08	PEPCID AC (50+30 FREE) TAB PO 10 MG 80 EA FAMOTIDINE		07	OTC		14.32	11.93	11.93		12/23/98
16837-0872-12	PEPCID AC TAB PO 10 MG 12 EA FAMOTIDINE		07	OTC		5.28	4.40	4.40		5/12/95

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Product Listing Verification

Medical Economics
Five Paragon Drive
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(201) 358-2228 Fax (201) 722-2666

JOHNSON & JOHNSON/MERCK CONSUMER
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/24/1999
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0872-18	PEPCID AC TAB PO 10 MG 18 EA FAMOTIDINE		07	OTC		6.71	5.59	5.59		5/12/95
16837-0872-19	PEPCID AC (18+18 FREE) TAB PO 10 MG 36 EA FAMOTIDINE		07	OTC		6.71	5.59	5.59		10/23/97
16837-0872-30	PEPCID AC TAB PO 10 MG 30 EA FAMOTIDINE		07	OTC		9.53	7.94	7.94		4/27/98
16837-0872-31	PEPCID AC (30+10 FREE) TAB PO 10 MG 40 EA FAMOTIDINE		07	OTC		~~8.99~~ 9.53	~~7.49~~ 7.94	7.49		8/27/97 4/27/98
16837-0872-32	PEPCID AC (2X30) TAB PO 10 MG 60 EA FAMOTIDINE		07	OTC		13.50	11.25	11.25		6/30/97

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Signature Suzann Lowery Date 8/23/99

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Product Listing Verification

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JOHNSON & JOHNSON/MERCK CONSUMER
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/24/1999
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0872-33	PEPCID AC (80+30 FREE) TAB PO 10 MG 110 EA FAMOTIDINE		07	OTC		20.03	16.69	16.69		12/15/98
16837-0872-42	PEPCID AC (W/FREE TYLENOL PM) TAB PO 10 MG 30 EA FAMOTIDINE		07	OTC		9.53	7.94	7.94		2/26/99
16837-0872-45	PEPCID AC (W/FREE MOTRIN IB) TAB PO 10 MG 30 EA FAMOTIDINE		07	OTC		9.53	7.94	7.94		1/6/99
16837-0872-48	PEPCID AC (W/FREE TYLENOL PM) TAB PO 10 MG 50 EA FAMOTIDINE		07	OTC		14.32	11.93	11.93		12/15/98
16837-0872-50	PEPCID AC TAB PO 10 MG 50 EA FAMOTIDINE		07	OTC		14.32	11.93	11.93		4/27/98

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7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

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Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0872-51	PEPCID AC (50+10 FREE) TAB PO 10 MG 60 EA FAMOTIDINE		07	OTC		14.32	11.93	11.93		2/9/99
16837-0872-52	PEPCID AC (50+20 FREE) TAB PO 10 MG 70 EA FAMOTIDINE		07	OTC		14.32	11.93	11.93		2/9/99
16837-0872-54	PEPCID AC TAB PO 10 MG 54 EA FAMOTIDINE		07	OTC		15.36	12.80	12.80		2/8/99
16837-0872-56	PEPCID AC (W/FREE TYLENOL PM) TAB PO 10 MG 50 EA FAMOTIDINE		07	OTC		14.32	11.93	11.93		2/4/99
16837-0872-70	PEPCID AC TAB PO 10 MG 70 EA FAMOTIDINE		07	OTC		18.72	15.60	15.60		4/27/98

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7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/24/1999
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0872-72	PEPCID AC (W/FREE TYLENOL EX. STR.) TAB PO 10 MG 70 EA FAMOTIDINE		07	OTC		18.72	15.60	15.60		6/18/98
16837-0872-80	PEPCID AC TAB PO 10 MG 80 EA FAMOTIDINE		07	OTC		20.03	16.69	16.69		4/27/98
16837-0873-06	PEPCID AC CTB PO 10 MG 6 EA FAMOTIDINE		07	OTC		2.88	2.40	2.40		10/9/98
16837-0873-18	PEPCID AC CTB PO 10 MG 18 EA FAMOTIDINE		07	OTC		6.71	5.59	5.59		10/9/98
16837-0873-30	PEPCID AC CTB PO 10 MG 30 EA FAMOTIDINE		07	OTC		9.53	7.94	7.94		10/9/98

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Medical Economics
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07645-1742
(201) 358-2228 Fax (201) 722-2666

JOHNSON & JOHNSON/MERCK CONSUMER
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/24/1999
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0873-36	PEPCID AC (W/FREE TYLENOL PM) CTB PO 10 MG 30 EA FAMOTIDINE		07	OTC		9.53	7.94	7.94		2/17/99
16837-0873-42	PEPCID AC (W/FREE TYLENOL PM) CTB PO 10 MG 30 EA FAMOTIDINE		07	OTC		9.53	7.94	7.94		2/26/99
16837-0873-45	PEPCID AC (W/FREE MOTRIN IB) CTB PO 10 MG 30 EA FAMOTIDINE		07	OTC		9.53	7.94	7.94		1/6/99
16837-0873-50	PEPCID AC CTB PO 10 MG 50 EA FAMOTIDINE		07	OTC		14.32	11.93	11.93		10/9/98
16837-0873-54	PEPCID AC CTB PO 10 MG 54 EA FAMOTIDINE		07	OTC		15.36	12.80	12.80		2/8/99

Instructions: please make corrections directly on this printout
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Product Listing Verification

Medical Economics
Five Paragon Drive
07645-1742
(201) 358-2228 Fax (201) 722-2666

JOHNSON & JOHNSON/MERCK CONSUMER
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/24/1999
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OB	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0873-56	PEPCID AC (W/FREE TYLENOL PM) CTB PO 10 MG 50 EA FAMOTIDINE		07	OTC		14.32	11.93	11.93		2/4/99
16837-0873-58	PEPCID AC (W/FREE TYLENOL TOPPER) CTB PO 10 MG 50 EA FAMOTIDINE		07	OTC		14.32	11.93	11.93		9/24/98
16837-0873-60	PEPCID AC CTB PO 10 MG 60 EA FAMOTIDINE		07	OTC		16.49	13.74	13.74		9/24/98
16837-0866-10	STUART FORMULA TAB PO 100 EA MIN, MULTI/VIT, MULTI		07	OTC		9.64	8.03	8.03		12/31/90

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EXHIBIT 2

Carol

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MANUFACTURER DIRECTORY INFORMATION FORM

Please verify the following information to ensure that your organization is properly listed in the 1997 Red Book. Please make changes directly on this form.

JOHNSON & JOHNSON/MERCK
Manufacturer Name

7050 CAMP HILL ROAD
Address

FORT WASHINGTON	PA	19034
City	**State**	**Zip Code**

SUZANNE LOWERY
Contact Name (not published)

Toll Free Number

(215) 233-7000
Main Telephone Number

(215) 233-7216 215-233-8522 (my FAX)
Fax Number

☐ **OK as is** ☒ **OK with changes**

Suzanne Lowery
Signature

8/22/96
Date

If you have any questions, please call (201) 358-2228.

MEMO FROM

SUZANN LOWERY

The list I sent you on August 14, 1996 has all up-to-date information. Please compare to that list.

MCNEIL CONSUMER PRODUCTS COMPANY
CAMP HILL ROAD, FORT WASHINGTON, PA 19034

JOHNSON & JOHNSON/MERCK
CONSUMER PHARM
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

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Product Listing Verification

MEDICAL ECONOMICS
Five Paragon Drive • Montvale, NJ 07645-1742
(201) 358-2228 Fax (201) 358-1756

Please Respond By: 09/27/96
Contact Name: SUZANNE LOWERY
Contact Phone: (215) 233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SNP	PRICE EFFECTIVE DATE
16837-0860-12	ALTERNAGEL SUS PO 600 MG/5 ML 12 oz ea ALUMINUM HYDROXIDE		07	OTC		5.74	4.78	4.78	.00	12/31/90
16837-0870-10	DIALOSE TAB PO 100 MG 100s ea DOCUSATE SODIUM		07	OTC		17.68	14.73	14.73	.00	12/31/90
16837-0871-10	DIALOSE PLUS TAB PO 100 MG-65 MG 100s ea DSS/PHENOLPHT		07	OTC		19.52	16.27	16.27	.00	12/31/90
16837-0848-10	MYLANTA (MINT) CTB PO 100s ea CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98	.00	02/01/95
16837-0848-36	MYLANTA (MINT,3X12) CTB PO 36s ea CAL CARB/MG HYDROX		07	OTC		1.90	1.58	1.58	.00	02/01/95
16837-0848-50	MYLANTA (MINT) CTB PO 50s ea CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40	.00	02/01/95

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Signature

Date

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Product Listing Verification

JOHNSON & JOHNSON/MERCK
CONSUMER PHARM
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

MEDICAL ECONOMICS
Five Paragon Drive • Montvale, NJ 07645-1742
(201) 358-2228 Fax (201) 358-1756

Please Respond By: 09/27/96
Contact Name: SUZANNE LOWERY
Contact Phone: (215) 233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0875-18	MYLANTA (MINT) LOZ PO 240 MG 18s ea CALCIUM CARBONATE		07	OTC		1.91	1.59	1.59	.00	07/04/94
16837-0875-50	MYLANTA (MINT) LOZ PO 240 MG 50s ea CALCIUM CARBONATE		07	OTC		4.38	3.65	3.65	.00	07/04/94
16837-0876-18	MYLANTA (CHERRY) LOZ PO 240 MG 18s ea CALCIUM CARBONATE		07	OTC		1.91	1.59	1.59	.00	07/04/94
16837-0876-50	MYLANTA (CHERRY) LOZ PO 240 MG 50s ea CALCIUM CARBONATE		07	OTC		4.38	3.65	3.65	.00	07/04/94
16837-0610-12	MYLANTA SUS PO 12 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51	.00	02/01/93
16837-0610-24	MYLANTA SUS PO 24 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.58	6.32	6.32	.00	04/04/94

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Product Listing Verification

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JOHNSON & JOHNSON/MERCK
CONSUMER PHARM
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/27/96
Contact Name: SUZANNE LOWERY
Contact Phone: (215) 233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0610-55	MYLANTA SUS PO 5 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		2.48	2.07	2.07	.00	04/04/94
16837-0621-12	MYLANTA (CHERRY) SUS PO 12 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51	.00	02/01/93
16837-0621-24	MYLANTA (CHERRY) SUS PO 24 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.58	6.32	6.32	.00	04/04/94
16837-0629-12	MYLANTA (MINT) SUS PO 12 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51	.00	02/01/93
16837-0850-10	MYLANTA (GELCAP) TAB PO 100s ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.54	6.28	6.28	.00	04/04/94
16837-0850-24	MYLANTA (GELCAP) TAB PO 24s ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		2.64	2.20	2.20	.00	04/04/94

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Product Listing Verification

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(201) 358-2228 Fax (201) 358-1756

JOHNSON & JOHNSON/MERCK
CONSUMER PHARM
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/27/96
Contact Name: SUZANNE LOWERY
Contact Phone: (215) 233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0850-50	MYLANTA (GELCAP) TAB PO 50s ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.43	3.69	3.69	.00	04/04/94
16837-0810-24	MYLANTA CHILDREN'S (BUBBLE GUM) CTB PO 24s ea CALCIUM CARBONATE		07	OTC		3.54	2.95	.00	.00	06/10/96
16837-0811-24	MYLANTA CHILDREN'S (FRUIT PUNCH) CTB PO 24s ea CALCIUM CARBONATE		07	OTC		3.54	2.95	.00	.00	06/10/96
16837-0820-04	MYLANTA CHILDREN'S (BUBBLE GUM) LIQ PO 4 oz ea CALCIUM CARBONATE		07	OTC		3.54	2.95	.00	.00	06/10/96
16837-0821-04	MYLANTA CHILDREN'S (FRUIT PUNCH) LIQ PO 4 oz ea CALCIUM CARBONATE		07	OTC		3.54	2.95	.00	.00	06/10/96
16837-0849-35	MYLANTA DOUBLE STRENGTH (MINT) CTB PO 35s ea CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40	.00	02/01/95

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JOHNSON & JOHNSON/MERCK
CONSUMER PHARM
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/27/96
Contact Name: SUZANNE LOWERY
Contact Phone: (215) 233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0849-36	MYLANTA DOUBLE STRENGTH (MINT,3X8) CTB PO 24s ea CAL CARB/MG HYDROX		07	OTC		1.92	1.60	1.60	.00	02/01/95
16837-0849-70	MYLANTA DOUBLE STRENGTH (MINT) CTB PO 70s ea CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98	.00	02/01/95
16837-0869-35	MYLANTA DOUBLE STRENGTH (CHERRY CREME) CTB PO 35s ea CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40	.00	02/01/95
16837-0869-36	MYLANTA DOUBLE STRENGTH (CHERRY CREME,3X8) CTB PO 24s ea CAL CARB/MG HYDROX		07	OTC		1.92	1.60	1.60	.00	02/01/95
16837-0869-70	MYLANTA DOUBLE STRENGTH (CHERRY CREME) CTB PO 70s ea CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98	.00	02/01/95
16837-0622-12	MYLANTA DOUBLE STRENGTH (CHERRY) SUS PO 12 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96	.00	04/04/94

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7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

MEDICAL ECONOMICS
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(201) 358-2228 Fax (201) 358-1756

Please Respond By: 09/27/96
Contact Name: SUZANNE LOWERY
Contact Phone: (215) 233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0622-24	MYLANTA DOUBLE STRENGTH (CHERRY) SUS PO 24 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		9.78	8.15	8.15	.00	04/04/94
16837-0624-12	MYLANTA DOUBLE STRENGTH (MINT CREAM) SUS PO 12 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96	.00	04/04/94
16837-0652-12	MYLANTA DOUBLE STRENGTH SUS PO 12 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96	.00	04/04/94
16837-0652-24	MYLANTA DOUBLE STRENGTH SUS PO 24 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		9.78	8.15	8.15	.00	04/04/94
16837-0652-55	MYLANTA DOUBLE STRENGTH SUS PO 5 oz ea AL HYDROX/MG HYDROX/SIMETH		07	OTC		3.20	2.67	2.67	.00	04/04/94
16837-0858-10	MYLANTA GAS (MINT) CTB PO 80 MG 100s ea SIMETHICONE		07	OTC		10.39	8.66	8.66	.00	05/27/96

Instructions: Please make corrections directly on this printout.

☐ OK as is ☐ OK with changes

Signature

Date

Red Book 00247

RED BOOK

Product Listing Verification

MEDICAL ECONOMICS
Five Paragon Drive • Montvale, NJ 07645-1742
(201) 358-2228 Fax (201) 358-1756

JOHNSON & JOHNSON/MERCK
CONSUMER PHARM
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/27/96
Contact Name: SUZANNE LOWERY
Contact Phone: (215) 233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0858-12	MYLANTA GAS (MINT) CTB PO 80 MG 12s ea SIMETHICONE		07	OTC		1.61	1.34	1.34	.00	05/27/96
16837-0858-30	MYLANTA GAS (MINT) CTB PO 80 MG 30s ea SIMETHICONE		07	OTC		3.62	3.02	3.02	.00	05/27/96
16837-0858-60	MYLANTA GAS (MINT) CTB PO 80 MG 60s ea SIMETHICONE		07	OTC		6.72	5.60	5.60	.00	05/27/96
16837-0859-12	MYLANTA GAS (CHERRY) CTB PO 80 MG 12s ea SIMETHICONE		07	OTC		1.61	1.34	1.34	.00	05/27/96
16837-0455-12	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 12s ea SIMETHICONE		07	OTC		2.09	1.74	1.74	.00	05/27/96
16837-0455-24	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 24s ea SIMETHICONE		07	OTC		3.62	3.02	3.02	.00	05/27/96

Instructions: Please make corrections directly on this printout.

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Product Listing Verification

MEDICAL ECONOMICS
Five Paragon Drive • Montvale, NJ 07645-1742
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JOHNSON & JOHNSON/MERCK
CONSUMER PHARM
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/27/96
Contact Name: SUZANNE LOWERY
Contact Phone: (215) 233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0455-48	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 48s ea SIMETHICONE		07	OTC		6.72	5.60	5.60	.00	05/27/96
16837-0626-24	MYLANTA GAS RELIEF (GELCAP) CTB PO 62.5 MG 24s ea SIMETHICONE		07	OTC		3.62	3.02	3.02	.00	05/27/96
16837-0630-03	MYLICON (DROPS) LIQ PO 40 MG/0.6 ML 30 ml ea SIMETHICONE		07	OTC		10.36	8.63	8.63	.00	01/02/90
16837-0630-05	MYLICON (DROPS) LIQ PO 40 MG/0.6 ML 15 ml ea SIMETHICONE		07	OTC		6.22	5.18	5.18	.00	12/31/90
16837-0872-06	PEPCID AC TAB PO 10 MG 6s ea FAMOTIDINE		07	OTC		2.88	2.40	2.40	.00	05/12/95
16837-0872-12	PEPCID AC TAB PO 10 MG 12s ea FAMOTIDINE		07	OTC		5.28	4.40	4.40	.00	05/12/95

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JOHNSON & JOHNSON/MERCK
CONSUMER PHARM
7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/27/96
Contact Name: SUZANNE LOWERY
Contact Phone: (215) 233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0872-18	PEPCID AC TAB PO 10 MG 18s ea FAMOTIDINE		07	OTC		6.71	5.59	5.59	.00	05/12/95
16837-0872-30	PEPCID AC TAB PO 10 MG 30s ea FAMOTIDINE		07	OTC		8.99	7.49	7.49	.00	07/31/95
16837-0872-50	PEPCID AC TAB PO 10 MG 50s ea FAMOTIDINE		07	OTC		13.50	11.25	11.25	.00	02/19/96
16837-0866-10	STUART FORMULA TAB PO 100s ea MIN, MULTI/VIT, MULTI		07	OTC		9.64	8.03	8.03	.00	12/31/90
16837-0872-80	Pepcid AC Tab PO 10 mg 80s ea					19.44	16.20	16.20		6/20/96

Instructions: Please make corrections directly on this printout.

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EXHIBIT 3

Johnson & Johnson ○ MERCK
CONSUMER PHARMACEUTICALS CO.

May 28, 1996

RECEIVED
MAY 30 1996
RED BOOK PRICING

Carol Flanagan
REDBOOK, Medical Economics
5 Paragon Drive
Montvale, NJ 07645-1742

Dear Ms. Flanagan:

Johnson&Johnson•Merck Consumer Pharmaceuticals Company is announcing a price increase on selected products, effective May 27, 1996. Those products with a price increase are noted in the right hand column of the enclosed Product Catalog. Prices of all other products remain the same.

If you have any questions concerning this information, please feel free to call me at 215-233-7741.

Sincerely,

Suzann Lowery

Suzann Lowery
Product Reimbursement Specialist

Enclosure

7050 CAMP HILL ROAD, FORT WASHINGTON, PA 19034 (215) 233-7700

J&J Merck Consumer Pharmaceuticals Company

Current Wholesale and Estimated Average Wholesale (AWP) Prices

COMPLETE CATALOG PRICE INCREASE/MYLANTA GAS PRODUCTS OVER-THE-COUNTER PRODUCTS	National Drug Code 16837-	Container and Size	Direct Net Price	Manufacturer's Estimated AWP	Effective Date
PEPCID AC					
Tablets	0872-06	per 6's	2.40	2.88	
Tablets	0872-12	per 12's	4.40	5.28	
Tablets	0872-18	per 18's	5.59	6.71	
Tablets	0872-30	per 30's	7.49	8.99	
Tablets	0872-50	per 50's	11.25	13.50	
Regular Strength MYLANTA					
Tablets (Mint)	0848-50	per 50's	2.40	2.88	
Tablets (Mint)	0848-10	per 100's	3.98	4.78	
Liquid (Original)	0610-55	per 5 oz.	2.07	2.48	
Liquid (Original)	0610-12	per 12 oz.	3.51	4.21	
Liquid (Cherry)	0621-12	per 12 oz.	3.51	4.21	
Liquid (Mint)	0629-12	per 12 oz.	3.51	4.21	
Liquid (Original)	0610-24	per 24 oz.	6.32	7.58	
Liquid (Cherry)	0621-24	per 24 oz.	6.32	7.58	
Double-Strength MYLANTA					
Tablets (Mint)	0849-35	per 35's	2.40	2.88	
Tablets (Mint)	0849-70	per 70's	3.98	4.78	
Tablets (Cherry)	0869-35	per 35's	2.40	2.88	
Tablets (Cherry)	0869-70	per 70's	3.98	4.78	
Liquid (Original)	0652-55	per 5 oz.	2.67	3.20	
Liquid (Original)	0652-12	per 12 oz.	4.96	5.95	
Liquid (Cherry)	0622-12	per 12 oz.	4.96	5.95	
Liquid (Mint)	0624-12	per 12 oz.	4.96	5.95	
Liquid (Original)	0652-24	per 24 oz.	8.15	9.78	
Liquid (Cherry)	0622-24	per 24 oz.	8.15	9.78	
MYLANTA Gelcaps					
Gelcaps	0850-24	per 24's	2.20	2.64	
Gelcaps	0850-50	per 50's	3.69	4.43	
Gelcaps	0850-10	per 100's	6.28	7.54	
MYLANTA Soothing Lozenge					
Lozenge (Cherry)	0876-18	per 18's	1.59	1.91	
Lozenge (Mint)	0875-18	per 18's	1.59	1.91	
Lozenge (Cherry)	0876-50	per 50's	3.65	4.38	
Lozenge (Mint)	0875-50	per 50's	3.65	4.38	

Confidential Red Book 00339

J&J Merck Consumer Pharmaceuticals Company					
Current Wholesale and Estimated Average Wholesale (AWP) Prices					
COMPLETE CATALOG					
PRICE INCREASE/MYLANTA GAS PRODUCTS					
OVER-THE-COUNTER PRODUCTS	National Drug Code 16837-	Container and Size	Direct Net Price	Manufacturer's Estimated AWP	Effective Date
MYLANTA Permanent Special Packs					
RS Mint 3x12 Rollpacks	0848-36		1.58	1.90	
DS Mint 3x8 Rollpacks	0849-36		1.60	1.92	
DS Cherry 3x8 Rollpacks	0869-36		1.60	1.92	
MYLICON					
Drops	0630-03	per 1 oz.	8.63	10.36	
Drops	0630-05	per .5 oz.	5.18	6.22	
MYLANTA Gas Relief Regular Strength (80 mg)					
Tablets (Mint)	0858-12	per 12's	1.34	1.61	27 May 96
Tablets (Mint)	0858-30	per 30's	3.02	3.62	27 May 96
Tablets (Mint)	0858-60	per 60's	5.60	6.72	27 May 96
Tablets (Mint)	0858-10	per 100's	8.66	10.39	27 May 96
Tablets (Cherry)	0859-12	per 12's	1.34	1.61	27 May 96
MYLANTA Gas Relief Maximum Strength (125 mg)					
Tablets (Mint)	0455-12	per 12's	1.74	2.09	27 May 96
Tablets (Mint)	0455-24	per 24's	3.02	3.62	27 May 96
Tablets (Mint)	0455-48	per 48's	5.60	6.72	27 May 96
MYLANTA Gas Relief					
Gelcap	0626-24	per 24's	3.02	3.62	27 May 96
AlternaGel					
Liquid	0860-12	per 12 oz.	4.78	5.74	
DIALOSE					
Tablets	0870-10	per 100's	14.73	17.68	
DIALOSE Plus					
Tablets	0871-10	per 100's	16.27	19.52	
STUART Formula					
Tablets	0866-10	per 100's	8.03	9.64	
				28 May 96	Page 2 of 2

EXHIBIT 4

MANUFACTURER DIRECTORY INFORMATION FORM

Please verify the following information to ensure that your organization is properly listed in the 1998 Red Book. Please make changes directly on this form.

JOHNSON & JOHNSON/MERCK

Manufacturer Name

7050 CAMP HILL ROAD

Address

FORT WASHINGTON PA 19034-

City **State** **Zip**

Toll Free Number

(215) 233-7000

Main Telephone Number

(215) 233-7216

Main Fax Number

SUZANN LOWERY

Contact Name (not published)

(215) 233-7741 (215) 233-8522

Contact Telephone Number **Contact Fax Number**

☐ **OK as is** ☑ **OK with changes**

Suzann Lowery 9/15/97

Signature **Date**

If you have any questions, please call (201) 358-2228

Carol

RED BOOK

Product Listing Verification

Medical Economics Company

Five Paragon Drive • Montvale, NJ 07645-1742
(201) 358-2228 Fax (201) 722-2666

RECEIVED SEP 26 1997 RED BOOK PRICING

JOHNSON & JOHNSON/MERCK
7050 CAMP HILL ROAD

FORT WASHINGT PA 19034

Please Respond By: 9/26/97
Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0860-12	ALTERNAGEL SUS PO 12 ~~ML~~ OZ EA ALUMINUM HYDROXIDE ALL OZ. OK. ON DIB		07	OTC		5.74	4.78	4.78		12/31/90
16837-0870-10	DIALOSE TAB PO 100 MG 100 EA DOCUSATE SODIUM		07	OTC		17.68	14.73	14.73		12/31/90
16837-0871-10	DIALOSE PLUS TAB PO 100 MG-65 MG 100 EA DSS/PHENOLPHT		07	OTC		19.52	16.27	16.27		12/31/90
16837-0610-12	MYLANTA SUS PO 12 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		2/1/93
16837-0610-24	MYLANTA SUS PO 24 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.58	6.32	6.32		4/4/94

Instructions: Please make corrections directly on this printout.

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Red Book 00350

RED BOOK

Product Listing Verification

Medical Economics Company
Five Paragon Drive • Montvale, NJ 07645-1742
(201) 358-2228 Fax (201) 722-2666

JOHNSON & JOHNSON/MERCK
7050 CAMP HILL ROAD

FORT WASHINGT PA 19034

Please Respond By: 9/26/97
Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0610-55	MYLANTA SUS PO 5 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		2.48	2.07	2.07		4/4/94
16837-0621-12	MYLANTA (CHERRY) SUS PO 12 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		2/1/93
16837-0621-24	MYLANTA (CHERRY) SUS PO 24 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.58	6.32	6.32		4/4/94
16837-0629-12	MYLANTA (MINT) SUS PO 12 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		2/1/93
16837-0848-10	MYLANTA (MINT) CTB PO 100 EA CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98		2/1/95

Instructions: Please make corrections directly on this printout.

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Product Listing Verification

Medical Economics Company
Five Paragon Drive • Montvale, NJ 07645-1742
(201) 358-2228 Fax (201) 722-2666

JOHNSON & JOHNSON/MERCK
7050 CAMP HILL ROAD

FORT WASHINGT PA 19034

Please Respond By: 9/26/97
Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0848-36	MYLANTA (MINT,3X12,ROLLPACK) CTB PO 36 EA CAL CARB/MG HYDROX		07	OTC		1.90	1.58	1.58		2/1/95
16837-0848-50	MYLANTA (MINT) CTB PO 50 EA CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40		2/1/95
16837-0850-10	MYLANTA (GELCAP) TAB PO 100 EA CAL CARB/MG HYDROX		07	OTC		7.54	6.28	6.28		4/4/94
16837-0850-24	MYLANTA (GELCAP) TAB PO 24 EA CAL CARB/MG HYDROX		07	OTC		2.64	2.20	2.20		4/4/94
16837-0850-50	MYLANTA (GELCAP) TAB PO 50 EA CAL CARB/MG HYDROX		07	OTC		4.43	3.69	3.69		4/4/94

Instructions: Please make corrections directly on this printout.

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Product Listing Verification

Medical Economics Company
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(201) 358-2228 Fax (201) 722-2666

JOHNSON & JOHNSON/MERCK
7050 CAMP HILL ROAD

FORT WASHINGT PA 19034

Please Respond By: 9/26/97
Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0877-08	MYLANTA AR TAB PO 10 MG ~~12~~ EA → 8 ea. FAMOTIDINE		07	OTC		3.74	3.12	3.12		12/16/96
16837-0877-16	MYLANTA AR TAB PO 10 MG 16 EA FAMOTIDINE		07	OTC		6.30	5.25	5.25		12/16/96
16837-0877-30	MYLANTA AR TAB PO 10 MG 30 EA FAMOTIDINE		07	OTC		8.99	7.49	7.49		12/16/96
16837-0810-24	MYLANTA CHILDREN'S (BUBBLE GUM) CTB PO 24 EA CALCIUM CARBONATE		07	OTC		3.54	2.95	2.95		6/10/96
16837-0811-24	MYLANTA CHILDREN'S (FRUIT PUNCH) CTB PO 24 EA CALCIUM CARBONATE		07	OTC		3.54	2.95	2.95		6/10/96

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Product Listing Verification

Medical Economics Company
Five Paragon Drive • Montvale, NJ 07645-1742
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JOHNSON & JOHNSON/MERCK
7050 CAMP HILL ROAD

FORT WASHINGT PA 19034

Please Respond By: 9/26/97
Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0820-04	MYLANTA CHILDREN'S (BUBBLE GUM) LIQ PO 4 ~~ML~~ OZ EA CALCIUM CARBONATE		07	OTC		3.54	2.95	2.95		6/10/96
16837-0821-04	MYLANTA CHILDREN'S (FRUIT PUNCH) LIQ PO 4 ~~ML~~ OZ EA CALCIUM CARBONATE		07	OTC		3.54	2.95	2.95		6/10/96
16837-0622-12	MYLANTA DOUBLE STRENGTH (CHERRY) SUS PO 12 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		4/4/94
16837-0622-24	MYLANTA DOUBLE STRENGTH (CHERRY) SUS PO 24 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		9.78	8.15	8.15		4/4/94
16837-0624-12	MYLANTA DOUBLE STRENGTH (MINT CREAM) SUS PO 12 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		4/4/94

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JOHNSON & JOHNSON/MERCK
7050 CAMP HILL ROAD

FORT WASHINGT PA 19034

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Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0652-12	MYLANTA DOUBLE STRENGTH SUS PO 12 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		4/4/94
16837-0652-24	MYLANTA DOUBLE STRENGTH SUS PO 24 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		9.78	8.15	8.15		4/4/94
16837-0652-55	MYLANTA DOUBLE STRENGTH SUS PO 5 ~~ML~~ OZ EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		3.20	2.67	2.67		4/4/94
16837-0849-35	MYLANTA DOUBLE STRENGTH (MINT) CTB PO 35 EA CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40		2/1/95
16837-0849-36	MYLANTA DOUBLE STRENGTH (MINT;3X8;ROLLPACK) CTB PO 24 EA CAL CARB/MG HYDROX		07	OTC		1.92	1.60	1.60		2/1/95

Instructions: Please make corrections directly on this printout.

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Product Listing Verification

Medical Economics Company
Five Paragon Drive • Montvale, NJ 07645-1742
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JOHNSON & JOHNSON/MERCK
7050 CAMP HILL ROAD

FORT WASHINGT PA 19034

Please Respond By: 9/26/97
Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0849-70	MYLANTA DOUBLE STRENGTH (MINT) CTB PO 70 EA CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98		2/1/95
16837-0869-35	MYLANTA DOUBLE STRENGTH (CHERRY) CTB PO 35 EA CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40		2/1/95
16837-0869-36	MYLANTA DOUBLE STRENGTH (CHERRY,3X8 ROLLPACK) CTB PO 24 EA CAL CARB/MG HYDROX		07	OTC		1.92	1.60	1.60		2/1/95
16837-0869-70	MYLANTA DOUBLE STRENGTH (CHERRY) CTB PO 70 EA CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98		2/1/95
16837-0858-10	MYLANTA GAS (MINT) CTB PO 80 MG 100 EA SIMETHICONE		07	OTC		10.39	8.66	8.66		5/27/96

Instructions: Please make corrections directly on this printout.

☐ OK as is ☐ OK with changes

Signature

Date

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Red Book 09358

RED BOOK

Product Listing Verification

Medical Economics Company
Five Paragon Drive • Montvale, NJ 07645-1742
(201) 358-2228 Fax (201) 722-2666

JOHNSON & JOHNSON/MERCK
7050 CAMP HILL ROAD

FORT WASHINGT PA 19034

Please Respond By: 9/26/97
Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0455-12	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 12 EA SIMETHICONE		07	OTC		2.09	1.74	1.74		5/27/96
16837-0455-24	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 24 EA SIMETHICONE		07	OTC		3.62	3.02	3.02		5/27/96
16837-0455-48	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 60 EA SIMETHICONE		07	OTC		6.72	5.60	5.60		5/27/96
16837-0626-24	MYLANTA GAS MAXIMUM STRENGTH (GELCAP) TAB PO 62.5 MG 24 EA SIMETHICONE		07	OTC		3.62	3.02	3.02		5/27/96
16837-0626-60	MYLANTA GAS MAXIMUM STRENGTH (GELCAP) TAB PO 62.5 MG 60 EA SIMETHICONE		07	OTC		7.12	5.93	5.93		10/1/96

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FORT WASHINGT PA 19034

Please Respond By: 9/26/97
Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0861-24	MYLANTA GAS MAXIMUM STRENGTH (CHERRY) CTB PO 125 MG 24 EA SIMETHICONE		07	OTC		3.62	3.02	3.02		10/1/96
16837-0630-03 O.K.	MYLICON INFANTS' (DROPS,A.F.) LIQ PO 40 MG/0.6 ML 30 ML EA SIMETHICONE		07	OTC		10.36	8.63	8.63		1/2/90
16837-0630-05 O.K.	MYLICON INFANTS' (DROPS,A.F.) LIQ PO 40 MG/0.6 ML 15 ML EA SIMETHICONE		07	OTC		6.22	5.18	5.18		12/31/90
16837-0872-02	PEPCID AC TAB PO 10 MG 2 EA FAMOTIDINE		07	OTC		0.68	0.57	0.57		10/10/96
16837-0872-06	PEPCID AC TAB PO 10 MG 6 EA FAMOTIDINE		07	OTC		2.88	2.40	2.40		5/12/95

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Please Respond By: 9/26/97
Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0872-12	PEPCID AC TAB PO 10 MG 12 EA FAMOTIDINE		07	OTC		5.28	4.40	4.40		5/12/95
16837-0872-18	PEPCID AC TAB PO 10 MG 18 EA FAMOTIDINE		07	OTC		6.71	5.59	5.59		5/12/95
16837-0872-30	PEPCID AC TAB PO 10 MG 30 EA FAMOTIDINE		07	OTC		8.99	7.49	7.49		7/31/95
16837-0872-50	PEPCID AC TAB PO 10 MG 50 EA FAMOTIDINE		07	OTC		13.50	11.25	11.25		2/19/96
16837-0872-51	PEPCID AC TAB PO 10 MG 60 EA 50 + 10 FAMOTIDINE		07	OTC		13.50	11.25	11.25		6/16/97

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Please Respond By: 9/26/97
Contact Name: SUZANN LOWERY
Contact Phone: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QUANTITY, GENERIC DESCRIPTION ANDA/NDA STATUS	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	PRICE EFFECTIVE DATE
16837-0872-70	PEPCID AC TAB PO 10 MG 70 EA FAMOTIDINE		07	OTC		18.00	15.00	15.00		9/11/96
16837-0872-80	PEPCID AC TAB PO 10 MG 80 EA FAMOTIDINE		07	OTC		19.44	16.20	16.20		6/20/96
16837-0866-10	STUART FORMULA TAB PO 100 EA MIN, MULTI/VIT, MULTI		07	OTC		9.64	8.03	8.03		12/31/90

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NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0860-12	ALTERNAGEL SUS PO 12.00 oz 1 EA ALUMINUM HYDROXIDE		07	OTC		5.74	4.78	4.78		12/31/90
16837-0610-12	MYLANTA SUS PO 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		02/01/93
16837-0610-24	MYLANTA SUS PO 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.58	6.32	6.32		04/04/94
16837-0610-55	MYLANTA SUS PO 5.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		2.48	2.07	2.07		04/04/94
16837-0621-12	MYLANTA (CHERRY) SUS PO 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		02/01/93

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NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0621-24	MYLANTA (CHERRY) SUS PO 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.58	6.32	6.32		04/04/94
16837-0629-12	MYLANTA (MINT) SUS PO 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		02/01/93
16837-0817-12	MYLANTA (LEMON TWIST) SUS PO 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		4.21	3.51	3.51		08/27/97
16837-0817-24	MYLANTA (LEMON TWIST) SUS PO 24.00 oz EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		7.58	6.32	6.32		08/27/97
16837-0848-10	MYLANTA (MINT) CTB PO 100 EA CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98		02/01/95

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16837-0848-36	MYLANTA (MINT,3X12,ROLLPACK) CTB PO 36 EA CAL CARB/MG HYDROX		07	OTC		1.90	1.58	1.58		02/01/95
16837-0848-50	MYLANTA (MINT) CTB PO 50 EA CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40		02/01/95
16837-0850-10	MYLANTA (GELCAPLET) TAB PO 100 EA CAL CARB/MG HYDROX		07	OTC		7.54	6.28	6.28		04/04/94
16837-0850-24	MYLANTA (GELCAPLET) TAB PO 24 EA CAL CARB/MG HYDROX		07	OTC		2.64	2.20	2.20		04/04/94
16837-0850-50	MYLANTA (GELCAPLET) TAB PO 50 EA CAL CARB/MG HYDROX		07	OTC		4.43	3.69	3.69		04/04/94

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16837-0877-08	MYLANTA AR TAB PO 10 MG 8 EA FAMOTIDINE		07	OTC		3.74	3.12	3.12		12/16/96
16837-0877-16	MYLANTA AR TAB PO 10 MG 16 EA FAMOTIDINE		07	OTC		6.30	5.25	5.25		12/16/96
16837-0877-30	MYLANTA AR TAB PO 10 MG 30 EA FAMOTIDINE		07	OTC		8.99	7.49	7.49		12/16/96
16837-0810-24	MYLANTA CHILDREN'S (BUBBLE GUM) CTB PO 24 EA CALCIUM CARBONATE		07	OTC		3.54	2.95	2.95		06/10/96
16837-0820-04	MYLANTA CHILDREN'S (BUBBLE GUM) LIQ PO 4.00 oz 1 EA CALCIUM CARBONATE		07	OTC		3.54	2.95	2.95		06/10/96

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16837-0622-12	MYLANTA DOUBLE STRENGTH (CHERRY) SUS PO Max. 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		04/04/94
16837-0622-24	MYLANTA DOUBLE STRENGTH (CHERRY) SUS PO Max. 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		9.78	8.15	8.15		04/04/94
16837-0624-12	MYLANTA DOUBLE STRENGTH (MINT CREAM) SUS PO Max. 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		04/04/94
16837-0652-12	MYLANTA DOUBLE STRENGTH SUS PO Max. 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		04/04/94
16837-0652-24	MYLANTA DOUBLE STRENGTH SUS PO Max. 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		9.78	8.15	8.15		04/04/94

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16837-0652-55	MYLANTA ~~DOUBLE~~ STRENGTH Max. SUS PO 5.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		3.20	2.67	2.67		04/04/94
16837-0818-12	MYLANTA ~~DOUBLE~~ STRENGTH (LEMON TWIST) Max. SUS PO 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		07	OTC		5.95	4.96	4.96		08/27/97
16837-0849-35	MYLANTA DOUBLE STRENGTH (MINT) CTB PO 35 EA CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40		02/01/95
16837-0849-36	MYLANTA DOUBLE STRENGTH (MINT,3X8,ROLLPACK) CTB PO 24 EA CAL CARB/MG HYDROX		07	OTC		1.92	1.60	1.60		02/01/95
16837-0849-70	MYLANTA DOUBLE STRENGTH (MINT) CTB PO 70 EA CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98		02/01/95

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16837-0869-35	MYLANTA DOUBLE STRENGTH (CHERRY) CTB PO 35 EA CAL CARB/MG HYDROX		07	OTC		2.88	2.40	2.40		02/01/95
16837-0869-36	MYLANTA DOUBLE STRENGTH (CHERRY,3X8 ROLLPACK) CTB PO 24 EA CAL CARB/MG HYDROX		07	OTC		1.92	1.60	1.60		02/01/95
16837-0869-70	MYLANTA DOUBLE STRENGTH (CHERRY) CTB PO 70 EA CAL CARB/MG HYDROX		07	OTC		4.78	3.98	3.98		02/01/95
16837-0858-10	MYLANTA GAS (MINT) CTB PO 80 MG 100 EA SIMETHICONE		07	OTC		10.39	8.66	8.66		05/27/96
16837-0455-12	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 12 EA SIMETHICONE		07	OTC		2.09	1.74	1.74		05/27/96

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16837-0455-24	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 24 EA SIMETHICONE		07	OTC		3.62	3.02	3.02		05/27/96
16837-0455-48	MYLANTA GAS MAXIMUM STRENGTH (MINT) CTB PO 125 MG 60 EA SIMETHICONE		07	OTC		6.72	5.60	5.60		05/27/96
16837-0626-24	MYLANTA GAS MAXIMUM STRENGTH (GELCAPLET) TAB PO 62.5 MG 24 EA SIMETHICONE		07	OTC		3.62	3.02	3.02		05/27/96
16837-0626-60	MYLANTA GAS MAXIMUM STRENGTH (GELCAPLET) TAB PO 62.5 MG 60 EA SIMETHICONE		07	OTC		7.12	5.93	5.93		10/01/96
16837-0861-24	MYLANTA GAS MAXIMUM STRENGTH (CHERRY) CTB PO 125 MG 24 EA SIMETHICONE		07	OTC		3.62	3.02	3.02		10/01/96

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16837-0630-03	MYLICON INFANTS' (DROPS,A.F.) LIQ PO 40 MG/0.6 ML 30.00 ml 1 EA SIMETHICONE		07	OTC		10.36	8.63	8.63		01/02/90
16837-0630-05	MYLICON INFANTS' (DROPS,A.F.) LIQ PO 40 MG/0.6 ML 15.00 ml 1 EA SIMETHICONE		07	OTC		6.22	5.18	5.18		12/31/90
16837-0911-03	MYLICON INFANTS' (DROPS,A.F.,NON-STAINING) LIQ PO 40 MG/0.6 ML 30.00 ml EA SIMETHICONE		07	OTC		10.36	8.63	8.63		08/29/97
16837-0911-05	MYLICON INFANTS' (DROPS,A.F.,NON-STAINING) LIQ PO 40 MG/0.6 ML ~~30.00 ml~~ EA 15.00 ml SIMETHICONE		07	OTC		6.22	5.18	5.18		08/29/97
16837-0872-02	PEPCID AC TAB PO 10 MG 2 EA FAMOTIDINE		07	OTC		0.68	0.57	0.57		10/10/96

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16837-0872-06	PEPCID AC TAB PO 10 MG 6 EA FAMOTIDINE		07	OTC		2.88	2.40	2.40		05/12/95
16837-0872-12	PEPCID AC TAB PO 10 MG 12 EA FAMOTIDINE		07	OTC		5.28	4.40	4.40		05/12/95
16837-0872-18	PEPCID AC TAB PO 10 MG 18 EA FAMOTIDINE		07	OTC		6.71	5.59	5.59		05/12/95
16837-0872-19	PEPCID AC (18+18 FREE) TAB PO 10 MG 36 EA FAMOTIDINE		07	OTC		6.71	5.59	5.59		10/23/97
16837-0872-30	PEPCID AC TAB PO 10 MG 30 EA FAMOTIDINE		07	OTC		9.53	7.94	7.94		04/27/98

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16837-0872-31	PEPCID AC (30 + 10 FREE) TAB PO 10 MG 40 EA FAMOTIDINE		07	OTC		8.99	7.49	7.49		08/27/97
16837-0872-32	PEPCID AC (2X30) TAB PO 10 MG 60 EA FAMOTIDINE		07	OTC		13.50	11.25	11.25		06/30/97
16837-0872-50	PEPCID AC TAB PO 10 MG 50 EA FAMOTIDINE		07	OTC		14.32	11.93	11.93		04/27/98
16837-0872-51	PEPCID AC (50 + 10 FREE) TAB PO 10 MG 60 EA FAMOTIDINE		07	OTC		13.50	11.25	11.25		06/16/97
16837-0872-52	PEPCID AC (50+20 FREE) TAB PO 10 MG 70 EA FAMOTIDINE		07	OTC		13.50	11.25	11.25		11/08/97

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7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 09/11/1998
Contact Name: SUZANN LOWERY
Phone Number: 215-233-7000

NDC/HRI/UPC CATALOG NUMBER NDA/ANDA STATUS	PRODUCT NAME,ADDITIONAL DESCRIPTION,FORM ROUTE OF ADMINSTRATION,STRENGTH,SIZE,QTY GENERIC DESCRIPTION	OBC	PT	DEA	UD	AWP	DIRP	WAC	SRP	EFFECTIVE DATE
16837-0872-70	PEPCID AC TAB PO 10 MG 70 EA FAMOTIDINE		07	OTC		18.72	15.60	15.60		04/27/98
16837-0872-80	PEPCID AC TAB PO 10 MG 80 EA FAMOTIDINE		07	OTC		20.03	16.69	16.69		04/27/98
16837-0866-10	STUART FORMULA TAB PO 100 EA MIN, MULTI/VIT, MULTI		07	OTC		9.64	8.03	8.03		12/31/90

Instructions: please make corrections directly on this printout
✓ OK as is ____ OK with changes
Signature_____ Date _____

Confidential

Red Book 09374

MANUFACTURER DIRECTORY INFORMATION FORM

Please verify the following information to ensure that your organization is properly listed in the 1998 Red Book. Please make changes directly on this form.

JOHNSON & JOHNSON/MERCK Consumer Pharmaceuticals Co.

Manufacturer Name

7050 CAMP HILL ROAD

Address

*Check for name chg.

FORT WASHINGTON PA 19034-

City **State** **Zip**

Toll Free Number

(215) 233-7000

Main Telephone Number

(215) 233-7216

Main Fax Number

SUZANN LOWERY

Contact Name (not published)

(215) 233-7741 (215) 233-8522

Contact Telephone Number **Contact Fax Number**

☐ **OK as is** ☑ **OK with changes**

Suzann Lowery 8/19/98

Signature **Date**

If you have any questions, please call (201) 358-2228

Please add 2 additional PepcidAC packages that were new in 2098 update sent to you Aug 5, 1998

Confidential **Red Book 09375**

EXHIBIT 6

THOMSON
MICROMEDEX
RED BOOK® Database Administration
6200 S. Syracuse Way, Suite 300
Greenwood Village, CO 80111-4740
Tel (303) 486-6796 (800) 724-9937 Fax (303) 486-9297
www.mdx.Red_Book_Data@thomson.com

THOMSON
MICROMEDEX

Fax Cover Sheet

From	Traci Kellam	To	Melanie Berstler and David Mitchell Ortho-McNeil Pharmaceuticals Divisions
Date	06/01/2005	Fax	609-730-2697
Subject	Red Book AWP	Tel	908-707-3597 and 609-730-2697
		Pages	6 including cover sheet

Hi Melanie and David,
Due to the following manufacturers no longer supplying Red Book with a calculated AWP, please see the attached AWP confirmation letters for Ortho-McNeil Pharmaceuticals, Ortho Neutrogena, Vistakon Pharmaceuticals, LLC, Janssen Pharmaceutical Products, L.P. and Ortho-McNeil Neurologics. Due not hesitate to contact me with any questions at, 800-724-9937 or direct # 303-486-6585.

Thanks, Traci

IMPORTANT/CONFIDENTIAL This message contains information that may be privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately at the telephone number set forth above. CORP-20719 fax HC 4/02

>
> Traci
>
>
>
>
> << File: New Manuf.doc >> << File: AWP Policy 02-17-04.doc >>
> Traci Kellam
> Industry Liaison
> Red Book Administration
> Thomson MICROMEDEX
> 303-486-6585
> 303-486-9297 (fax)
> traci.kellam@thomson.com
> mdx.Red_Book_Data@thomson.com
>

EXHIBIT 7

THOMSON

MICROMEDEX

ORTHO-MCNEIL NEUROLOGICS

Company Pricing/Markup History 1/1/1995 - 6/1/2005

Company	Add Date	User	Note Type	Note Detail
ORTHO-MCNEIL NEUROLOGICS				
	6/1/2005	tkellam	MKP	Ortho McNeil Neurologics will not supply RB with an AWP. Faxed Melanie Berstler and David Mitchell the RB AWP policy. AWP = WAC/Direct Distributor Price + 20%. Confirmed that WAC = Direct Distributor Price

Confidential Red Book 12022

EXHIBIT 8

THOMSON MICROMEDEX
RED BOOK® Database Administration
6200 South Syracuse Way, Suite 300
Greenwood Village, CO 80111-4740
(303) 486-6796
(800) 724-9937 Toll Free
(303) 486-9297 Fax
www.mdx.Red_Book_data@thomson.com

06/01/2005

Melanie Berstler
Ortho-McNeil Neurologics

David Mitchell
Marketing Manager, Trade Sales
Ortho-McNeil Neurologics

This letter is in regards to our email conversation concerning AWP for Ortho-McNeil Neurologics' products, on 05/29/2005 at 3:38 P.M. In the absence of a manufacturer provided AWP or a manufacturer calculated markup to establish an AWP, we will be implementing a 20 % markup above WAC/Direct Distributor Price to calculate AWP. We will not report a third party's determination of AWP for your products. As discussed in our conversation this markup will apply to all Ortho-McNeil Neurologics' products. This is in accordance with our company policy for calculation of AWP.

Sincerely,

Traci Kellam

Traci Kellam
Red Book Industry Liaison

EXHIBIT 9

RED BOOK® Product Listing Verification - 07/25/2003

Centocor, Inc. *Please respond by 10/23/2003*

NDC, HRI, UPC, MSI Number	Product Name Additional Description Form Route of Administration Strength Size, Quantity Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
57894-0030-01	REMICADE (S.D.V.) Powder for Solution Intravenous route 100MG ea Infliximab		RX	no	691.61	0.00	532.01		2001-06-14
57894-0040-01	RETAVASE (2X18.1 MG VIALS) Kit Intravenous route 10.4U ea Reteplase, Recombinant		RX	no	2,872.50		2,298.00		2003-04-04
57894-0040-02	RETAVASE (1X18.1 MG VIALS) Kit Intravenous route 10.4U ea Reteplase, Recombinant		RX	no	1,436.25		1,149.00		2003-04-04

SEP 2 4 2003

Instructions: Please make corrections directly on this printout

✓ OK as is _____ OK with changes

Print Name RON KRAWCZYK Signature [signature] Date 9/17/03

EXHIBIT 10

THOMSON
MICROMEDEX
RED BOOK® Database Administration
6200 S. Syracuse Way, Suite 300
Greenwood Village, CO 80111-4710
Tel (303) 486-5796 (800) 724-0037 Fax (303) 486-9297
www.mdx.Red_Book_Data@thomson.com

THOMSON
MICROMEDEX

Fax Cover Sheet

To

~~From~~	Traci Kellam	To	Donna/Centocor
Date	08/31/2004	Fax	215-325-4049
Subject	Red Book	Tel	215-325-6479
		Pages	3 including cover sheet

Hi Donna,
Per your phone message today, here is the Red book PLV sheet that Ron Krawozyk needs to sign and date. Thanks for all your help. Have him sign and date and mark "OK As Is" and fax back to my attention at 303-486-9297.
Thanks, Traci

SEP 03 2004

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RED BOOK® Product Listing Verification - 07/06/2004

Centocor, Inc. *Please respond by 10/04/2004*

NDC, HRI, HPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OUC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
57894-0030-01	REMICADE (R.D.V.) Powder for Solution / Intravenous route / 100MG / 00 / Infliximab		RX	no	591.61	0.00	532.01		2001-06-14
57894-0040-01	RETAVASE (2X10.1 MG VIALS) Kit / Intravenous route / 10.4U / 00 / Reteplase, Recombinant		RX	no	2,672.50		2,295.00		2003-04-04
57894-0040-02	RETAVASE (1X10.1 MG VIALS) Kit / Intravenous route / 10.4U / 00 / Reteplase, Recombinant		RX	no	1,438.25		1,149.00		2003-04-04

SEP 03 2004

AUG 24 2004

Instructions: Please make corrections directly on this printout

X OK as is ____ OK with changes

Print Name RON KRAWCZYK Signature _____ Date Sept 2/04

THOMSON HEALTHCARE 173

CENTOCOR, INC.

MICROMEDEX PRICE LIST VERIFICATION **2005** PLV

173

Date Received: 08/24/2004 Init: TK

Sent to Editorial On: 08/24/2004

All Data Completed:

Comments:

Drug File Group

Initial and Date to Complete

DF1(Drug File Group): SH 8/30/04 - updated company AU

DF2 (Drug File Group): TA 9/7/04

Work Flow and Tracking Notes:

1	2	3	4

Confidential Red Book 09398

MANUFACTURER DIRECTORY INFORMATION

AUG 2 4 2004

Please verify the following data to ensure that your organization is properly listed in the Red Book 2004 Edition. Please make changes directly on the form where it may apply.

Company Name: CENTOCOR, INC.

Address: ~~200 GREAT VALLEY PARKWAY~~ 800 RIDGEVIEW DRIVE, MAILSTOP H-4-2

City: ~~MALVERN~~ HORSHAM State: PA Zip: ~~19355~~ 19044-3607

Company Web Site: www.centocor.com

Company e-mail Address:

Main Number: (610) 651-6000 Toll Free Number: (800) 972-9063

Main Fax Number: ~~(610) 651-6100~~ 215-325-4797 Clinical Support Number: ()

Parent Company: JOHNSON + JOHNSON

The following information is for internal use and will not be published:

Contact Name: RON KRAWCZYK

Contact Mail To Address: 800 RIDGEVIEW DR
(if different than above) MAILSTOP H-4-2

City: HORSHAM State: PA Zip: 19044-3607

Contact e-mail Address: rkrawczy@cntus.jnj.com
Contact Fax Number: ~~(610) 889-4797~~ 215-325-4797
Contact Direct Number: ~~(610) 889-4442~~ Ext
215-325-4442

☐ OK as is ☒ OK with changes

Signature: [signature] Date: Aug 16/04

If you have any questions, please call the Red Book support group at 1-800-724-9937.

310460

✓ - updated in CRM - (HK)

MANUFACTURER DIRECTORY INFORMATION FORM

Please verify the following data to ensure that your organization is properly listed in the current Red Book® Edition. Please make changes directly on the form where it may apply.

AUG 24 2004

Company Name	Centocor, Inc.
Address	~~200 GREAT VALLEY PARKWAY~~ 800 RIDGEVIEW Drive
Address	mailstop H42
City	~~MALVERN~~ HORSHAM
State	PA
Zip	~~19355~~ 19044-3607
Company Web Site	
Company E-Mail Address	
Toll Free #	(800) 972-9063
Main #	(610) 651-6000
Main Fax #	~~(610) 651-6100~~ 215-325-4797
Clinical Support #	
Parent Company	Johnson & Johnson

INSTRUCTIONS:

1) Please make all changes directly on the forms. Mark through the old price (AWP, DIRP, WAC, SRP) and note the new price in the same box. Always include the effective **DATE** of change for prices.
2) If a change is made to the identifier (NDC, UPC, HRI, MSI), a new label and/or package insert **MUST** be included.
3) New products and/or new package sizes should be submitted on the enclosed New Product Information Form. Please include a label and/or package insert for all products listed on this form.
4) When indicating a product should be deleted, please mark the existing entry clearly, and include the effective **DATE** for the deletion.
5) Please update all company information, including the contact name information.
6) All pages must include the printed name, signature, and date for the responsible party.

If you have any questions, please call the Red Book® support group at 1-800-724-9937

V- D'd in. CRM-

RED BOOK® Product Listing Verification - 07/06/2004

Centocor, Inc.

Please respond by 10/04/2004

NDC, HRI, UPC, MSI Number	Product Name Additional Description Form Route of Administration Strength Size, Quantity Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
57894-0030-01	REMICADE (S.D.V.) Powder for Solution Intravenous route 100MG ea Infliximab		RX	no	691.61	0.00	532.01		2001-06-14
57894-0040-01	RETAVASE (2X18.1 MG VIALS) Kit Intravenous route 10.4U ea Reteplase, Recombinant		RX	no	2,872.50		2,298.00		2003-04-04
57894-0040-02	RETAVASE (1X18.1 MG VIALS) Kit Intravenous route 10.4U ea Reteplase, Recombinant		RX	no	1,436.25		1,149.00		2003-04-04

AUG 2 4 2004
YK

Instructions: Please make corrections directly on this printout

_____OK as is _____OK with changes

See Attached Sign Sheet - YL

Print Name _____ Signature _____ Date _____

EXHIBIT 11

THOMSON MICROMEDEX

JANSSEN PHARMACEUTICA PRODUCTS, L.P.

Company Pricing/Markup History 1/1/1995 - 9/9/2005

Company	Add Date	User	Note Type	Note Detail
JANSSEN PHARMACEUTICA PRODUCTS, L.P.				
	6/1/2005	tkellam	MKP	Janssen Pharmaceuticals will no longer supply an AWP. Faxed Melanie Berstler and David Mitchell the RB AWP confirmation letter. AWP = WAC/DIRP + 20%
	9/23/2003	kcamus	MKP	Co. supplies DIRP and suggested AWP per Bill Parks
	9/24/1999	flanagan	MKP	AWP =DIR/WHOLESALE/LIST + 20% LIST ALL THREE

Confidential Red Book 09407

EXHIBIT 12

Johnson & Johnson

FLORA D. BRYANT
STATE GOVERNMENT AFFAIRS
BUSINESS COORDINATOR

1125 TRENTON-HARBOURTON ROAD
TITUSVILLE, NJ 08560-0200
TEL. 609-730-2604
FAX 609-730-2601
FBRYANT@JANUS.JNJ.COM

April 18, 2003

Ronnie Lane
Redbook, Medical Economics
5 Paragon Drive
Montvale, NJ 07645-1742

Dear Ms. Lane:

Janssen Pharmaceutica is happy to announce the approval of RISPERDAL® M-TAB™ (risperidone). RISPERDAL® M-TAB™ is a rapid disintegrating tablet formulation of RISPERDAL®. It is available in .50mg, 1-mg, and 2-mg and is a convenient, patient-friendly formulation of medication. We are requesting that RISPERDAL® M-TAB™ be available to Medicaid recipients in your state at the earliest possible date.

Product information:

Product Name	Package Size	NDC Number	List Price	AWP Price
RISPERDAL® M-TAB™	.50mg - 28's	50458-0395-28	$ 82.31	$ 98.77
RISPERDAL® M-TAB™	1mg - 28's	50458-0315-28	$ 96.17	$115.40
RISPERDAL® M-TAB™	2mg - 28's	50458-0325-28	$154.88	$185.86
RISPERDAL® M-TAB™	.50mg – 30's	50458-0395-30	$ 88.19	$105.83
RISPERDAL® M-TAB™	1mg – 30's	50458-0315-30	$103.04	$123.65

Enclosed is a revised RISPERDAL® M-TAB™ package insert and a Reply Request Form. For our records, please return the reply request form by mail or fax.

Thank you for your support of RISPERDAL and all of the Janssen Pharmaceutica products. If you have any questions or need additional information, please do not hesitate to call me at (609) 730-2604.

Sincerely,

Flora Bryant

Flora Bryant
Business Coordinator
Johnson & Johnson

Enclosures

EXHIBIT 13

Johnson & Johnson

FLORA D. BRYANT
STATE GOVERNMENT AFFAIRS
BUSINESS COORDINATOR

1125 TRENTON-HARBOURTON ROAD
TITUSVILLE, NJ 08560-0200
TEL. 609-730-2604
FAX 609-730-2601
FBRYANT@JANUS.JNJ.COM

RECEIVED
DEC 17 2002
BY:

December 6, 2002

Ronnie Lane
Redbook, Medical Economics
5 Paragon Drive
Montvale, NJ 07645-1742

Dear Ms. Lane:

Janssen Pharmaceutica Products, L.P. is announcing a price change on selected items effective at 5:00pm Eastern Standard Time December 3, 2002. Please adjust your records accordingly.

As always, we appreciate your continued support of Janssen Pharmaceutica products. If you have any questions, please contact me at (609) 730-2604.

Sincerely,

Flora Bryant

Flora Bryant
Business Coordinator II
Johnson & Johnson

JANSSEN PHARMACEUTICA PRODUCTS, L.P.

PRICE LIST

Effective 12/03/2002 (5:00 pm EST)

PRODUCT		NDC CODE	List Price Box/Bottle	Suggested AWP Box/Bottle
DURAGESIC	25 MCG/HR	50458-0033-05	58.19	69.83
DURAGESIC	50 MCG/HR	50458-0034-05	98.89	118.67
DURAGESIC	75 MCG/HR	50458-0035-05	155.45	186.54
DURAGESIC	100 MCG/HR	50458-0036-05	201.13	241.36
ERGAMISOL **	TABLETS 36'S	50458-0270-36	190.79	228.95
NIZORAL	TABLETS 100'S	50458-0220-10	358.02	429.62
NIZORAL**	CREAM, 15 MG	50458-0221-15	16.77	20.12
NIZORAL**	CREAM, 30 MG	50458-0221-30	28.23	33.88
NIZORAL**	CREAM, 60 MG	50458-0221-60	42.88	51.46
NIZORAL	SHAMPOO, 4 OZ	50458-0223-04	21.98	26.38
SPORANOX	CAPSULES, 30'S	50458-0290-04	214.60	257.52
SPORANOX	CAPSULES, U.D. 30'S	50458-0290-01	214.60	257.52
SPORANOX	PULSEPAK 28'S	50458-0290-28	205.52	246.62
RISPERDAL	.25MG 60'S	50458-0301-04	147.88	177.46
RISPERDAL	.50MG 60'S	50458-0302-06	153.38	184.06
RISPERDAL	1MG 60'S	50458-0300-06	158.53	190.24
RISPERDAL	2MG 60'S	50458-0320-06	255.30	306.36
RISPERDAL	3MG 60'S	50458-0330-06	308.70	370.44
RISPERDAL	4MG 60'S	50458-0350-06	406.80	488.16
RISPERDAL	1MG U.D. 100'S	50458-0300-01	264.15	316.98
RISPERDAL	2MG U.D. 100'S	50458-0320-01	425.47	510.56
RISPERDAL	3MG U.D. 100'S	50458-0330-01	514.50	617.40
RISPERDAL	4MG U.D. 100'S	50458-0350-01	677.97	813.56
RISPERDAL	.25MG 500'S	50458-0301-50	1,232.25	1,478.70
RISPERDAL	.50MG 500'S	50458-0302-50	1,278.12	1,533.74
RISPERDAL	1MG 500'S	50458-0300-50	1,320.94	1,585.13
RISPERDAL	2MG 500'S	50458-0320-50	2,127.54	2,553.05
RISPERDAL	3MG 500'S	50458-0330-50	2,572.36	3,086.83
RISPERDAL	ORAL SOLUTION	50458-0305-03	94.63	113.56
REMINYL	4MG 60'S	50458-0390-60	119.97	143.96
REMINYL	8MG 60'S	50458-0391-60	119.97	143.96
REMINYL	12MG 60'S	50458-0392-60	119.97	143.96
REMINYL	ORAL SOLUTION	50458-0399-10	133.31	159.97
ACIPHEX *	20MG TABLETS 30'S	62856-0243-30	102.61	123.13
ACIPHEX *	20MG U.D. 100'S	62856-0243-41	342.02	410.42
ACIPHEX *	20MG 90'S	62856-0243-90	307.82	369.38

*Aciphex is co-marketed by Eisai Inc. and Janssen Pharmaceutica, Inc.

**Ergamisol and Nizoral Cream have been discontinued.

THOMSON MICROMEDEX

Drug Product Information

Manufacturer Janssen Pharma ~~Janssen~~

Date 12-10-02

Product Name Reminyl · Reminyl

New Prod ☐ PLV ☐ Other ☒

Priority ☒ Yes ☐ No

Drug File: lu 12/11/02
MM 12/12/02

Drug Products: AW3 12/12

Confidential

Red Book 09412

Lovato, Laura

From: Parks, William [JANUS] [WParks2@JANUS.JNJ.com]
Sent: Tuesday, December 10, 2002 3:22 PM
To: 'Lovato, Laura'
Subject: RE:

Laura,

There was a price increase on Reminyl effective 12/03/2002 at 5:00 pm EST.

The Wholesaler Acquisition Cost for a bottle of Reminyl NDC#50458-391-60 is now $119.97. X 20%. = $143.96

AWP

Bill

Bill Parks
Director of Trade Relations
Ph: (609) 730-2135
Fax: (609) 730-2697
e-mail: wparks2@janus.jnj.com

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>
>
>
>

-----Original Message-----
From: Lovato, Laura [mailto:Laura.Lovato@mdx.com]
Sent: Tuesday, December 10, 2002 5:17 PM
To: 'wparks2@janus.jnj.com'
Subject:

Dear Mr Parks

I am inquiring if there has been a price increase on NDC 50458-0391-60 for Reminyl effective 12/1/

If you could get back with me as soon as you can.

thank You

Laura Lovato
Staff Writer

12/11/02

AWP =DIR/WHOLESALE/LIST + 20% LIST ALL THREE	MKP	06/24/1996	09/24/1999	flanagan
Effect 9/15/99	PLT	09/23/1999	09/23/1999	flanagan
Aciphex - Eff. 8/20/99	NPD	08/19/1999	08/24/1999	flanagan
Returned w/changes, deactivations and price list effective 1/6/99	PLV	08/18/1999	08/18/1999	nannas
Risperdal effective 7/12/99	NPK	07/19/1999	07/19/1999	lane
Risperdal effective 7/6/99	UPD	07/06/1999	07/06/1999	lane
Hismanal 10mg Tabs effective 6/18/99	DIS	07/06/1999	07/06/1999	lane
Propulsid effective 4/1/99	DIS	05/14/1999	05/14/1999	lane
Effective 1/7/99	UPD	01/07/1999	01/07/1999	panke
Propulsid unit-of-use effective 11/9/98	NPK	10/22/1998	11/13/1998	lane
Risperdal 30 ml effect 8/31/98 & deact 100 ml size	NPK	09/01/1998	09/18/1998	flanagan
reactivate Risperdal 100 ml	CRX	09/17/1998	09/18/1998	flanagan
effective 4/29/98	UPD	04/29/1998	04/29/1998	lane
Effective 1/6/98	UPD	01/06/1998	01/06/1998	nannas

Lovato, Laura JANSSEN PHARMACEUTICAL

From: Parks, William [JANUS] [WParks2@JANUS.JNJ.com]
Sent: Friday, December 20, 2002 12:01 PM
To: 'Lovato, Laura'
Subject: RE:

Laura, Janssen did not have a price change on 11/08/02. The price actions that took place in 2002 were on 3/8/02 and 11/08/02.

Bill

Bill Parks
Director of Trade Relations
Ph: (609) 730-2135
Fax: (609) 730-2697
e-mail: wparks2@janus.jnj.com

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>
>
>
>

-----Original Message-----
From: Lovato, Laura [mailto:Laura.Lovato@mdx.com]
Sent: Thursday, December 19, 2002 1:19 PM
To: 'wparks2@janus.jnj.com'
Subject:

Hello Mr. Parks

I am inquiring if there was a price change on 11/8/02 for Duragesic patch ndc 50458-0035-05 we have the price change effective 12/3/03. but did we miss the 11/8/02 increase.

If you could get back with me as soon as you can, I have a customer who thinks there was a price change on 11/8/02

thank you

Laura Lovato
Staff Writer
Micromedex
(303)486-9117
www.mdx.com

12/20/02

EXHIBIT 14

RECEIVED
DEC 0 1 2003
BY:

RED BOOK® Product Listing Verification - 11/04/2003

Janssen Pharm. Prods., L.P.

Please respond by 02/02/2004

NDC, HRI, UPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
62856-0243-30 NDA	ACIPHEX Tablet, Enteric Coated — Oral route — 20MG 30s ea — Rabeprazole Sodium		RX	no	~~128.30~~ 135.10	~~106.92~~	~~106.92~~ 112.57		~~2003-02-13~~ 11/21/03
62856-0243-41 NDA	ACIPHEX (10X10 BLISTER PACK) Tablet, Enteric Coated — Oral route — 20MG 100s ea — Rabeprazole Sodium		RX	yes	~~427.88~~ 450.32	~~356.38~~	~~356.38~~ ~~450.32~~ 375.27		~~2003-02-13~~ 11/21/03
62856-0243-90 NDA	ACIPHEX Tablet, Enteric Coated — Oral route — 20MG 90s ea — Rabeprazole Sodium		RX	no	~~384.90~~ 405.30	~~320.75~~	~~320.75~~ ~~405.30~~ 337.75		~~2003-02-13~~ 11/21/03
50458-0033-05 NDA	DURAGESIC Patch, Extended Release — Transdermal route — 25MCG/1HR 5s ea — Fentanyl		CII	no	72.70	60.58	60.58		2003-07-10
50458-0034-05 NDA	DURAGESIC Patch, Extended Release — Transdermal route — 50MCG/1HR 5s ea — Fentanyl		CII	no	128.04	106.70	106.70		2003-07-10
50458-0035-05 NDA	DURAGESIC Patch, Extended Release — Transdermal route — 75MCG/1HR 5s ea — Fentanyl		CII	no	195.31	162.76	162.76		2003-07-10
50458-0036-05 NDA	DURAGESIC Patch, Extended Release — Transdermal route — 100MCG/1HR 5s ea — Fentanyl		CII	no	259.21	216.01	216.01		2003-07-10
50458-0220-10 NDA	NIZORAL Tablet — Oral route — 200MG 100s ea — Ketoconazole	AB	RX	no	458.40	379.50	379.50		2003-07-10
50458-0223-04 NDA	NIZORAL Shampoo — Topical route — 2% 120 ml — Ketoconazole		RX	no	27.86	23.30	23.30		2003-07-10
50458-0390-60 NDA	REMINYL Tablet — Oral route — 4MG 60s ea — Galantamine Hydrobromide		RX	no	151.02	125.85	125.85		2003-07-10
50458-0391-60 NDA	REMINYL Tablet — Oral route — 8MG 60s ea — Galantamine Hydrobromide		RX	no	151.02	125.85	125.85		2003-07-10
50458-0392-60 NDA	REMINYL Tablet — Oral route — 12MG 60s ea — Galantamine Hydrobromide		RX	no	151.02	125.85	125.85		2003-07-10
50458-0399-10 NDA	REMINYL (W/CALIBRATED PIPETTE) Solution — Oral route — 4MG/1ML 100 ml — Galantamine Hydrobromide		RX	no	167.81	139.84	139.84		2003-07-10

12-1-03

Instructions: Please make corrections directly on this printout

_____ OK as is ✓ OK with changes

★ Dan wrote AWP instead of WAC - Verbal OK KC 12-1-03

Print Name Daniel Watts Signature [signature] Date

DEC 0 1 2003
BY:

RED BOOK® Product Listing Verification - 11/04/2003

Janssen Pharm. Prods., L.P.

Please respond by 02/02/2004

NDC, HRI, UPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
50458-0300-01 NDA	RISPERDAL (10X10,BLISTER PACK) Tablet Oral route 1MG 100s ea Risperidone		RX	yes	342.02	285.02	285.02		2003-07-10
50458-0300-06 NDA	RISPERDAL Tablet Oral route 1MG 60s ea Risperidone		RX	no	205.26	171.05	171.05		2003-07-10
50458-0300-50 NDA	RISPERDAL Tablet Oral route 1MG 500s ea Risperidone		RX	no	1,710.35	1,425.29	1,425.29		2003-07-10
50458-0301-01 NDA	RISPERDAL Tablet Oral route 0.25MG 100s ea Risperidone		RX	yes	304.61	253.84	253.84		2003-09-18
50458-0301-04 NDA	RISPERDAL Tablet Oral route 0.25MG 60s ea Risperidone		RX	no	182.76	152.32	152.32		2003-07-10
50458-0301-50 NDA	RISPERDAL Tablet Oral route 0.25MG 500s ea Risperidone		RX	no	1,523.06	1,269.22	1,269.22		2003-07-10
50458-0302-01 NDA	RISPERDAL Tablet Oral route 0.5MG 100s ea Risperidone		RX	yes	321.78	268.15	268.15		2003-09-18
50458-0302-06 NDA	RISPERDAL Tablet Oral route 0.5MG 60s ea Risperidone		RX	no	193.08	160.90	160.90		2003-07-10
50458-0302-50 NDA	RISPERDAL Tablet Oral route 0.5MG 500s ea Risperidone		RX	no	1,608.90	1,340.75	1,340.75		2003-07-10
50458-0305-03 NDA	RISPERDAL Solution Oral route 1MG/1ML 30 ml Risperidone		RX	no	119.12	99.27	99.27		2003-07-10
50458-0320-01 NDA	RISPERDAL (10X10,BLISTER PACK) Tablet Oral route 2MG 100s ea Risperidone		RX	yes	535.58	446.32	446.32		2003-07-10
50458-0320-06 NDA	RISPERDAL Tablet Oral route 2MG 60s ea Risperidone		RX	no	321.37	267.81	267.81		2003-07-10
50458-0320-50 NDA	RISPERDAL Tablet Oral route 2MG 500s ea Risperidone		RX	no	2,678.15	2,231.79	2,231.79		2003-07-10
50458-0330-01 NDA	RISPERDAL (10X10,BLISTER PACK) Tablet Oral route 3MG 100s ea Risperidone		RX	yes	660.00	550.00	550.00		2003-07-10
50458-0330-06 NDA	RISPERDAL Tablet Oral route 3MG 60s ea Risperidone		RX	no	396.00	330.00	330.00		2003-07-10
50458-0330-50 NDA	RISPERDAL Tablet Oral route 3MG 500s ea Risperidone		RX	no	3,298.92	2,749.85	2,749.85		2003-07-10

Instructions: Please make corrections directly on this printout

_____OK as is _____OK with changes

Print Name Daniel Watts Signature [signature] Date 12-1-03

RECEIVED
DEC 01 2003
BY:

RED BOOK® Product Listing Verification - 11/04/2003

Janssen Pharm. Prods., L.P.

Please respond by 02/02/2004

NDC, HRI, UPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
50458-0350-01 NDA	RISPERDAL (10X10,BLISTER PACK) Tablet Oral route 4MG 100s ea Risperidone		RX	yes	877.84	731.53	731.53		2003-07-10
50458-0350-06 NDA	RISPERDAL Tablet Oral route 4MG 60s ea Risperidone		RX	no	526.73	438.94	438.94		2003-07-10
50458-0315-25	RISPERDAL M-TAB Tablet, Oral route 1MG Disintegrating 28s ea Risperidone		RX	no	115.40	96.17	96.17		2003-05-05
50458-0315-30	RISPERDAL M-TAB Tablet, Oral route 1MG Disintegrating 30s ea Risperidone		RX	no	123.65	103.04	103.04		2003-05-05
50458-0325-28	RISPERDAL M-TAB Tablet, Oral route 2MG Disintegrating 28s ea Risperidone		RX	no	185.86	154.88	154.88		2003-05-06
50458-0395-28	RISPERDAL M-TAB Tablet, Oral route 0.5MG Disintegrating 28s ea Risperidone		RX	no	98.77	82.31	82.31		2003-05-05
50458-0395-30	RISPERDAL M-TAB Tablet, Oral route 0.5MG Disintegrating 30s ea Risperidone		RX	no	105.83	88.19	88.19		2003-05-05
50458-0290-01 NDA	SPORANOX (3X10,BLISTER PACK) Capsule Oral route 100MG 30s ea Itraconazole		RX	yes	269.63	224.69	224.69		2003-07-10
50458-0290-04 NDA	SPORANOX Capsule Oral route 100MG 30s ea Itraconazole		RX	no	269.63	224.69	224.69		2003-07-10
50458-0290-28 NDA	SPORANOX (7X4,PULSE PAK) Capsule Oral route 100MG 28s ea Itraconazole		RX	no	264.62	220.52	220.52		2003-07-10

Instructions: Please make corrections directly on this printout

✓ OK as is _____ OK with changes

Print Name Daniel Watts Signature [signature] Date 12-1-03

EXHIBIT 15

RED BOOK ™
New Product Information Form

RECEIVED
NOV 18 2003
BY:

Manufacturer Name: Janssen Pharmaceutica Products, L.P.

Distributor Name _____ Original Manufacturer NDC: _____

Product Name: Risperdal Consta (risperidone)

NOTE: PLEASE SEND A PACKAGE INSERT OR PRODUCT LABEL ALONG WITH ALL NEW PRODUCTS OR NDC CHANGES

Product Type: (Underline) Trade Branded/Generic Generic Repackaged Surgical/Device Chemical for Compounding

DEA Class: (Underline) RX OTC C-II C-III C-IV C-V

Dosage Form: 2mL Route of Administration: Injection

Product Packaging (ex. Box, Vial, Bottle, etc.): 2mL Vial

Effective Date: 12/1/2003 OB Rating: NDA#: ANDA#:

(If NDA/ANDA applicable, please send documentation)

Additional Description: _____

NDC *(Underline Identifier type)*	UPC	HRI	UD	Strength	Size	Qty.	AWP	Direct	~~WAC~~ DIRP - see attached	SRP
50458-306-11			Y/N	25mg	2mL	1	266.50		222.08	
50458-307-11			Y/N	37.5mg	2mL	1	399.76		333.13	
50458-308-11			Y/N	50mg	2mL	1	533.00		444.17	
			Y/N							

Submitted by: Daniel Watts — **Name** 609-730-7919 — **Phone** 11/18/2003 — **Date**

Confidential

JANSSEN PHARMACEUTICA INC.

RECEIVED
NOV 18 2003
BY: TK

November 17, 2003

New Product
RISPERDAL® CONSTA™ (risperidone) Long-Acting Injection

Dear Valued Customer,

I am excited to announce to you the availability of Janssen's new product RISPERDAL® CONSTA™ (risperidone) Long-Acting Injection in strengths of 25mg, 37.5mg and 50mg. Please see the enclosed product announcement, which includes price and ordering information.

Thank you for your support of RISPERDAL® and all Janssen Pharmaceutica products. If you have any questions, please contact Janssen Distribution Customer Service at (800) 523-5961.

Sincerely,

Bill Parks

Bill Parks
Director, Trade Relations
Janssen Pharmaceutica
(609) 730-2135

Special storage and handling requirements: See the attached announcement and accompanying CONSTA PI for details

1125 TRENTON-HARBOURTON ROAD
POST OFFICE BOX 200
TITUSVILLE, NEW JERSEY 08560-0200
(609) 730-2000

us.janssen.com

Confidential

RECEIVED
NOV 18 2003
BY:

INTRODUCING

Risperdal® CONSTA™

risperidone Long-Acting Injection

Prepare for the demand

- Nationwide promotional launch supported by more than 1,000 Janssen Pharmaceutica Sales Representatives
- Supported by media and educational campaign

Risperdal CONSTA provides:

- Convenient packaging
- Product packaging includes all components for single use

Stock up today

- Risperdal CONSTA available in 3 strengths: 25mg, 37.5mg and 50mg

Risperdal	NDC Number	Package	Direct Distributor Price
25mg	50458-306-11	Vial/Kit (10 per case)	$2,220.80 per case
37.5mg	50458-307-11	Vial/Kit (10 per case)	$3,331.30 per case
50mg	50458-308-11	Vial/Kit (10 per case)	$4,441.70 per case

See reverse side for details of special storage and handling requirements

For medical questions, please call 1-800-JANSSEN (1-800-526-7736)
Please see accompanying Full Prescribing Information

HDMA Standard Product Information

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ON

Date: 11/17/03 Page 1 of 1

Minimum prepaid Shipment: _____

Terms: 2% 30, NET 31 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	☐ STEROID/ANDROGEN
☐ INORGANIC	☐ ESSENTIAL CHEMICAL
☐ CORROSIVE/OXIDIZER	☐ PRECURSOR CHEMICAL
☐ AEROSOL	☐ MAXIMUM QUANTITY LEVEL
☐ AEROSOL CLASS	☐ N/A Not Applicable
☐ ANTINEOPLASTIC	

Case Cube	Case Dimension	Item Demension	Pallet Dimension	# Cases Per Pallet
	Depth: 10.13"	Depth: 7.38"	Depth: 48.00"	
	Height: 7.13"	Height: 2.00"	Height: 40.00"	
	Width: 5.13"	Width: 2.50"	Width: 51.00"	

_____ II. Product Color _____

IV. Generic Name For Brand _____

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IFRS. ' AWP	$ Average Retail Price	$SRP	$ Salespersons P.M. ☐ $ ☐ %	Medicaid Billing Code (entered by wholesaler)
266.50				

l basis to all sellers' accounts competitive with customer.

_____

Revised 11/03

RECEIVED
NOV 18 2003
BY:

INTRODUCING

Risperdal® CONSTA™

risperidone Long-Acting Injection

Prepare for the demand

- Nationwide promotional launch supported by more than 1,000 Janssen Pharmaceutica Sales Representatives
- Supported by media and educational campaign

Risperdal CONSTA provides:

- Convenient packaging
- Product packaging includes all components for single use

Stock up today

- Risperdal CONSTA available in 3 strengths: 25mg, 37.5mg and 50mg

Risperdal	NDC Number	Package	Direct Distributor Price
25mg	50458-306-11	Vial/Kit (10 per case)	$2,220.80 per case
37.5mg	50458-307-11	Vial/Kit (10 per case)	$3,331.30 per case
50mg	50458-308-11	Vial/Kit (10 per case)	$4,441.70 per case

See reverse side for details of special storage and handling requirements

For medical questions, please call 1-800-JANSSEN (1-800-526-7736)
Please see accompanying Full Prescribing Information

Pharmaceutical Products

☑ New Item ☐ Promotion/Deal ☐ Open Stock

HDMA Standard Product Information

Manufacturer/Broker #:
Manufacturer/Broker Name: Janssen Pharmaceutica
Address: 1125 Trenton-Harbourton Rd
City, State, Zip: Titusville, NJ 08560
Key Contact: Bill Parks or JOM Cust Service Fax: 609-730-2697
Phone: 1/800- 526-7736 /Phone: (609) 730-2135
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)

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: 11/17/03 Page 1 of 1
Minimum prepaid Shipment:
Terms: 2% 30, NET 31 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
- ☐ INORGANIC
- ☐ CORROSIVE/OXIDIZER
- ☐ AEROSOL
- ☐ AEROSOL CLASS
- ☐ ANTINEOPLASTIC
- ☐ STEROID/ANDROGEN
- ☐ ESSENTIAL CHEMICAL
- ☐ PRECURSOR CHEMICAL
- ☐ MAXIMUM QUANTITY LEVEL
- ☐ N/A Not Applicable

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
RISPERDAL CONSTA 25MG NDC# 50458-306-11	2mL/25mg vial	Dose Pack	Case: 50458-306-11 Carton: Item:	10 Dose Packs/ Case		2.00lbs		Depth: 10.13" Height: 7.13" Width: 5.13"	Depth: 7.38" Height: 2.00" Width: 2.50"	Depth: 48.00" Height: 40.00" Width: 51.00"	

For Generic Drug Products: I. FDA Orange Book Rating ____ II. Product Color ____
III. Brand Name Equivalent ____ IV. Generic Name For Brand ____

Cost Information

☑ NDC 50458-306-11 ☐ UPC#
Whsl. Code #
Fineline Code

	$ Regular Cost	Purchase Allowance ☐ OI ☐ BB $	%	$ Invoice Cost	$ Net Cost	MFRS.' AWP	$ Average Retail Price	$SRP	$ Salespersons P.M. ☐ $ ☐ %	Medicaid Billing Code (entered by wholesaler)
DZ										
EA	222.08					266.50				
PPK										

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

Signature: ____

Revised 11/03

Confidential

Red Book 09471

Pharmaceutical Products

☑ New Item ☐ Promotion/Deal ☐ Open Stock

HDMA Standard Product Information

Manufacturer/Broker #:
Manufacturer/Broker Name: Janssen Pharmaceutica
Address: 1125 Trenton-Harbourton Rd
City, State, Zip: Titusville, NJ 08560
Key Contact: Bill Parks or JOM Cust Service Fax: 609-730-2697
Phone: 1/800- 526-7736 /Phone: (609) 730-2135
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)

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: 11/17/03 Page 1 of 1
Minimum prepaid Shipment:
Terms: 2% 30, NET 31 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
- ☐ INORGANIC
- ☐ CORROSIVE/OXIDIZER
- ☐ AEROSOL
- ☐ AEROSOL CLASS
- ☐ ANTINEOPLASTIC
- ☐ STEROID/ANDROGEN
- ☐ ESSENTIAL CHEMICAL
- ☐ PRECURSOR CHEMICAL
- ☐ MAXIMUM QUANTITY LEVEL
- ☐ N/A Not Applicable

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
RISPERDAL CONSTA 37.5MG NDC# 50458-307-11	2mL/37.5 mg vial	Dose Pack	Case: 50458-307-11 Carton: Item:	10 Dose Packs/ Case		2.00lbs		Depth: 10.13" Height: 7.13" Width: 5.13"	Depth: 7.38" Height: 2.00" Width: 2.50"	Depth: 48.00" Height: 40.00" Width: 51.00"	

For Generic Drug Products: I. FDA Orange Book Rating ____ II. Product Color ____
III. Brand Name Equivalent ____ IV. Generic Name For Brand ____

Cost Information

☑ NDC 50458-307-11 ☐ UPC#
Whsl. Code #
Fineline Code

	$ Regular Cost	Purchase Allowance ☐ OI ☐ BB $	%	$ Invoice Cost	$ Net Cost	MFRS.' AWP	$ Average Retail Price	$SRP	$ Salespersons P.M. ☐ $ ☐ %	Medicaid Billing Code (entered by wholesaler)
DZ										
EA	333.13					399.76				
PPK										

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

Signature: ____

Revised 11/03

Confidential
Red Book 09422

Pharmaceutical Products

☑ New Item ☐ Promotion/Deal ☐ Open Stock

HDMA Standard Product Information

Manufacturer/Broker #:
Manufacturer/Broker Name: Janssen Pharmaceutica
Address: 1125 Trenton-Harbourton Rd
City, State, Zip: Titusville, NJ 08560
Key Contact: Bill Parks or JOM Cust Service Fax: 609-730-2697
Phone: 1/800- 526-7736 /Phone: (609) 730-2135
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)

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: 11/17/03 Page 1 of 1
Minimum prepaid Shipment:
Terms: 2% 30, NET 31 Extra Dating:
Number of Orders: Buy Period:
Shipping Period:
Type of Promotion: ☐ National ☐ Regional ☐ Testl
New Item: ☑ National ☐ Regional ☐ Testl
Regular Item: ☑ National ☐ Regional ☐ Testl
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
- ☐ INORGANIC
- ☐ CORROSIVE/OXIDIZER
- ☐ AEROSOL
- ☐ AEROSOL CLASS
- ☐ ANTINEOPLASTIC
- ☐ STEROID/ANDROGEN
- ☐ ESSENTIAL CHEMICAL
- ☐ PRECURSOR CHEMICAL
- ☐ MAXIMUM QUANTITY LEVEL
- ☐ N/A Not Applicable

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
RISPERDAL CONSTA 50MG NDC# 50458-308-11	2mL/50mg vial	Dose Pack	Case: 50458-308-11 Carton: Item:	10 Dose Packs/ Case		2.00lbs		Depth: 10.13" Height: 7.13" Width: 5.13"	Depth: 7.38" Height: 2.00" Width: 2.50"	Depth: 48.00" Height: 40.00" Width: 51.00"	

For Generic Drug Products: I. FDA Orange Book Rating II. Product Color
III. Brand Name Equivalent IV. Generic Name For Brand

Cost Information

☑ NDC 50458-308-11 ☐ UPC#
Whsl. Code #
Fineline Code

	$ Regular Cost	Purchase Allowance ☐ OI ☐ BB $	%	$ Invoice Cost	$ Net Cost	MFRS. ' AWP	$ Average Retail Price	$SRP	$ Salespersons P.M. ☐ $ ☐ %	Medicaid Billing Code (entered by wholesaler)
DZ										
EA	444.17					533.00				
PPK										

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

Signature:

Revised 11/03

Confidential

Red Book 09423

THOMSON

MICROMEDEX

JANSSEN PHARMACEUTICA PRODUCTS, L.P.

Company Pricing/Markup History 1/1/1995 - 11/18/2003

Company	Add Date	User	Note Type	Note Detail
JANSSEN PHARMACEUTICA PRODUCTS, L.P.				
	9/23/2003	kcamus	MKP	Co. supplies DIRP and suggested AWP per Bill Parks
	9/24/1999	flanagan	MKP	AWP =DIR/WHOLESALE/LIST + 20% LIST ALL THREE

Confidential Red Book 09424

EXHIBIT 16

Camus, Kristen

From: Parks, William [JANUS] [WParks2@JANUS.JNJ.com]
Sent: Monday, September 22, 2003 4:57 PM
To: 'Camus, Kristen'
Subject: RE: Risperdal

SEP 23 2003

Kristen,

Our suggested AWP is 120% above Direct Distributor Price (Wholesale Acquisition Cost).

I hope that answers your question.

Bill

Bill Parks
Director of Trade Relations
Ph: (609) 730-2135
Fax: (609) 730-2697
e-mail: wparks2@janus.jnj.com

> Confidentiality Notice: This e-mail transmission may contain confidential or legally privileged information that is intended only for the individual or entity named in the e-mail address. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or reliance upon the contents of this e-mail is strictly prohibited. If you have received this e-mail transmission in error, please reply to the sender, so that Janssen Pharmaceutica can arrange for proper delivery, and then please delete the message from your inbox. Thank you.

>
>
>
>

-----Original Message-----
From: Camus, Kristen [mailto:kristen.camus@mdx.com]
Sent: Monday, September 22, 2003 12:58 PM
To: 'wparks2@janus.jnj.com'
Subject: Risperdal
Importance: High

Good morning, again, Bill;

I just received word from our Editorial department that you only supplied DIRECT pricing and we require also an AWP I thank you for your time and I look forward to hearing from you. Have a nice day!

Sincerely;
Kristen Camus
Industry Liaison / Red Book

9/23/2003

EXHIBIT 17

JANSSEN PHARMACEUTICA INC.

November 22, 2004

URGENT PRICE CHANGE NOTIFICATION

Dear Valued Customer:

Janssen Pharmaceutica Products, L.P. is announcing a price change on select items effective at 5:00PM Eastern Standard Time November 22, 2004. All orders received or postmarked after 5:00PM Eastern Standard Time on November 22, 2004 will be invoiced at the new price listed on the attached Price List.

Thank you for your continued support of Janssen's products. Please contact Janssen Customer Service (800) 523-5961 or me if you have any questions.

Best Regards,

Bill Parks

Bill Parks
Director, Trade Relations
(609) 730-2135
wparks2@janus.jnj.com

RECEIVED
NOV 23 2004
BY:

1125 TRENTON-HARBOURTON ROAD
POST OFFICE BOX 200
TITUSVILLE, NEW JERSEY 08560-0200
(609) 730-2000
us.janssen.com

JANSSEN PHARMACEUTICA PRODUCTS, L.P.

PRICE LIST

Effective November 22, 2004 5:00 PM Eastern Standard Time

Effective 11/23/04

Price Changed	PRODUCT		NDC CODE	Direct Distributor Price Box/Bottle	Direct Distributor Price Case	Suggested AWP Box/Bottle
	DURAGESIC	25 MCG/HR	50458-033-05	64.15	1,539.60	76.98
	DURAGESIC	50 MCG/HR	50458-034-05	117.26	2,814.24	140.71
	DURAGESIC	75 MCG/HR	50458-035-05	178.87	4,292.88	214.64
	DURAGESIC	100 MCG/HR	50458-036-05	237.39	5,697.36	284.87
	NIZORAL	TABLETS 100'S	50458-220-10	379.50	9,108.00	455.40
	NIZORAL	SHAMPOO, 4 OZ	50458-223-04	24.70	592.80	29.64
✓	SPORANOX	CAPSULES, 30'S	50458-290-04	247.40	5,937.60	296.88
✓	SPORANOX	CAPSULES, U.D. 30'S	50458-290-01	247.40	5,937.60	296.88
	SPORANOX	PULSEPAK 28'S	50458-290-28	231.55	5,557.20	277.86
✓	RISPERDAL	.25MG 60'S	50458-301-04	160.66	3,855.84	192.79
✓	RISPERDAL	.50MG 60'S	50458-302-06	176.30	4,231.20	211.56
✓	RISPERDAL	1MG 60'S	50458-300-06	187.43	4,498.32	224.92
✓	RISPERDAL	2MG 60'S	50458-320-06	293.45	7,042.80	352.14
✓	RISPERDAL	3MG 60'S	50458-330-06	344.68	8,272.32	413.62
✓	RISPERDAL	4MG 60'S	50458-350-06	462.96	11,111.04	555.55
✓	RISPERDAL	.25MG U.D. 100'S	50458-301-01	267.74	1,606.44	321.29
✓	RISPERDAL	.50MG U.D. 100'S	50458-302-01	293.81	1,762.86	352.57
✓	RISPERDAL	1MG U.D. 100'S	50458-300-01	312.31	1,873.86	374.77
✓	RISPERDAL	2MG U.D. 100'S	50458-320-01	489.05	2,934.30	586.86
✓	RISPERDAL	3MG U.D. 100'S	50458-330-01	574.46	3,446.76	689.35
✓	RISPERDAL	4MG U.D. 100'S	50458-350-01	771.56	4,629.36	925.87
✓	RISPERDAL	.25MG 500'S	50458-301-50	1,338.68	12,048.12	1,606.42
✓	RISPERDAL	.50MG 500'S	50458-302-50	1,469.09	8,814.54	1,762.91
✓	RISPERDAL	1MG 500'S	50458-300-50	1,561.72	9,370.32	1,874.06
✓	RISPERDAL	2MG 500'S	50458-320-50	2,445.42	14,672.52	2,934.50
✓	RISPERDAL	3MG 500'S	50458-330-50	2,872.15	17,232.90	3,446.58
✓	RISPERDAL	M-TAB .50MG 28'S	50458-395-28	85.97	1,719.40	103.16
✓	RISPERDAL	M-TAB 1MG 28'S	50458-315-28	100.44	2,008.80	120.53
✓	RISPERDAL	M-TAB 2MG 28'S	50458-325-28	161.77	3,235.40	194.12
✓	RISPERDAL	M-TAB .50MG 30'S	50458-395-30	92.11	1,842.20	110.53
✓	RISPERDAL	M-TAB 1MG 30'S	50458-315-30	107.63	2,152.60	129.16
✓	RISPERDAL	ORAL SOLUTION 30ML	50458-305-03	104.70	3,141.00	125.64
✓	RISPERDAL	CONSTA 25MG	50458-306-11	227.63	2,276.30	273.16
✓	RISPERDAL	CONSTA 37.5MG	50458-307-11	341.46	3,414.60	409.75
✓	RISPERDAL	CONSTA 50MG	50458-308-11	455.27	4,552.70	546.32
✓	REMINYL	4MG 60'S	50458-390-60	137.17	3,292.08	164.60
✓	REMINYL	8MG 60'S	50458-391-60	137.17	3,292.08	164.60
✓	REMINYL	12MG 60'S	50458-392-60	137.17	3,292.08	164.60
✓	REMINYL	ORAL SOLUTION 100ML	50458-399-10	152.41	Available by Bottle	182.89

RECEIVED
NOV 23 2004
BY:

EXHIBIT 18

THOMSON MICROMEDEX
RED BOOK® Database Administration
6200 South Syracuse Way, Suite 300
Greenwood Village, CO 80111-4740
(303) 486-6796
(800) 724-9937 Toll Free
(303) 486-9297 Fax
www.mdx.Red_Book_data@thomson.com

09/02/2004

Suzann Lowery
Reimbursement Aministrator
McNeil Consumer and Specialty Pharmaceuticals

This letter is in regards to our verbal conversation concerning AWP for (McNeil Consumer and Specialty Pharmaceuticals)'s products, on (09/02/2004/11:00 A.M.). In the absence of a manufacturer provided AWP or a manufacturer calculated markup to establish an AWP, we will be implementing a 20 % markup above (DIRP/Net Price) to calculate AWP. We will not report a third party's determination of AWP for your products. As discussed in our conversation, this markup will apply to (all McNeil Consumer and Specialty Pharmaceuticals products). This is in accordance with our company policy for calculation of AWP.

Sincerely,

Traci Kellam

Traci Kellam
Red Book Industry Liaison

EXHIBIT 19

McNeil

McNeil Consumer Healthcare, 7050 Camp Hill Road, Fort Washington, PA 19034-2299 (215) 273-7000

(DUP?)

RECEIVED
OCT 12 2001
RED BOOK PRICING

October 11, 2001

Carol Flanagan
Red Book
5 Paragon Drive
Montvale, NJ 07645-1742

CONCERTA™ (methylphenidate hydrochloride) Extended Release Tablets

Dear Carol:

The purpose of this communication is to advise you that **CONCERTA™ (methylphenidate hydrochloride) Extended Release Tablets** will be marketed by McNeil Consumer Healthcare, effective October 29, 2001.

The NDC numbers and prices will remain the same:

NDC Number	Description	Estimated AWP
17314-5850-02	18 mg tablets (100's)	$231.25
17314-5851-02	36 mg tablets (100's)	$243.75
17314-5852-02	54 mg tablets (100's)	$256.25

Please feel free to call me at 215-273-7741 if you have any questions or require additional information.

Sincerely,

Suzann

Suzann Lowery
Reimbursement Administrator

EXHIBIT 20

McNeil

McNeil Consumer Healthcare, 7050 Camp Hill Road, Fort Washington, PA 19034-2299 (215) 273-7000

RECEIVED
OCT 12 2001
RED BOOK PRICING

(DUP?)

October 11, 2001

Carol Flanagan
Red Book
5 Paragon Drive
Montvale, NJ 07645-1742

FLEXERIL (cyclobenzaprine hydrochloride)

Dear Carol:

The purpose of this communication is to advise you that **FLEXERIL (cyclobenzaprine hydrochloride) 10 mg tablets** will be marketed by McNeil Consumer Healthcare, effective October 29, 2001.

The NDC numbers and prices are as follows:

NDC Number	Description	Estimated AWP
17314-8700-01	10 mg tablets (100's)	$120.13

Please note there may still be product in distribution under NDC 00006-0931-68.

00006-0931-28	10 mg tablets unit dose (100's)	$125.87

Please note this code should not have been deactivated. Please replace it in your system.

Please feel free to call me at 215-273-7741 if you have any questions or require additional information.

Sincerely,

Suzann

Suzann Lowery
Reimbursement Administrator

EXHIBIT 21

HJ 8/2/01

McNeil

McNeil Consumer Healthcare, 7050 Camp Hill Road, Fort Washington, PA 19034-2299 (215) 273-7000

RECEIVED
JUL 30 2001
RED BOOK PRICING

July 25, 2001

Carol Flanagan
Red Book
5 Paragon Drive
Montvale, NJ 07645-1742

McNeil Consumer Healthcare
Product Catalog Update 2Q01

Dear Carol:

This letter will provide you with a complete current catalog list for McNeil Consumer Healthcare including:

- New products added during 2Q01
- New packages added during 2Q01
- Price changes
- Discontinued product codes (listed on separate page)
- Label for new products

All new information is noted in bold.

If you have any questions or require additional information, please call me at 215-273-7741.

Sincerely,

Suzann Lowery

Suzann Lowery
Product Reimbursement Administrator

8/2 per Andrea - change to ~~Vrig flags~~ each

RECEIVED
JUL 30 2001
RED BOOK PRICING

McNeil Consumer Healthcare
Current Wholesale and Estimated Average Wholesale (AWP) Prices
COMPLETE CATALOG
2nd Quarter 2001

OVER-THE-COUNTER PRODUCTS	National Drug Code	UPC	Container and Size	Direct Net Price	AWP	Effective Date	Type of Change
REGULAR STRENGTH TYLENOL:							
Tablets	00045-0496-42		per 24's	2.27	2.72		
Tablets	00045-0496-50		per 50's	3.84	4.61		
Tablets	00045-0496-60		per 100's	5.96	7.15		
EXTRA STRENGTH TYLENOL:							
Tablets	00045-0499-32		per 30's	3.18	3.82		
Tablets	00045-0499-68		per 60's	5.30	6.36		
Tablets	00045-0499-60		per 100's	7.17	8.60		
Tablets	00045-0499-70		per 200's	12.27	14.72		
Caplets	00045-0449-05		per 24's	2.65	3.18		
Caplets	00045-0449-07		per 50's	4.56	5.47		
Caplets (Buy One Get One)	00045-0449-64		per 50's	4.56	5.47		
Caplets w/free Upper Respiratory Topper*	00045-0449-43		per 50's	4.56	5.47		
Caplets	00045-0449-09		per 100's	7.43	8.92		
Caplets Bonus Pack 100 + 60	00045-0449-59		per 100+60	7.43	8.92		
Caplets w/free 50's	00045-0449-53		per 100's+50	7.43	8.92		
Caplets w/free Upper Respiratory Topper*	00045-0449-39		per 100's	7.43	8.92		
Caplets (Buy Two and Save)	00045-0449-73		per 100's	9.40	11.28		
Caplets w/24's ADDED	**00045-0449-76**		**per 100's + 24**	**7.43**	**8.92**	**2 Apr 01**	**New Package**
Caplets (Bonus Pack)	00045-0449-00		per 125's	6.53	7.84		
Caplets	00045-0449-23		per 150's	9.51	11.41		
Caplets w/free AFLEXA 50's	00045-0449-79		per 150's + 50	9.51	11.41		
Caplets	00045-0449-80		per 225's	11.53	13.84		
Caplets Inner Pack	00045-0449-59		per 250's	11.53	13.84		
Caplets w/free Upper Respiratory Topper*	00045-0449-49		per 250's	11.53	13.84		
Caplets w/free 24's	00045-0449-82		per 250 + 24	11.53	13.84		
Caplets w/free PM Caplet 24's	00045-0449-86		per 250's	11.53	13.84		
Caplets (Warehouse Club Pack)	00045-0449-30		per 300's	11.09	13.31		
Caplets	00045-0449-70		per 700's	26.77	32.12		
Caplets (Dispenser Pack)	00045-0449-10		per 50/2's	5.24	6.29		
Caplets (Case)	00045-0449-13		per 2500/2's	262.08	314.50		
Caplets (~~12~~ 10x10) Vial Rack	00045-0449-12			1.37	1.64		
Caplets (~~12~~ 10x10) Blister Vial	00045-0449-15			1.37	1.64		

*Upper Respiratory Topper includes: 2 allergy sinus caplets, 2 flu caplets, 2 sinus caplets, 2 cold tablets.

CORRECTION 10 EA.

280892 0005 OTC/TR
Tab 500MG BOTTLE
12# (Caplets)

2808920005 OTC/TR
TAB (GELTAB) 500MG BOTTLE
UPD

McNeil Consumer Healthcare
Current Wholesale and Estimated Average Wholesale (AWP) Prices
COMPLETE CATALOG
2nd Quarter 2001

OVER-THE-COUNTER PRODUCTS	National Drug Code	UPC	Container and Size	Direct Net Price	AWP	Effective Date	Type of Change
EXTRA STRENGTH TYLENOL:							
Geltabs	00045-0124-24		per 24's	2.65	3.18		
Geltabs	00045-0124-50		per 50's	4.56	5.47		
Geltabs w/free Upper Respiratory Topper*	00045-0124-43		per 50's	4.56	5.47		
Geltabs	00045-0124-10		per 100's	7.43	8.92		
Geltabs w/free Upper Respiratory Topper*	00045-0124-39		per 100's	7.43	8.92		
Geltabs w/24's ADDED	**00045-0124-76**		**per 100's + 24**	**7.43**	**8.92**	**2 Apr 01**	**New Package**
Geltabs	00045-0124-15		per 150's	9.51	11.41		
Gelcaps	00045-0468-24		per 24's	2.65	3.18		
Gelcaps	00045-0468-50		per 50's	4.56	5.47		
Gelcaps w/free Upper Respiratory Topper*	00045-0468-43		per 50's	4.56	5.47		
Gelcaps	00045-0468-70		per 100's	7.43	8.92		
Gelcaps w/free 24's	00045-0468-58		per 100's + 24	7.43	8.92		
Gelcaps Bonus Pack 100 + 60	00045-0468-69		per 100 + 60	7.43	8.92		
Gelcaps Bonus Pack	00045-0468-13		per 100's + 25	7.43	8.92		
Gelcaps Bonus Pack	00045-0468-01		per 100 + 50	7.43	8.92		
Gelcaps w/free Imodium Advanced 4's	00045-0468-27		per 100's	7.43	8.92		
Gelcaps w/free Upper Respiratory Topper*	00045-0468-39		per 100's	7.43	8.92		
Gelcaps w/24's (GELCAPLET)	**00045-0468-76**	ADDED	**per 100's + 24**	**7.43**	**8.92**	**2 Apr 01**	**New Package**
Gelcaps	00045-0468-65		per 150's	9.51	11.41		
Gelcaps w/free PM Vials 10	00045-0468-63		per 150's	9.51	11.41		
FIXED Gelcaps w/free AFLEXA 50's	00045-0468-14		per 150's + 50	9.51	11.41		
Gelcaps	00045-0468-61		per 225's	11.53	13.84		
Gelcaps	00045-0468-40		per 225's	11.53	13.84		
Gelcaps w/free Grape Chewable Tablets 30's	00045-0468-08		per 225's	11.53	13.84		
Gelcaps w/free Upper Respiratory Topper*	00045-0468-49		per 225's	11.53	13.84		
FIXED Gelcaps w/free 24's	00045-0468-41		per 225's + 24	11.53	13.84		
FIXED Gelcaps w/free PM Gelcap 24's	00045-0468-83		per 225's	11.53	13.84		
Gelcaps (12x10) Vial Rack Refill 10	00045-0468-21			1.37	1.64		
Gelcaps	00045-0468-00		per 2500/2's	287.50	345.00		
EXTRA STRENGTH TYLENOL:							
Liquid	00045-0500-08		per 8oz	4.35	5.22		

*Upper Respiratory Topper includes: 2 allergy sinus caplets, 2 flu caplets, 2 sinus caplets, 2 cold tablets.

CORRECTION TO EA.

Confidential Red Book 09457

McNeil Consumer Healthcare

Current Wholesale and Estimated Average Wholesale (AWP) Prices

COMPLETE CATALOG

2nd Quarter 2001

OVER-THE-COUNTER PRODUCTS	National Drug Code	UPC	Container and Size	Direct Net Price	AWP	Effective Date	Type of Change
EXTRA STRENGTH TYLENOL PM:							
Caplets	00045-0482-24		per 24's	3.22	3.86		
Caplets	00045-0482-50		per 50's	5.51	6.61		
Caplets Bonus Pack	00045-0482-65		per 65's	5.51	6.61		
Caplets	00045-0482-10		per 100's	7.98	9.58		
Caplets	00045-0482-15		per 150's	9.88	11.86		
Caplets (Wholesale Pack)	00045-0482-16		per 150's	9.88	11.86		
Caplets	00045-0482-18		per 180's	9.88	11.86		
Caplets ~~12~~ 10x10 Vial Rack	00045-0482-20			1.37	1.64	Add $ CRX TO EA.	
Gelcap	00045-0182-20		per 24's	3.22	3.86		
Gelcaps	00045-0182-40		per 50's	5.51	6.61		
Gelcaps w/free Imodium Advanced	00045-0182-05		per 50's	5.51	6.61		
Gelcaps	00045-0182-10		per 2500/2's	347.88	417.46		
Geltabs	00045-0176-24		per 24's	3.22	3.86		
Geltabs	00045-0176-50		per 50's	5.51	6.61		
Geltabs w/free Imodium Advanced 4's	00045-0176-05		per 50's	5.51	6.61		
Geltabs	00045-0176-10		per 100's	7.98	9.58		
WOMEN'S TYLENOL:							
Caplets	50580-0928-24		per 24's	3.22	3.86		
Caplets	50580-0928-40		per 40's	4.90	5.88		
SIMPLY SLEEP:							
Caplets	50580-0843-24	00045-0843-24	per 24's	3.22	3.86		
Caplets	50580-0843-48	00045-0843-48	per 48's	5.51	6.61		
Caplets	50580-0843-72		per 72's	7.51	9.01		
TYLENOL ARTHRITIS PAIN:							
Caplets	50580-0112-21	00045-0838-24	per 24's	2.85	3.42		
Caplets	50580-0112-50	00045-0838-50	per 50's	4.90	5.88		
Caplets w/free 50's	50580-0112-64	00045-0838-64	per 50's + 50	4.90	5.88		
Caplets	50580-0112-10	00045-0838-10	per 100's	7.98	9.58		
Caplets w/free PM Vial	00045-0838-11		per 100's	7.98	9.58		
Caplets	50580-0112-15	00045-0838-15	per 150's	10.22	12.26		
Caplets w/free 50's	50580-0112-16		per 150's + 50	10.22	12.26		
Caplets	50580-0112-29		per 290's	15.05	18.06		

Confidential Red Book 09458

2808040080 OTC/TR
TAB 200 mg BOTTLE
UPA OTC

McNeil Consumer Healthcare
Current Wholesale and Estimated Average Wholesale (AWP) Prices
COMPLETE CATALOG
2nd Quarter 2001

OVER-THE-COUNTER PRODUCTS	National Drug Code	UPC	Container and Size	Direct Net Price	AWP	Effective Date	Type of Change
MOTRIN IB:							
Tablets	00045-0463-02		per 24's	2.47	2.96		
Tablets	00045-0463-03		per 50's	4.24	5.09		
Tablets w/free 50's	00045-0463-08		per 50's + 50	4.24	5.09		
Tablet	**00045-0463-74**	ADDED	**per 50's + 24**	**4.24**	**5.09**	**29 May 01**	**New Package**
Tablets (Bonus Pack) FIXED	**00045-0463-24**		**per 50's + 15**	**4.24**	**5.09**		**Description Chge**
Tablet (Buy One Get One)	**00045-0463-14**	ADDED	**per 65's + 65**	**4.24**	**5.09**	**9 May 01**	**New Package**
Tablets	00045-0463-04		per 100's	6.72	8.06		
Tablets	00045-0463-11		per 165's	8.90	10.68		
Caplets	00045-0481-03		per 24's	2.47	2.96		
Caplets	00045-0481-02		per 50's	4.24	5.09		
Caplets w/free TYLENOL Caplet 50's	00045-0481-08		per 50's	4.24	5.09		
Caplets w/free 50's	00045-0481-21		per 50's + 50	4.24	5.09		
Caplets ADDED	**00045-0481-74**		**per 50's + 24**	**4.24**	**5.09**	**29 May 01**	**New Package**
Caplets	**00045-0481-13**		**per 60's**	**4.24**	**5.09** D	Δ	Price Correction
Caplets (Bonus Pack)	**00045-0481-24**		**per 50's + 15**	**4.24**	**5.09**		**Description Chge**
Caplets (Buy One Get One) ADDED	**00045-0481-27**		**per 65's + 65**	**4.24**	**5.09**	**9 May 01**	**New Package**
Caplets	00045-0481-01		per 100's	6.72	8.06		
Caplets	**00045-0481-52**		**per 50/2's**	**6.72** A	**8.06**	A DATE	Price Correction
Caplets w/free Gelcaps 24's	00045-0481-10		per 100's	6.72	8.06		
Caplets	00045-0481-25		per 135's	6.72	8.06		
Caplets	00045-0481-09		per 165's	8.90	10.68		
Caplets	00045-0481-29		per 250's	10.86	13.03		
Caplets	00045-0481-37		per 300's	11.86	14.23		
Caplets	00045-0481-19		per 2500/2's	200.00	240.00		
Caplet Blister Card	00045-0481-11		per 8's	1.00	1.20		
Gelcaps	00045-0770-02		per 24's	2.47	2.96		
Gelcaps	00045-0770-03		per 50's	4.24	5.09		
Gelcaps w/free 50's	00045-0770-32		per 50's + 50	4.24	5.09		
Gelcaps ADDED	**00045-0770-74**		**per 50's + 24**	**4.24**	**5.09**	**29 May 01**	**New Package**
Gelcaps	00045-0770-04		per 100's	6.72	8.06		
MOTRIN MIGRAINE PAIN:							
Caplets	50580-0915-24		per 24's	2.47	2.96		
Caplets	50580-0915-50		per 50's	4.24	5.09		
Caplets w/free 50's	50580-0915-52		per 50's + 50	4.24	5.09		
Caplet ADDED	**50580-0915-74**		**per 50's + 24**	**4.24**	**5.09**	**29 May 01**	**New Package**
Caplets	50580-0915-10		per 100's	6.72	8.06		
Caplets (buy two and save)	50580-0915-20		per 100x2	10.44	12.53		

7/25 DATE Δ
Δ Price Correction
7/25 PER: AUDREA OK

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McNeil Consumer Healthcare

Current Wholesale and Estimated Average Wholesale (AWP) Prices

COMPLETE CATALOG

2nd Quarter 2001

OVER-THE-COUNTER PRODUCTS	National Drug Code	UPC	Container and Size	Direct Net Price	AWP	Effective Date	Type of Change
ST. JOSEPH ASPIRIN:							
Tablets	50580-0126-36		per 36's	1.75	2.10	24-March	New Product
Tablets (enteric coated)	50580-0126-18		per 180's	7.19	8.63	24-March	New Product
Chewable Tablets	50580-0173-36		pre 36's	1.75	2.10	24-March	New Product
Chewable Tablets (tri-pack 3x36)	50580-0173-08		per 108's	4.65	5.58	24-March	New Product
SIMPLY MOTION:							
Caplets	50580-0507-08		per 8's	2.27	2.72		
TYLENOL COLD:							
Caplets	00045-0285-24		per 24's	3.67	4.40		
NO DROWSINESS TYLENOL COLD:							
Caplets	00045-0459-24		per 24's	3.67	4.40	in Pilot phase as	50580-0459-24
Caplets (replaces 00045-0459-24)	50580-0459-24	00045-0459-24	per 24's	3.67	4.40		
Caplets w/free 12's	50580-0459-36		per 24's + 12	3.67	4.40		
Gelcaps	00045-0616-20		per 24's	3.67	4.40		
Gelcaps (replaces 00045-0616-20)	50580-0616-20	00045-0616-20	per 24's	3.67	4.40		
Gelcaps w/free 12's	50580-0616-36		per 24's	3.67	4.40		
TYLENOL COLD Severe Congestion - Non Drowsy:							
Caplets	00045-0214-24		per 24's	3.67	4.40		
Caplets	00045-0214-47		per 24's	3.67	4.40		
Caplets	00045-0214-48		per 48's	5.67	6.80		
Caplets	00045-0214-25		2500/2's	495.00	594.00		
TYLENOL Sinus Nighttime:							
Caplets	00045-0836-24		per 24's	3.67	4.40		
SIMPLY STUFFY:							
Tablets	50580-0506-24		per 24's	2.64	3.17		
Tablets	50580-0506-48		per 48's	3.88	4.66		
TYLENOL FLU:							
Gelcaps No Drowsiness	00045-0841-12		per 12's	2.30	2.76		
Gelcaps No Drowsiness	50580-0841-12	00045-0841-12	per 12's	2.30	2.76		
Gelcaps ND w/free Tylenol Flu NT Liquid 1 oz.	00045-0841-21		per 20's	3.80	4.56		
Gelcaps ND w/free Tylenol Flu NT Liquid 1 oz.	50580-0841-21	00045-0841-21	per 20's	3.80	4.56		
Gelcaps No Drowsiness	00045-0841-24		per 24's	3.67	4.40		
Gelcaps No Drowsiness	50580-0841-24	00045-0841-24	per 24's	3.67	4.40		
Gelcaps ND w/free Topper	00045-0841-32		per 24's	3.67	4.40		
Gelcaps ND w/ free 12's	50580-0841-37		per 24's + 12	3.67	4.40		
Gelcaps ND w/free 24's	00045-0841-28		per 24's + 24	3.67	4.40		
Gelcaps ND w/free 24's	50580-0841-28	00045-0841-28	per 24's + 24	3.67	4.40		

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McNeil Consumer Healthcare							
Current Wholesale and Estimated Average Wholesale (AWP) Prices							
COMPLETE CATALOG							
2nd Quarter 2001							
			Container	**Direct**			
	National		**and**	**Net**		**Effective**	**Type of**
OVER-THE-COUNTER PRODUCTS	**Drug Code**	**UPC**	**Size**	**Price**	**AWP**	**Date**	**Change**
TYLENOL FLU:							
Gelcaps - Night Time	50580-0174-24	00045-0174-24	per 24's	3.67	4.40		
Liquid - Night Time (Cherry)	00045-0830-08		per 8 oz	3.67	4.40		
TYLENOL SORE THROAT:							
Liquid (Cherry)	50580-0913-08		per 8 oz	3.67	4.40		
Liquid (Honey Lemon)	50580-0914-08		per 8 oz	3.67	4.40		
MAXIMUM STRENGTH TYLENOL SINUS:							
Caplets	00045-0432-24		per 24's	3.67	4.40		
Caplets	00045-0432-48		per 48's	5.67	6.80		
Caplets	00045-0432-06		per 60's	5.45	6.54		
Gelcaps	00045-0480-20		per 24's	3.67	4.40		
Gelcaps	00045-0480-48		per 48's	5.67	6.80		
Geltabs	00045-0290-24		per 24's	3.67	4.40		
Geltabs	00045-0290-48		per 48's	5.67	6.80		
TYLENOL ALLERGY SINUS:							
Caplets	00045-0461-24		per 24's	3.67	4.40		
Caplets	00045-0461-48		per 48's	5.67	6.80		
Caplets	00045-0461-60		per 60's	6.13	7.36		
Caplets - Night Time	00045-0443-24		per 24's	3.67	4.40		
Gelcap	50580-0385-20	00045-0385-20	per 24's	3.67	4.40		
Gelcap	50580-0385-48	00045-0385-48	per 48's	5.67	6.80		
Geltabs	50580-0504-24	00045-0504-24	per 24's	3.67	4.40		
Geltabs	50580-0504-30	00045-0504-30	per 30's	3.60	4.32		
Geltabs	50580-0504-48	00045-0504-48	per 48's	5.67	6.80		
						25 July 01	Page 8 of 11

McNeil Consumer Healthcare

Current Wholesale and Estimated Average Wholesale (AWP) Prices

COMPLETE CATALOG

2nd Quarter 2001

OVER-THE-COUNTER PRODUCTS	National Drug Code	UPC	Container and Size	Direct Net Price	AWP	Effective Date	Type of Change
TYLENOL SEVERE ALLERGY:							
Caplets	00045-0211-24		per 24's	3.67	4.40		
SIMPLY ALLERGY:							
Caplets	50580-0512-24		per 24's	2.42	2.90		
Caplets	50580-0512-48		per 48's	3.80	4.56		
MAXIMUM STRENGTH SINE-AID:							
Caplets	00045-0191-24		per 24's	3.60	4.32		
MOTRIN Sinus Headache:							
Caplets	50580-0201-20	00045-0738-01	per 20's	3.67	4.40		
Caplets	50580-0201-41	00045-0738-41	per 40's	5.67	6.80		
Caplets	50580-0201-22		per 2500/2's	134.29	161.15		
CHILDREN'S TYLENOL:							
Junior Strength Chews (Grape)	50580-0101-24	00045-0467-24	per 24's	3.42	4.10		
Junior Strength Chews (Fruit)	50580-0103-24	00045-0121-24	per 24's	3.42	4.10		
Soft Chews (Fruit Burst)	50580-0102-32	00045-0465-32	per 30's	2.43	2.92		
Soft Chews (Grape)	50580-0104-30	00045-0477-30	per 30's	2.43	2.92		
Soft Chews (Bubble Gum)	00045-0430-30		per 30's	2.43	2.92		
Soft Chews (Fruit Burst)	50580-0102-48	00045-0465-48	per 60's	3.42	4.10		
Soft Chews (Fruit Burst)	50580-0102-50	00045-0465-50	per 96's	5.36	6.43		
Suspension (Grape)	00045-0296-04		per 4oz	4.43	5.32		
Infant Drops	50580-0186-15	00045-0186-15	per .5oz	3.62	4.34		
Infant Drops	50580-0186-30	00045-0186-30	per 1oz	5.57	6.68		
Infant Suspension Drops (Grape)	00045-0122-15		per .5oz	3.62	4.34		
Infant Suspension Drops (Grape)	00045-0122-01		per 1 oz	5.57	6.68		

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Current Wholesale and Estimated Average Wholesale (AWP) Prices							
COMPLETE CATALOG							
2nd Quarter 2001							
			Container	Direct			
	National		and	Net		Effective	Type of
OVER-THE-COUNTER PRODUCTS	Drug Code	UPC	Size	Price	AWP	Date	Change
CHILDREN'S TYLENOL:							
Suspension Liquid (Cherry)	00045-0123-02		per 2oz	2.87	3.44		
Suspension Liquid (Cherry)	00045-0123-04		per 4oz	4.43	5.32		
Suspension Liquid (Bubble Gum)	00045-0407-04		per 4oz	4.43	5.32		
Suspension Liquid (Cherry) w/free Berry 4oz	00045-0123-41		per 4oz + 4oz	4.43	5.32		
Suspension Liquid (Cherry) w/free Grape 4oz	00045-0123-46		per 4oz + 4oz	4.43	5.32		
Suspension Liquid (Cherry) w/free Bubble Gum 4oz	00045-0123-47		per 4oz + 4oz	4.43	5.32		
Suspension Liquid (Cherry)	00045-0123-08		per 8oz	7.97	9.56		
CHILDREN'S TYLENOL COLD:							
Suspension (Grape)	50580-0106-04	00045-0189-04	per 4 oz	3.85	4.62		
Cough/Cold Suspension	50580-0203-04	00045-0372-04	per 4 oz	3.85	4.62		
Chewable Tablets	00045-0287-42		per 24's	3.23	3.88		
Cold/Cough Chewable Tablets	00045-0408-42		per 24's	3.23	3.88		
Infant Decon/Fever Drops	00045-0503-15		per .5oz	3.85	4.62		
Suspension/Flu (Bubble Gum)	50580-0202-04	00045-0803-04	per 4 oz	3.85	4.62		
Infants' Tylenol Cold & Cough Drops	00045-0829-15		per .5oz	3.85	4.62		
CHILDREN'S TYLENOL ALLERGY:							
Chewable Tablets	50580-0827-24	00045-0827-24	per 24's	3.23	3.88		
CHILDREN'S ALLERGY SINUS:							
Children's Tylenol Allergy-D	00045-0815-02		per 4 oz. Twin	7.70	9.24		
Children's Tylenol Allergy-D	00045-0815-04		per 4 oz.	3.85	4.62		
Children's Tylenol Sinus Suspension	50580-0107-04	00045-0816-04	per 4 oz	3.85	4.62		
Children's Tylenol Sinus Chewable Tablets	00045-0828-24		per 24's	3.23	3.88		
						25 July 01	Page 8 of 11

McNeil Consumer Healthcare							
Current Wholesale and Estimated Average Wholesale (AWP) Prices							
COMPLETE CATALOG							
2nd Quarter 2001							
			Container	Direct			
	National		and	Net		Effective	Type of
OVER-THE-COUNTER PRODUCTS	Drug Code	UPC	Size	Price	AWP	Date	Change
CHILDREN'S MOTRIN:							
Liquid Suspension (Berry)	50580-0601-02	00045-0192-02	per 2 oz	2.87	3.44		
Liquid Suspension (Berry)	50580-0601-04	00045-0192-04	per 4 oz	4.43	5.32		
Liquid Suspension (Berry) (Wholesale Pack)	50580-0601-40	00045-0192-40	per 4 oz	4.43	5.32		
Liquid Suspension (Berry) w/free 24's caps	50580-0601-06		per 4 oz	4.43	5.32		
Liquid Suspension (Berry) w/free Ch Tyl 4oz	50580-0601-41		per 4oz + 4oz	4.43	5.32		
Liquid Suspension (Berry) Twinpack	50580-0601-08	00045-0192-08	per 8 oz	7.97	9.56		
Liquid Suspension w/free caplets	50580-0601-05	00045-0192-05	per 4 oz	4.43	5.32		
Suspension Drops (Berry)	50580-0100-15	00045-0524-15	per .5 oz	4.14	4.97		
Chewable Tablets 50 mg	50580-0205-24	00045-0484-24	per 24's	2.46	2.95		
Chewable Tablet 50 mg (grape flavored)	50580-0907-24		per 24's	2.46	2.95		
Jr. Strength Caplets 100 mg	50580-0498-24	00045-0498-24	per 24's	3.42	4.10		
Jr. Strength Chew Tabs 100 mg (orange flavored)	00045-0494-24		per 24's	3.42	4.10		
Jr. Strength Chew Tabs 100 mg (orange flavored)	50580-0207-24	00045-0494-24	per 24's	3.42	4.10		
Jr Strength Chewable Tablets 100 mg (grape)	50580-0909-24		per 24's	3.42	4.10		
Liquid Suspension (Grape)	00045-0603-04		per 4 oz	4.43	5.32		
Liquid Suspension (Grape) w/free 24's caps	00045-0603-06		per 4 oz	4.43	5.32		
Liquid Suspension (Grape) w/free Ch Tyl 4oz	00045-0603-41		per 4oz + 4oz	4.43	5.32		
Liquid Suspension w/8 free caplets	00045-0603-05		per 4 oz	4.43	5.32		
Liquid Suspension (Bubble gum)	00045-0604-04		per 4 oz	4.43	5.32		
Liquid Susp (Bubble Gum) w/free Ch Tyl 4oz	00045-0604-41		per 4oz + 4oz	4.43	5.32		
Liquid Suspension w/8 free caplets	00045-0604-05		per 4 oz	4.43	5.32		
Cold Suspension (berry flavor)	50580-0902-04		per 4 oz	4.12	4.94		
Cold Suspension (grape flavor)	50580-0903-04		per 4 oz	4.12	4.94		
SESAME STREET VITAMINS AND MINERALS:							
Vitamins Plus Extra C	00045-0369-50		per 50's	3.62	4.34		
Complete Vitamins and Minerals	00045-0370-50		per 50's	4.22	5.08		
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McNeil Consumer Healthcare							
Current Wholesale and Estimated Average Wholesale (AWP) Prices							
COMPLETE CATALOG							
2nd Quarter 2001							
			Container	Direct			
	National		and	Net		Effective	Type of
OVER-THE-COUNTER PRODUCTS	Drug Code	UPC	Size	Price	AWP	Date	Change
IMODIUM A-D:							
Caplets	00045-0295-06		per 6's	2.16	2.59		
Caplets	00045-0295-12		per 12's	3.65	4.38		
Caplets	00045-0295-18		per 18's	4.61	5.53	5608/10060 OTC/TR	
Caplets w/free Tylenol Flu Gelcap 6's	00045-0295-01		per 18's	4.61	5.53	TAB (CAPLET, 2500X2)	
Caplets w/free GasAid 3's	00045-0295-56		per 18's	4.61	5.53	2MG ~~[illegible]~~ BOTTLE	
Caplets	00045-0295-24		per 24's	5.39	6.47		
Caplets w/free PEPCID AC 3's	00045-0295-28		per 24's	5.39	6.47		
Caplets (Warehouse Club Pack)	00045-0295-48		per 48's	8.99	10.79		
Caplet 2500x2's ADDED	00045-0295-55			400.00	480.00	26-April	New Package
Liquid	50580-0293-02	00045-0293-02	per 2oz	3.49	4.19		
Liquid	50580-0293-04	00045-0293-04	per 4oz	5.39	6.47		
IMODIUM Advanced:							
Chewable Tablets	00045-0294-06		per 6's	2.40	2.88		
Chewable Tablets	00045-0294-12		per 12's	4.06	4.87		
Chewable Tablets	00045-0294-18		per 18's	5.17	6.20		
Chewable Tablets	00045-0294-08		buy 18 get 18	5.17	6.20		
Chewable Tablets w/free GasAid 3's	00045-0294-56		per 18's	5.17	6.20		
Chewable Tablets	00045-0294-30		per 30's	7.29	8.75		
Chewable Tablets	00045-0294-42		per 48's	9.90	11.88		
Chewable Tablets	00045-0294-25		2500/2's	625.00	750.00		
Maximum Strength GasAid:							
Softgels	50580-0127-12		per 12's	1.74	2.09		
Softgels	50580-0127-24		per 24's	3.28	3.94		
Softgels	50580-0127-48		per 48's	6.17	7.40		
						25 July 01	Page 10 of 11

McNeil Consumer Healthcare							
Current Wholesale and Estimated Average Wholesale (AWP) Prices							
COMPLETE CATALOG							
2nd Quarter 2001							
			Container	Direct			
	National		and	Net		Effective	Type of
OVER-THE-COUNTER PRODUCTS	Drug Code	UPC	Size	Price	AWP	Date	Change
LACTAID:							
Caplets		41383-0080-02	per 120's	9.80	11.76		
Drops (30 qt. Supply)	Typo	4138-0090-03	per .22oz	4.70	5.64		
ES Caplets		41383-0185-50	per 50's	5.75	6.90		
LACTAID ULTRA:							
Caplets		41383-0900-12	per 12's	2.62	3.14		
Caplets		41383-0900-32	per 32's	5.75	6.90		
Caplets		00045-0900-60	per 60's	9.80	11.76		
Caplets (Warehouse Code)		00045-0900-90	per 90's	13.59	16.31		
Chewable Tablets		00045-0905-12	per 12's	2.62	3.14		
Chewable Tablets		00045-0905-32	per 32's	5.75	6.90		
AFLEXA Dietary Supplement:							
Tablets		00045-0929-50	per 50's	8.43	10.12		
Tablets		00045-0929-11	per 110's	15.49	18.59		
Tablets (warehouse clubs)		00045-0929-25	per 250's	28.89	34.67		
PROBIOTICA Dietary Supplement:							
Chewable Tablets		00045-0128-60	per 60's	9.99	11.99		
Chewable Tablets		00045-0128-90	per 90's	12.66	15.19		
NIZORAL A-D:							
1% Shampoo Travel Pack*	50580-0895-15	00045-0895-15	per 2 oz.	4.50	5.40		
1% Shampoo	50580-0895-04	00045-0895-04	per 4 oz.	7.49	8.98		
1% Shampoo	50580-0895-07	00045-0895-07	per 7 oz.	11.40	13.68		
*The Travel Pack is a box that contains Ten .2 ounce packets						25 July 01	Page 11 of 11

McNeil Consumer Healthcare							
Current Wholesale and Estimated Average Wholesale (AWP) Prices							
COMPLETE CATALOG							
2nd Quarter 2001							
			Container	Direct			
	National		and	Net		Effective	Type of
Rx PRODUCTS	Drug Code	UPC	Size	Price	AWP	Date	Change
MOTRIN:							
Liquid Suspension	00045-0448-04		per 4 oz	6.80	8.16		
Liquid Suspension	00045-0448-16		per 16 oz	22.73	27.28		
VERMOX:							
Chewable Tablets*	50580-0070-12		per 12's	59.13	70.96		
*(Formerly JANSSEN product 50458-0110-01)							
QVAR:							
40 mcg inhalation aerosol	50580-0175-40		40 mcg canister	34.43	41.32		
80 mcg inhalation aerosol	50580-0177-80		80 mcg canister	43.37	52.04		
						25 July 01	Page 1 of 1

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Current Wholesale and Estimated Average Wholesale (AWP) Prices
COMPLETE CATALOG
2nd Quarter 2001

PRODUCT DELETIONS	National Drug Code	UPC	Container and Size	Last Batch Expiration Date	Last Ship Date
OVER THE COUNTER PRODUCTS					
REGULAR STRENGTH TYLENOL:					
Tablets (Bottle)	00045-0496-80		per 1000's	30 Jun 04	30 Jun 01
Geltabs	00045-0124-00		per 125's	30 Jun 04	30 Jun 01
Gelcaps w/free TYLENOL Allergy	00045-0468-56		per 50's	30 Jun 04	30 Jun 01
Gelcaps w/free Pepcid AC	00045-0468-59		per 50's	30 Jun 04	30 Jun 01
Gelcaps	00045-0468-17		per 180's	30 Jun 04	30 Jun 01
Gelcaps (12x10) Vial Rack	00045-0468-12			30 Jun 03	30 Jun 01
EXTRA STRENGTH TYLENOL PM:					
Caplets w/free Imodium Advanced	00045-0482-05		per 50's	30 Jun 04	30 Jun 01
TYLENOL ARTHRITIS PAIN:					
Caplets w/free PM Vial 10	00045-0838-80		per 50's	30 Jun 04	30 Jun 01
MAXIMUM STRENGTH TYLENOL SINUS:					
Caplets	00045-0432-60		per 60's	30 Jun 03	30 Jun 01
Gelcaps	00045-0480-30		per 30's	30 Jun 04	30 Jun 01
MOTRIN IB:					
Caplets	00045-0481-17		per 100/2's	30 Jun 04	30 Jun 01
Gelcaps	00045-0770-85		per 65's	30 Jun 04	30 Jun 01
MOTRIN Cold and Flu:					
Caplets	50580-0844-10		per 10's	30 Jun 04	30 Jun 01
Caplets	50580-0844-23		per 20's	30 Jun 04	30 Jun 01
Caplets w/free Tylenol Cold 4's	50580-0844-05		per 20's	30 Jun 04	30 Jun 01
				25 July 01	Page 1 of 1

EXHIBIT 22

NOV 7 2000

MANUFACTURER DIRECTORY INFORMATION FORM

Please verify the following data to ensure that your organization is properly listed in the Red Book 2001 Edition. Please make changes directly on the form where it may apply.

Company Name: JOHNSON & JOHNSON/MERCK CONSUMER PHARMACEUTICALS CO.

Address: 7050 CAMP HILL ROAD

City: FORT WASHINGTON State: PA Zip: 19034-

Company Web Site:

Company E:Mail Address:

Toll Free #: Main #: (215) 273-7000

Main Fax # (215) 273-7216 Clinical Support #: (561) 964-2470

Parent Company: JOHNSON & JOHNSON

The following information is for internal use only and will not be published.

Contact Name: SUZANN LOWERY

Contact Mail To Address:
(if different than above)

City: State: Zip:

Contact E:Mail Address:

Contact Direct #: (215) 273-7741 Ext. Contact Fax #: (215) 273-4145

Andrea - 215 · 273-8166 gov't affairs
215 273-4145 FAX

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Signature Suzann Lowery Date 11/3/00

If you have any questions, please call the Red Book Hunt Line at (201) 358-2228 and ask to speak to your Red Book contact: *CAROL FLANAGAN*

Per Andrea all deletions for Pepcid AC were effective as of 11/30/00 ML
12/20/00

MEDICAL ECONOMICS
THOMSON HEALTHCARE

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7050 CAMP HILL ROAD

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FORT WASHINGTON PA 19034

Please Respond By: 10/27/2000
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC/HRI/UPC CAT NO. NDA / ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINSTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
16837-0860-12	**ALTERNAGEL** SUS PO 12.00 oz 1 EA ALUMINUM HYDROXIDE	07		OTC		5.74	4.78	4.78		12/31/90
16837-0610-12	**MYLANTA** SUS PO 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		4.21	3.51	3.51		2/1/93
16837-0610-24	**MYLANTA** SUS PO 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		7.58	6.32	6.32		4/4/94
16837-0610-50	**MYLANTA** (W/FREE 5 OZ LEMON) SUS PO 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		4.21	3.51	3.51		9/4/98
16837-0610-55	**MYLANTA** SUS PO 5.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		2.48	2.07	2.07		4/4/94
16837-0621-12	**MYLANTA** (CHERRY) SUS PO 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		4.21	3.51	3.51		2/1/93
16837-0621-24	**MYLANTA** (CHERRY) SUS PO 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		7.58	6.32	6.32		4/4/94
16837-0621-50	**MYLANTA** (CHERRY W/FREE 5OZ LEMON) SUS PO 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		4.21	3.51	3.51		9/4/98
16837-0629-12	**MYLANTA** (MINT) SUS PO 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		4.21	3.51	3.51		2/1/93
16837-0629-50	**MYLANTA** (MINT W/FREE 5 OZ LEMON) SUS PO 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		4.21	3.51	3.51		9/4/98
16837-0817-12	**MYLANTA** (LEMON TWIST) SUS PO 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		4.21	3.51	3.51		8/27/97

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16837-0817-24	**MYLANTA** (LEMON TWIST) SUS PO 24.00 oz EA AL HYDROX/MG HYDROX/SIMETH	07	*	OTC		7.58	6.32	6.32		8/27/97
16837-0848-10	**MYLANTA** (MINT) CTB PO 100 EA CAL CARB/MG HYDROX	07		OTC		4.78	3.98	3.98		2/1/95
16837-0848-36	**MYLANTA** (MINT,3X12,ROLLPACK) CTB PO 36 EA CAL CARB/MG HYDROX	07		OTC		1.90	1.58	1.58		2/1/95
16837-0848-50	**MYLANTA** (MINT) CTB PO 50 EA CAL CARB/MG HYDROX	07		OTC		2.88	2.40	2.40		2/1/95
16837-0850-10	**MYLANTA** (GELCAPLET) TAB PO 100 EA CAL CARB/MG HYDROX	07		OTC		7.54	6.28	6.28		4/4/94
16837-0850-24	**MYLANTA** (GELCAPLET) TAB PO 24 EA CAL CARB/MG HYDROX	07	*	OTC		2.64	2.20	2.20		4/4/94
16837-0850-50	**MYLANTA** (GELCAPLET) TAB PO 50 EA CAL CARB/MG HYDROX	07		OTC		4.43	3.69	3.69		4/4/94
16837-0877-08	**MYLANTA AR** TAB PO 10 MG 8 EA FAMOTIDINE	07		OTC		3.74	3.12	3.12		12/16/96
16837-0877-16	**MYLANTA AR** TAB PO 10 MG 16 EA FAMOTIDINE	07		OTC		6.30	5.25	5.25		12/16/96
16837-0877-30	**MYLANTA AR** TAB PO 10 MG 30 EA FAMOTIDINE	07		OTC		8.99	7.49	7.49		12/16/96
16837-0057-11	**MYLANTA CALCI TABS EXTRA STRENGTH** (MINT,BOGO,2X96) CTB PO 750 MG 192 EA CALCIUM CARBONATE	07		OTC		3.30	2.75	2.75		3/15/00

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16837-0057-96	**MYLANTA CALCI TABS EXTRA STRENGTH** (MINT) CTB PO 750 MG 96 EA CALCIUM CARBONATE	07		OTC		3.30	2.75	2.75		11/12/99
16837-0059-11	**MYLANTA CALCI TABS EXTRA STRENGTH** (FRUIT MEDLEY,BOGO,2X96) CTB PO 750 MG 192 EA CALCIUM CARBONATE	07		OTC		3.30	2.75	2.75		3/15/00
16837-0059-96	**MYLANTA CALCI TABS EXTRA STRENGTH** (FRUIT MEDLEY) CTB PO 750 MG 96 EA CALCIUM CARBONATE	07		OTC		3.30	2.75	2.75		11/12/99
16837-0056-11	**MYLANTA CALCI TABS ULTRA** (MINT,BOGO,2X72) CTB PO 1000 MG 144 EA CALCIUM CARBONATE	07		OTC		3.30	2.75	2.75		3/15/00
16837-0056-72	**MYLANTA CALCI TABS ULTRA** (MINT) CTB PO 1000 MG 72 EA CALCIUM CARBONATE	07		OTC		3.30	2.75	2.75		11/12/99
16837-0058-11	**MYLANTA CALCI TABS ULTRA** (FRUIT MEDLEY,BOGO,2X72) CTB PO 1000 MG 144 EA CALCIUM CARBONATE	07		OTC		3.30	2.75	2.75		3/15/00
16837-0058-72	**MYLANTA CALCI TABS ULTRA** (FRUIT MEDLEY) CTB PO 1000 MG 72 EA CALCIUM CARBONATE	07		OTC		3.30	2.75	2.75		11/12/99
16837-0810-24	**MYLANTA CHILDREN'S** (BUBBLE GUM) CTB PO 24 EA CALCIUM CARBONATE	07		OTC		3.54	2.95	2.95		6/10/96
16837-0820-04	**MYLANTA CHILDREN'S** (BUBBLE GUM) LIQ PO 4.00 oz 1 EA CALCIUM CARBONATE	07		OTC		3.54	2.95	2.95		6/10/96
16837-0849-09	**MYLANTA DOUBLE STRENGTH** (25X2,MINT) CTB PO 50 EA CAL CARB/MG HYDROX	07		OTC		9.74	8.12	8.12		2/17/99
16837-0849-35	**MYLANTA DOUBLE STRENGTH** (MINT) CTB PO 35 EA CAL CARB/MG HYDROX	07		OTC		2.88	2.40	2.40		2/1/95

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16837-0849-36	**MYLANTA DOUBLE STRENGTH** (MINT,3X8,ROLLPACK) CTB PO 24 EA CAL CARB/MG HYDROX	07		OTC		1.92	1.60	1.60		2/1/95
16837-0849-70	**MYLANTA DOUBLE STRENGTH** (MINT) CTB PO 70 EA CAL CARB/MG HYDROX	07		OTC		4.78	3.98	3.98		2/1/95
16837-0849-71	**MYLANTA DOUBLE STRENGTH** (MINT,WAREHOUSE PKG) CTB PO 70 EA CAL CARB/MG HYDROX	07		OTC		4.78	3.98	3.98		6/29/98
16837-0869-35	**MYLANTA DOUBLE STRENGTH** (CHERRY) CTB PO 35 EA CAL CARB/MG HYDROX	07		OTC		2.88	2.40	2.40		2/1/95
16837-0869-36	**MYLANTA DOUBLE STRENGTH** (CHERRY,3X8 ROLLPACK) CTB PO 24 EA CAL CARB/MG HYDROX	07		OTC		1.92	1.60	1.60		2/1/95
16837-0869-70	**MYLANTA DOUBLE STRENGTH** (CHERRY) CTB PO 70 EA CAL CARB/MG HYDROX	07		OTC		4.78	3.98	3.98		2/1/95
16837-0858-10	**MYLANTA GAS** (MINT) CTB PO 80 MG 100 EA SIMETHICONE	07		OTC		10.39	8.66	8.66		5/27/96
16837-0455-12	**MYLANTA GAS MAXIMUM STRENGTH** (MINT) CTB PO 125 MG 12 EA SIMETHICONE	07		OTC		2.09	1.74	1.74		5/27/96
16837-0455-24	**MYLANTA GAS MAXIMUM STRENGTH** (MINT) CTB PO 125 MG 24 EA SIMETHICONE	07		OTC		3.62	3.02	3.02		5/27/96
16837-0455-48	**MYLANTA GAS MAXIMUM STRENGTH** (MINT) CTB PO 125 MG 60 EA SIMETHICONE	07		OTC		6.72	5.60	5.60		5/27/96
16837-0626-24	**MYLANTA GAS MAXIMUM STRENGTH** (GELCAPLET) TAB PO 62.5 MG 24 EA SIMETHICONE	07		OTC		3.62	3.02	3.02		5/27/96

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16837-0626-36	**MYLANTA GAS MAXIMUM STRENGTH** (GELCAPLET,3X12) TAB PO 62.5 MG 36 EA SIMETHICONE	07		OTC		3.62	3.02	3.02		6/29/98
16837-0626-60	**MYLANTA GAS MAXIMUM STRENGTH** (GELCAPLET) TAB PO 62.5 MG 60 EA SIMETHICONE	07		OTC		7.12	5.93	5.93		10/1/96
16837-0857-08	**MYLANTA GAS MAXIMUM STRENGTH** (GELTAB) TAB PO 125 MG 8 EA SIMETHICONE	07		OTC		2.09	1.74	1.74		11/29/99
16837-0857-24	**MYLANTA GAS MAXIMUM STRENGTH** (GELTAB) TAB PO 125 MG 24 EA SIMETHICONE	07		OTC		4.82	4.05	4.05		9/1/99
16837-0857-48	**MYLANTA GAS MAXIMUM STRENGTH** (GELTAB) TAB PO 125 MG 48 EA SIMETHICONE	07		OTC		8.90	7.43	7.43		9/1/99
16837-0861-24	**MYLANTA GAS MAXIMUM STRENGTH** (CHERRY) CTB PO 125 MG 24 EA SIMETHICONE	07		OTC		3.62	3.02	3.02		10/1/96
16837-0622-12	**MYLANTA MAXIMUM STRENGTH** (CHERRY) SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		5.95	4.96	4.96		4/4/94
16837-0622-24	**MYLANTA MAXIMUM STRENGTH** (CHERRY) SUS PO 400 MG-400 MG-40 MG/5 ML 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		9.78	8.15	8.15		4/4/94
16837-0624-12	**MYLANTA MAXIMUM STRENGTH** (MINT CREAM) SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		5.95	4.96	4.96		4/4/94
16837-0652-12	**MYLANTA MAXIMUM STRENGTH** SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		5.95	4.96	4.96		4/4/94
16837-0652-24	**MYLANTA MAXIMUM STRENGTH** SUS PO 400 MG-400 MG-40 MG/5 ML 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		9.78	8.15	8.15		4/4/94

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16837-0652-25	**MYLANTA MAXIMUM STRENGTH** (WAREHOUSE PKG) SUS PO 400 MG-400 MG-40 MG/5 ML 24.00 oz EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		9.78	8.15	8.15		12/19/97
16837-0652-55	**MYLANTA MAXIMUM STRENGTH** SUS PO 400 MG-400 MG-40 MG/5 ML 5.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		3.20	2.67	2.67		4/4/94
16837-0818-12	**MYLANTA MAXIMUM STRENGTH** (LEMON TWIST) SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		5.95	4.96	4.96		8/27/97
16837-0818-55	**MYLANTA MAXIMUM STRENGTH** (LEMON TWIST) SUS PO 400 MG-400 MG-40 MG/5 ML 5.00 oz EA AL HYDROX/MG HYDROX/SIMETH	07		OTC		3.20	2.67	2.67		11/23/98
16837-0061-12	**MYLANTA NIGHT TIME** (MINT) SUS PO 500 MG-500 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX	07		OTC		5.65	4.71	4.71		5/25/00
16837-0062-12	**MYLANTA NIGHT TIME** (CHERRY) SUS PO 500 MG-500 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX	07		OTC		5.65	4.71	4.71		5/25/00
16837-0062-24	**MYLANTA NIGHT TIME** (CHERRY) SUS PO 500 MG-500 MG/5 ML 24.00 oz 1 EA AL HYDROX/MG HYDROX	07		OTC		9.25	7.71	7.71		5/25/00
16837-0819-11	**MYLANTA SUPREME** (MINT,BOGO) SUS PO 400 MG-135 MG/5 ML 12.00 oz 2 EA CAL CARB/MG HYDROX	07		OTC		4.21	3.51	3.51		3/15/00
16837-0819-12	**MYLANTA SUPREME** (MINT) SUS PO 400 MG-135 MG/5 ML 12.00 oz EA CAL CARB/MG HYDROX	07		OTC		4.21	3.51	3.51		11/30/98
16837-0819-13	**MYLANTA SUPREME** (TWINPACK,MINT) SUS PO 400 MG-135 MG/5 ML 12.00 oz 2 EA CAL CARB/MG HYDROX	07		OTC		4.21	3.51	3.51		11/30/99
16837-0819-24	**MYLANTA SUPREME** (MINT) SUS PO 400 MG-135 MG/5 ML 24.00 oz EA CAL CARB/MG HYDROX	07		OTC		7.58	6.32	6.32		6/15/99

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16837-0825-01	**MYLANTA SUPREME** (CHERRY) SUS PO 400 MG-135 MG/5 ML 1.00 oz EA CAL CARB/MG HYDROX	07		OTC		0.74	0.62	0.62		11/15/99
16837-0825-11	**MYLANTA SUPREME** (CHERRY,BOGO) SUS PO 400 MG-135 MG/5 ML 12.00 oz 2 EA CAL CARB/MG HYDROX	07		OTC		4.21	3.51	3.51		3/15/00
16837-0825-12	**MYLANTA SUPREME** (CHERRY) SUS PO 400 MG-135 MG/5 ML 12.00 oz EA CAL CARB/MG HYDROX	07		OTC		4.21	3.51	3.51		11/23/98
16837-0825-13	**MYLANTA SUPREME** (TWINPACK,CHERRY) SUS PO 400 MG-135 MG/5 ML 12.00 oz 2 EA CAL CARB/MG HYDROX	07	*	OTC		4.21	3.51	3.51		11/30/99
16837-0825-24	**MYLANTA SUPREME** (CHERRY) SUS PO 400 MG-135 MG/5 ML 24.00 oz EA CAL CARB/MG HYDROX	07		OTC		7.58	6.32	6.32		12/11/98
16837-0825-55	**MYLANTA SUPREME** (CHERRY) SUS PO 400 MG-135 MG/5 ML 5.00 oz 1 EA CAL CARB/MG HYDROX	07		OTC		2.10	1.75	1.75		10/13/99
16837-0831-12	**MYLANTA SUPREME** (LEMON TWIST) SUS PO 400 MG-135 MG/5 ML 12.00 oz EA CAL CARB/MG HYDROX	07		OTC		4.21	3.51	3.51		11/23/98
16837-0831-24	**MYLANTA SUPREME** (LEMON TWIST) SUS PO 400 MG-135 MG/5 ML 24.00 oz EA CAL CARB/MG HYDROX	07		OTC		7.58	6.32	6.32		12/11/98
16837-0630-03	**MYLICON INFANTS'** (DROPS,A.F.) LIQ PO 40 MG/0.6 ML 30.00 ml 1 EA SIMETHICONE	07	*	OTC		10.36	8.63	8.63		1/2/90
16837-0630-05	**MYLICON INFANTS'** (DROPS,A.F.) LIQ PO 40 MG/0.6 ML 15.00 ml 1 EA SIMETHICONE	07		OTC		6.22	5.18	5.18		12/31/90
16837-0911-03	**MYLICON INFANTS'** (DROPS,A.F.,NON-STAINING) LIQ PO 40 MG/0.6 ML 30.00 ml EA SIMETHICONE	07		OTC		10.36	8.63	8.63		8/29/97

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16837-0911-05	**MYLICON INFANTS'** (DROPS,A.F.,NON-STAINING) LIQ PO 40 MG/0.6 ML 15.00 ml EA SIMETHICONE	07		OTC		6.22	5.18	5.18		8/29/97
16837-0856-06	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 6 EA FAMOTIDINE	07		OTC		2.88	2.40	2.40		10/4/99
16837-0856-30	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 30 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		10/4/99
16837-0856-31	**PEPCID AC** (GELCAPLET,W/10 FREE) TAB PO 10 MG 40 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		11/29/99
16837-0856-50	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 50 EA FAMOTIDINE 11/1/02 delete 9/1/2000 3rd quarter	07		OTC		14.32	11.93	11.93		10/4/99
16837-0856-51	**PEPCID AC** (GELCAPLET,50+10 FREE) TAB PO 10 MG 60 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		3/31/00
16837-0856-54	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 54 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		10/4/99
16837-0856-60	**PEPCID AC** (GELCAPLET,30+30) CTB PO 10 MG 60 EA FAMOTIDINE delete 12/1/01	07		OTC		14.32	11.93	11.93		2/8/00
16837-0856-61	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 60 EA FAMOTIDINE	07		OTC		16.18	13.48	13.48		4/19/00
16837-0856-70	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 70 EA FAMOTIDINE delete 8/1/01	07		OTC		18.72	15.60	15.60		10/4/99
16837-0856-90	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 90 EA FAMOTIDINE	07		OTC		21.60	18.00	18.00		6/23/00

12/19/00
All deletions for Pepcid AC
11/30/00
per Andrea Poulin

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Signature Suzann Lowery Date 11/3/00

MEDICAL ECONOMICS
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JOHNSON & JOHNSON/MERCK CONSUMER PHAR
7050 CAMP HILL ROAD
FORT WASHINGTON PA 19034

Please Respond By: 10/27/2000
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC/HRI/UPC CAT NO. NDA / ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINSTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
16837-0872-01	**PEPCID AC** (W/FREE MOTRIN GEL) TAB PO 10 MG 30 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		9/1/99
16837-0872-02	**PEPCID AC** TAB PO 10 MG 2 EA FAMOTIDINE	07		OTC		0.68	0.57	0.57		10/10/96
16837-0872-03	**PEPCID AC** (W/FREE IMODIUM ADV.) TAB PO 10 MG 30 EA FAMOTIDINE	07	*	OTC		9.53	7.94	7.94		6/17/98
16837-0872-06	**PEPCID AC** TAB PO 10 MG 6 EA FAMOTIDINE	07		OTC		2.88	2.40	2.40		5/12/95
16837-0872-08	**PEPCID AC** (50+30 FREE) TAB PO 10 MG 80 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		12/23/98
16837-0872-09	**PEPCID AC** (25X2,ROLLPACK) TAB PO 10 MG 50 EA FAMOTIDINE	07		OTC		14.58	12.15	12.15		10/1/98
16837-0872-12	**PEPCID AC** TAB PO 10 MG 12 EA FAMOTIDINE	07		OTC		5.28	4.40	4.40		5/12/95
16837-0872-18	**PEPCID AC** TAB PO 10 MG 18 EA FAMOTIDINE	07	*	OTC		6.71	5.59	5.59		5/12/95
16837-0872-19	**PEPCID AC** (18+18 FREE) TAB PO 10 MG 36 EA FAMOTIDINE	07		OTC		6.71	5.59	5.59		10/23/97
16837-0872-30	**PEPCID AC** TAB PO 10 MG 30 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		4/27/98
16837-0872-31	**PEPCID AC** (30+10 FREE) TAB PO 10 MG 40 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		4/27/98

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16837-0872-32	**PEPCID AC** (2X30) TAB PO 10 MG 60 EA FAMOTIDINE	07		OTC		13.50	11.25	11.25		6/30/97
16837-0872-33	**PEPCID AC** (80+30 FREE) TAB PO 10 MG 110 EA FAMOTIDINE	07		OTC		20.03	16.69	16.69		12/15/98
16837-0872-34	**PEPCID AC** (30+30) TAB PO 10 MG 60 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		11/12/99
16837-0872-42	**PEPCID AC** (W/FREE TYLENOL PM) TAB PO 10 MG 30 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		2/26/99
16837-0872-45	**PEPCID AC** (W/FREE MOTRIN IB) TAB PO 10 MG 30 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		1/6/99
16837-0872-48	**PEPCID AC** (W/FREE TYLENOL PM VIAL) TAB PO 10 MG 50 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		12/15/98
16837-0872-50	**PEPCID AC** TAB PO 10 MG 50 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		4/27/98
16837-0872-51	**PEPCID AC** (50+10 FREE) TAB PO 10 MG 60 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		2/9/99
16837-0872-52	**PEPCID AC** (50+20 FREE) TAB PO 10 MG 70 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		2/9/99
16837-0872-54	**PEPCID AC** TAB PO 10 MG 54 EA FAMOTIDINE	07		OTC		15.36	12.80	12.80		2/8/99
16837-0872-56	**PEPCID AC** (W/FREE TYLENOL PM6) TAB PO 10 MG 50 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		2/4/99

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16837-0872-60	**PEPCID AC** TAB PO 10 MG 60 EA FAMOTIDINE	07		OTC		16.18	13.48	13.48		4/19/00
16837-0872-68	**PEPCID AC** (50+18 FREE) TAB PO 10 MG 68 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		5/1/99
16837-0872-70	**PEPCID AC** TAB PO 10 MG 70 EA FAMOTIDINE	07		OTC		18.72	15.60	15.60		4/27/98
16837-0872-72	**PEPCID AC** (W/FREE TYLENOL EX STR) TAB PO 10 MG 70 EA FAMOTIDINE	07		OTC		18.72	15.60	15.60		6/18/98
16837-0872-80	**PEPCID AC** TAB PO 10 MG 80 EA FAMOTIDINE	07		OTC		20.03	16.69	16.69		4/27/98
16837-0872-90	**PEPCID AC** TAB PO 10 MG 90 EA FAMOTIDINE	07		OTC		21.60	18.00	18.00		11/15/99
16837-0872-92	**PEPCID AC** TAB PO 10 MG 110 EA FAMOTIDINE	07		OTC		24.42	20.35	20.35		11/12/99
16837-0873-01	**PEPCID AC** (W/FREE MOTRIN GEL) CTB PO 10 MG 30 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		9/1/99
16837-0873-02	**PEPCID AC** (30+30) CTB PO 10 MG 60 EA FAMOTIDINE	07		OTC		16.10	13.42	13.42		7/1/99
16837-0873-06	**PEPCID AC** CTB PO 10 MG 6 EA FAMOTIDINE	07		OTC		2.88	2.40	2.40		10/9/98
16837-0873-18	**PEPCID AC** CTB PO 10 MG 18 EA FAMOTIDINE	07		OTC		6.71	5.59	5.59		10/9/98

delete 81.162

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16837-0873-19	**PEPCID AC** (W/FREE BOGO) CTB PO 10 MG 18 EA FAMOTIDINE	07	*	OTC		6.71	5.59	5.59		8/1/99
16837-0873-30	**PEPCID AC** CTB PO 10 MG 30 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		10/9/98
16837-0873-31	**PEPCID AC** (W/10 FREE) TAB PO 10 MG 40 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		11/24/99
16837-0873-36	**PEPCID AC** (W/FREE TYLENOL PM) CTB PO 10 MG 30 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		2/17/99
16837-0873-40	**PEPCID AC** CTB PO 10 MG 4,000 EA FAMOTIDINE	07		OTC		1,104.00	920.00	920.00		3/21/00
16837-0873-42	**PEPCID AC** (W/FREE TYLENOL PM) CTB PO 10 MG 30 EA FAMOTIDINE	07	*	OTC		9.53	7.94	7.94		2/26/99
16837-0873-45	**PEPCID AC** (W/FREE MOTRIN IB) CTB PO 10 MG 30 EA FAMOTIDINE	07		OTC		9.53	7.94	7.94		1/6/99
16837-0873-50	**PEPCID AC** CTB PO 10 MG 50 EA FAMOTIDINE delete 2/1/02	07		OTC		14.32	11.93	11.93		10/9/98
16837-0873-51	**PEPCID AC** (50+10 FRFEE) CTB PO 10 MG 60 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		3/31/00
16837-0873-54	**PEPCID AC** CTB PO 10 MG 54 EA FAMOTIDINE	07		OTC		15.36	12.80	12.80		2/8/99
16837-0873-56	**PEPCID AC** (W/FREE TYLENOL PM) CTB PO 10 MG 50 EA FAMOTIDINE	07	*	OTC		14.32	11.93	11.93		2/4/99

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16837-0873-58	**PEPCID AC** (W/FREE TYLENOL TOPPER) CTB PO 10 MG 50 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		9/24/98
16837-0873-60	**PEPCID AC** CTB PO 10 MG 60 EA FAMOTIDINE delete 8/1/02	07		OTC		16.49	13.74	13.74		9/24/98
16837-0873-61	**PEPCID AC** CTB PO 10 MG 60 EA FAMOTIDINE	07		OTC		16.18	13.48	13.48		4/20/00
16837-0873-68	**PEPCID AC** (50+18 FREE) CTB PO 10 MG 68 EA FAMOTIDINE	07		OTC		14.32	11.93	11.93		5/23/99
16837-0866-10	**STUART FORMULA** TAB PO 100 EA MIN, MULTI/VIT, MULTI	07		OTC		9.64	8.03	8.03		12/31/90

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EXHIBIT 23

SEP 13 2001

MANUFACTURER DIRECTORY INFORMATION FORM

Please verify the following data to ensure that your organization is properly listed in the Red Book 2002 Edition. Please make changes directly on the form where it may apply.

Company Name: JOHNSON & JOHNSON/MERCK CONSUMER PHARMACEUTICALS CO.

Address: 7050 CAMP HILL ROAD

City: FORT WASHINGTON State: PA Zip: 19034-

Company Web Site:

Company E:Mail Address:

Toll Free #: Main #: (215) 273-7000

Main Fax # (215) 273-7216 Clinical Support #: (561) 964-2470

Parent Company: JOHNSON & JOHNSON

The following information is for internal use only and will not be published.

Contact Name: SUZANN LOWERY

Contact Mail To Address:
(if different than above)

City: State: Zip:

Contact E:Mail Address:

Contact Direct #: (215) 273-7741 Ext. Contact Fax #: (215) 273-4145

☒ OK as is ☐ OK with changes

Signature Suzann Lowery Date 9/4/01

If you have any questions, please call the Red Book Hunt Line at (201) 358-2228 and ask to speak to your Red Book contact: CAROL FLANAGAN

MEDICAL ECONOMICS
THOMSON HEALTHCARE

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JOHNSON & JOHNSON/MERCK CONSUMER PHAR
7050 CAMP HILL ROAD

SEP 13 2001

FORT WASHINGTON PA 19034

Please Respond By: 10/01/2001
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC / HRI / UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINSTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/ Deact Date
16837-0860-12	**ALTERNAGEL** SUS PO 600 MG/5 ML 12.00 oz 1 EA ALUMINUM HYDROXIDE		OTC		5.74	4.78	4.78		12/31/90
16837-0610-12	**MYLANTA** SUS PO 200 MG-200 MG-20 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		OTC		4.21	3.51	3.51		2/1/93
16837-0610-24	**MYLANTA** SUS PO 200 MG-200 MG-20 MG/5 ML 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		OTC		7.58	6.32	6.32		4/4/94
16837-0610-50	**MYLANTA** (W/FREE 5 OZ LEMON) SUS PO 200 MG-200 MG-20 MG/5 ML 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		OTC		4.21	3.51	3.51		9/4/98
16837-0610-55	**MYLANTA** SUS PO 200 MG-200 MG-20 MG/5 ML 5.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		OTC		2.48	2.07	2.07		4/4/94
16837-0621-12	**MYLANTA** (CHERRY) SUS PO 200 MG-200 MG-20 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		OTC		4.21	3.51	3.51		2/1/93
16837-0621-24	**MYLANTA** (CHERRY) SUS PO 200 MG-200 MG-20 MG/5 ML 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		OTC		7.58	6.32	6.32		4/4/94
16837-0621-50	**MYLANTA** (CHERRY W/FREE 5OZ LEMON) SUS PO 200 MG-200 MG-20 MG/5 ML 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		OTC		4.21	3.51	3.51		9/4/98
16837-0629-12	**MYLANTA** (MINT) SUS PO 200 MG-200 MG-20 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		OTC		4.21	3.51	3.51		2/1/93
16837-0629-50	**MYLANTA** (MINT W/FREE 5 OZ LEMON) SUS PO 200 MG-200 MG-20 MG/5 ML 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		OTC		4.21	3.51	3.51		9/4/98
16837-0817-12	**MYLANTA** (LEMON TWIST) SUS PO 200 MG-200 MG-20 MG/5 ML 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		OTC		4.21	3.51	3.51		8/27/97

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16837-0817-24	**MYLANTA** (LEMON TWIST) SUS PO 200 MG-200 MG-20 MG/5 ML 24.00 oz EA AL HYDROX/MG HYDROX/SIMETH		OTC		7.58	6.32	6.32		8/27/97
16837-0848-50	**MYLANTA** (MINT) CTB PO 350 MG-150 MG 50 EA CAL CARB/MG HYDROX		OTC		2.88	2.40	2.40		2/1/95
16837-0850-24	**MYLANTA** (GELCAPLET,S.F.,SOD.FREE) TAB PO 550 MG-125 MG 24 EA CAL CARB/MG HYDROX		OTC		2.64	2.20	2.20		4/4/94
16837-0850-50	**MYLANTA** (GELCAPLET,S.F.,SOD.FREE) TAB PO 550 MG-125 MG 50 EA CAL CARB/MG HYDROX		OTC		4.21	3.51	3.51		1/1/01
16837-0877-08	**MYLANTA AR** TAB PO 10 MG 8 EA FAMOTIDINE		OTC		3.74	3.12	3.12		12/16/96
16837-0877-16	**MYLANTA AR** TAB PO 10 MG 16 EA FAMOTIDINE		OTC		6.30	5.25	5.25		12/16/96
16837-0877-30	**MYLANTA AR** TAB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		12/16/96
16837-0057-11	**MYLANTA CALCI TABS EXTRA STRENGTH** (MINT,BOGO,2X96) CTB PO 750 MG 192 EA CALCIUM CARBONATE		OTC		3.30	2.75	2.75		3/15/00
16837-0059-11	**MYLANTA CALCI TABS EXTRA STRENGTH** (FRUIT MEDLEY,BOGO,2X96) CTB PO 750 MG 192 EA CALCIUM CARBONATE		OTC		3.30	2.75	2.75		3/15/00
16837-0059-96	**MYLANTA CALCI TABS EXTRA STRENGTH** (FRUIT MEDLEY) CTB PO 750 MG 96 EA CALCIUM CARBONATE		OTC		3.30	2.75	2.75		11/12/99
16837-0056-11	**MYLANTA CALCI TABS ULTRA** (MINT,BOGO,2X72) CTB PO 1000 MG 144 EA CALCIUM CARBONATE		OTC		3.30	2.75	2.75		3/15/00

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16837-0058-11	**MYLANTA CALCI TABS ULTRA** (FRUIT MEDLEY,BOGO,2X72) CTB PO 1000 MG 144 EA CALCIUM CARBONATE		OTC		3.30	2.75	2.75		3/15/00
16837-0058-72	**MYLANTA CALCI TABS ULTRA** (FRUIT MEDLEY) CTB PO 1000 MG 72 EA CALCIUM CARBONATE		OTC		3.30	2.75	2.75		11/12/99
16837-0810-24	**MYLANTA CHILDREN'S** (BUBBLE GUM) CTB PO 400 MG 24 EA CALCIUM CARBONATE		OTC		3.54	2.95	2.95		6/10/96
16837-0849-09	**MYLANTA DOUBLE STRENGTH** (25X2,MINT) CTB PO 700 MG-300 MG 50 EA CAL CARB/MG HYDROX		OTC		9.74	8.12	8.12		2/17/99
16837-0849-35	**MYLANTA DOUBLE STRENGTH** (MINT) CTB PO 700 MG-300 MG 35 EA CAL CARB/MG HYDROX		OTC		2.88	2.40	2.40		2/1/95
16837-0849-36	**MYLANTA DOUBLE STRENGTH** (MINT,3X8,ROLLPACK) CTB PO 700 MG-300 MG 24 EA CAL CARB/MG HYDROX		OTC		1.92	1.60	1.60		2/1/95
16837-0849-70	**MYLANTA DOUBLE STRENGTH** (MINT) CTB PO 700 MG-300 MG 70 EA CAL CARB/MG HYDROX		OTC		4.21	3.51	3.51		4/25/01
16837-0849-71	**MYLANTA DOUBLE STRENGTH** (MINT,WAREHOUSE PKG) CTB PO 700 MG-300 MG 70 EA CAL CARB/MG HYDROX		OTC		4.78	3.98	3.98		6/29/98
16837-0869-70	**MYLANTA DOUBLE STRENGTH** (CHERRY) CTB PO 700 MG-300 MG 70 EA CAL CARB/MG HYDROX		OTC		4.21	3.51	3.51		1/1/01
16837-0858-10	**MYLANTA GAS** (MINT) CTB PO 80 MG 100 EA SIMETHICONE		OTC		10.39	8.66	8.66		5/27/96
16837-0455-12	**MYLANTA GAS MAXIMUM STRENGTH** (MINT) CTB PO 125 MG 12 EA SIMETHICONE		OTC		2.09	1.74	1.74		5/27/96

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16837-0455-24	**MYLANTA GAS MAXIMUM STRENGTH** (MINT) CTB PO 125 MG 24 EA SIMETHICONE		OTC		3.62	3.02	3.02		5/27/96
16837-0455-48	**MYLANTA GAS MAXIMUM STRENGTH** (MINT) CTB PO 125 MG 60 EA SIMETHICONE		OTC		6.72	5.60	5.60		5/27/96
16837-0611-24	**MYLANTA GAS MAXIMUM STRENGTH** (SOFTGEL) SGL PO 125 MG 24 EA SIMETHICONE		OTC		3.95	3.28	3.28		9/18/00
16837-0611-48	**MYLANTA GAS MAXIMUM STRENGTH** (SOFTGEL) SGL PO 125 MG 48 EA SIMETHICONE		OTC		7.40	6.17	6.17		9/18/00
16837-0626-24	**MYLANTA GAS MAXIMUM STRENGTH** (GELCAPLET) TAB PO 62.5 MG 24 EA SIMETHICONE		OTC		3.62	3.02	3.02		5/27/96
16837-0626-36	**MYLANTA GAS MAXIMUM STRENGTH** (GELCAPLET,3X12) TAB PO 62.5 MG 36 EA SIMETHICONE		OTC		3.62	3.02	3.02		6/29/98
16837-0626-60	**MYLANTA GAS MAXIMUM STRENGTH** (GELCAPLET) TAB PO 62.5 MG 60 EA SIMETHICONE		OTC		7.12	5.93	5.93		10/1/96
16837-0857-08	**MYLANTA GAS MAXIMUM STRENGTH** (GELTAB) TAB PO 125 MG 8 EA SIMETHICONE		OTC		2.09	1.74	1.74		11/29/99
16837-0861-24	**MYLANTA GAS MAXIMUM STRENGTH** (CHERRY) CTB PO 125 MG 24 EA SIMETHICONE		OTC		3.62	3.02	3.02		10/1/96
16837-0622-12	**MYLANTA MAXIMUM STRENGTH** (CHERRY) SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		OTC		5.65	4.71	4.71		1/1/01
16837-0624-12	**MYLANTA MAXIMUM STRENGTH** (MINT CREAM) SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		OTC		5.65	4.71	4.71		1/1/01

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Please Respond By: 10/01/2001
Contact Name: SUZANN LOWERY
Phone Number: 215-273-7000

NDC / HRI / UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINSTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/ Deact Date
16837-0652-12	**MYLANTA MAXIMUM STRENGTH** SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		OTC		5.65	4.71	4.71		1/1/01
16837-0652-24	**MYLANTA MAXIMUM STRENGTH** SUS PO 400 MG-400 MG-40 MG/5 ML 24.00 oz 1 EA AL HYDROX/MG HYDROX/SIMETH		OTC		9.25	7.71	7.71		1/1/01
16837-0652-25	**MYLANTA MAXIMUM STRENGTH** (WAREHOUSE PKG) SUS PO 400 MG-400 MG-40 MG/5 ML 24.00 oz EA AL HYDROX/MG HYDROX/SIMETH		OTC		9.25	7.71	7.71		1/1/01
16837-0818-12	**MYLANTA MAXIMUM STRENGTH** (LEMON TWIST) SUS PO 400 MG-400 MG-40 MG/5 ML 12.00 oz EA AL HYDROX/MG HYDROX/SIMETH		OTC		5.65	4.71	4.71		1/1/01
16837-0818-55	**MYLANTA MAXIMUM STRENGTH** (LEMON TWIST) SUS PO 400 MG-400 MG-40 MG/5 ML 5.00 oz EA AL HYDROX/MG HYDROX/SIMETH		OTC		3.20	2.67	2.67		11/23/98
16837-0061-12	**MYLANTA NIGHT TIME** (MINT) SUS PO 500 MG-500 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX		OTC		5.65	4.71	4.71		5/25/00
16837-0062-12	**MYLANTA NIGHT TIME** (CHERRY) SUS PO 500 MG-500 MG/5 ML 12.00 oz 1 EA AL HYDROX/MG HYDROX		OTC		5.65	4.71	4.71		5/25/00
16837-0062-24	**MYLANTA NIGHT TIME** (CHERRY) SUS PO 500 MG-500 MG/5 ML 24.00 oz 1 EA AL HYDROX/MG HYDROX		OTC		9.25	7.71	7.71		5/25/00
16837-0819-11	**MYLANTA SUPREME** (MINT,BOGO) SUS PO 400 MG-135 MG/5 ML 12.00 oz 2 EA CAL CARB/MG HYDROX		OTC		4.21	3.51	3.51		3/15/00
16837-0819-12	**MYLANTA SUPREME** (MINT) SUS PO 400 MG-135 MG/5 ML 12.00 oz EA CAL CARB/MG HYDROX		OTC		4.21	3.51	3.51		11/30/98
16837-0819-13	**MYLANTA SUPREME** (TWINPACK,MINT) SUS PO 400 MG-135 MG/5 ML 12.00 oz 2 EA CAL CARB/MG HYDROX		OTC		4.21	3.51	3.51		11/30/99

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16837-0819-24	**MYLANTA SUPREME** (MINT) SUS PO 400 MG-135 MG/5 ML 24.00 oz EA CAL CARB/MG HYDROX		OTC		7.58	6.32	6.32		6/15/99
16837-0825-11	**MYLANTA SUPREME** (CHERRY,BOGO) SUS PO 400 MG-135 MG/5 ML 12.00 oz 2 EA CAL CARB/MG HYDROX		OTC		4.21	3.51	3.51		3/15/00
16837-0825-12	**MYLANTA SUPREME** (CHERRY) SUS PO 400 MG-135 MG/5 ML 12.00 oz EA CAL CARB/MG HYDROX		OTC		4.21	3.51	3.51		11/23/98
16837-0825-13	**MYLANTA SUPREME** (TWINPACK,CHERRY) SUS PO 400 MG-135 MG/5 ML 12.00 oz 2 EA CAL CARB/MG HYDROX		OTC		4.21	3.51	3.51		11/30/99
16837-0825-24	**MYLANTA SUPREME** (CHERRY) SUS PO 400 MG-135 MG/5 ML 24.00 oz EA CAL CARB/MG HYDROX		OTC		7.58	6.32	6.32		12/11/98
16837-0831-12	**MYLANTA SUPREME** (LEMON TWIST) SUS PO 400 MG-135 MG/5 ML 12.00 oz EA CAL CARB/MG HYDROX		OTC		4.21	3.51	3.51		11/23/98
16837-0831-24	**MYLANTA SUPREME** (LEMON TWIST) SUS PO 400 MG-135 MG/5 ML 24.00 oz EA CAL CARB/MG HYDROX		OTC		7.58	6.32	6.32		12/11/98
16837-0630-03	**MYLICON INFANTS'** (DROPS,A.F.) SUS PO 40 MG/0.6 ML 30.00 ml 1 EA SIMETHICONE		OTC		10.36	8.63	8.63		1/2/90
16837-0630-05	**MYLICON INFANTS'** (DROPS,A.F.) SUS PO 40 MG/0.6 ML 15.00 ml 1 EA SIMETHICONE		OTC		6.22	5.18	5.18		12/31/90
16837-0911-03	**MYLICON INFANTS'** (DROPS,A.F.,NON-STAINING) SUS PO 40 MG/0.6 ML 30.00 ml EA SIMETHICONE		OTC		10.36	8.63	8.63		8/29/97
16837-0911-05	**MYLICON INFANTS'** (DROPS,A.F.,NON-STAINING) SUS PO 40 MG/0.6 ML 15.00 ml EA SIMETHICONE		OTC		6.22	5.18	5.18		8/29/97

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7050 CAMP HILL ROAD

FORT WASHINGTON PA 19034

Please Respond By: 10/01/2001
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Phone Number: 215-273-7000

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16837-0856-06	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 6 EA FAMOTIDINE		OTC		2.88	2.40	2.40		10/4/99
16837-0856-30	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0856-31	**PEPCID AC** (GELCAPLET,W/10 FREE) TAB PO 10 MG 40 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0856-54	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 54 EA FAMOTIDINE		OTC		14.32	11.93	11.93		10/4/99
16837-0856-60	**PEPCID AC** (GELCAPLET,30+30) TAB PO 10 MG 60 EA FAMOTIDINE		OTC		14.32	11.93	11.93		2/8/00
16837-0856-61	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 60 EA FAMOTIDINE		OTC		16.18	13.48	13.48		4/19/00
16837-0856-63	**PEPCID AC** (GELCAPLET,60+30 FREE) TAB PO 10 MG 90 EA FAMOTIDINE		OTC		16.18	13.48	13.48		11/15/00
16837-0856-90	**PEPCID AC** (GELCAPLET) TAB PO 10 MG 90 EA FAMOTIDINE		OTC		21.60	18.00	18.00		6/23/00
16837-0872-01	**PEPCID AC** (W/FREE MOTRIN GEL) TAB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0872-02	**PEPCID AC** TAB PO 10 MG 2 EA FAMOTIDINE		OTC		0.68	0.57	0.57		10/10/96
16837-0872-03	**PEPCID AC** (W/FREE IMODIUM ADV.) TAB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01

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16837-0872-06	**PEPCID AC** TAB PO 10 MG 6 EA FAMOTIDINE		OTC		2.88	2.40	2.40		5/12/95
16837-0872-08	**PEPCID AC** (50+30 FREE) TAB PO 10 MG 80 EA FAMOTIDINE		OTC		14.32	11.93	11.93		12/23/98
16837-0872-09	**PEPCID AC** (25X2,ROLLPACK) TAB PO 10 MG 50 EA FAMOTIDINE		OTC		14.58	12.15	12.15		10/1/98
16837-0872-12	**PEPCID AC** TAB PO 10 MG 12 EA FAMOTIDINE		OTC		5.28	4.40	4.40		5/12/95
16837-0872-18	**PEPCID AC** TAB PO 10 MG 18 EA FAMOTIDINE		OTC		6.71	5.59	5.59		5/12/95
16837-0872-19	**PEPCID AC** (18+18 FREE) TAB PO 10 MG 36 EA FAMOTIDINE		OTC		6.71	5.59	5.59		10/23/97
16837-0872-26	**PEPCID AC** (W/FREE COMPLETE 15'S) TAB PO 10 MG 70 EA FAMOTIDINE		OTC		18.72	15.60	15.60		3/1/01
16837-0872-30	**PEPCID AC** TAB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0872-31	**PEPCID AC** (30+10 FREE) TAB PO 10 MG 40 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0872-33	**PEPCID AC** (80+30 FREE) TAB PO 10 MG 110 EA FAMOTIDINE		OTC		20.03	16.69	16.69		12/15/98
16837-0872-34	**PEPCID AC** (30+30) TAB PO 10 MG 60 EA FAMOTIDINE		OTC		14.32	11.93	11.93		11/12/99

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16837-0872-42	**PEPCID AC** (W/FREE TYLENOL PM) TAB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0872-45	**PEPCID AC** (W/FREE MOTRIN IB) TAB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0872-48	**PEPCID AC** (W/FREE TYLENOL PM VIAL) TAB PO 10 MG 50 EA FAMOTIDINE		OTC		14.32	11.93	11.93		12/15/98
16837-0872-52	**PEPCID AC** (50+20 FREE) TAB PO 10 MG 70 EA FAMOTIDINE		OTC		14.32	11.93	11.93		2/9/99
16837-0872-54	**PEPCID AC** TAB PO 10 MG 54 EA FAMOTIDINE		OTC		15.36	12.80	12.80		2/8/99
16837-0872-56	**PEPCID AC** (W/FREE TYLENOL PM6) TAB PO 10 MG 50 EA FAMOTIDINE		OTC		14.32	11.93	11.93		2/4/99
16837-0872-60	**PEPCID AC** TAB PO 10 MG 60 EA FAMOTIDINE		OTC		16.18	13.48	13.48		4/19/00
16837-0872-63	**PEPCID AC** (60+30 FREE) TAB PO 10 MG 90 EA FAMOTIDINE		OTC		16.18	13.48	13.48		11/15/00
16837-0872-68	**PEPCID AC** (50+18 FREE) TAB PO 10 MG 68 EA FAMOTIDINE		OTC		14.32	11.93	11.93		5/1/99
16837-0872-72	**PEPCID AC** (W/FREE TYLENOL EX STR) TAB PO 10 MG 70 EA FAMOTIDINE		OTC		18.72	15.60	15.60		6/18/98
16837-0872-80	**PEPCID AC** TAB PO 10 MG 80 EA FAMOTIDINE		OTC		20.03	16.69	16.69		4/27/98

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16837-0872-90	**PEPCID AC** TAB PO 10 MG 90 EA FAMOTIDINE		OTC		21.60	18.00	18.00		11/15/99
16837-0872-92	**PEPCID AC** TAB PO 10 MG 110 EA FAMOTIDINE		OTC		24.42	20.35	20.35		11/12/99
16837-0873-01	**PEPCID AC** (W/FREE MOTRIN GEL) CTB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0873-02	**PEPCID AC** (30+30) CTB PO 10 MG 60 EA FAMOTIDINE		OTC		16.10	13.42	13.42		7/1/99
16837-0873-06	**PEPCID AC** CTB PO 10 MG 6 EA FAMOTIDINE		OTC		2.88	2.40	2.40		10/9/98
16837-0873-19	**PEPCID AC** (W/FREE BOGO) CTB PO 10 MG 18 EA FAMOTIDINE		OTC		6.71	5.59	5.59		8/1/99
16837-0873-30	**PEPCID AC** CTB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0873-31	**PEPCID AC** (W/10 FREE) TAB PO 10 MG 40 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0873-36	**PEPCID AC** (W/FREE TYLENOL PM) CTB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0873-40	**PEPCID AC** CTB PO 10 MG 4,000 EA FAMOTIDINE		OTC		1,104.00	920.00	920.00		3/21/00
16837-0873-42	**PEPCID AC** (W/FREE TYLENOL PM) CTB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01

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16837-0873-45	**PEPCID AC** (W/FREE MOTRIN IB) CTB PO 10 MG 30 EA FAMOTIDINE		OTC		8.99	7.49	7.49		4/25/01
16837-0873-54	**PEPCID AC** CTB PO 10 MG 54 EA FAMOTIDINE		OTC		15.36	12.80	12.80		2/8/99
16837-0873-56	**PEPCID AC** (W/FREE TYLENOL PM) CTB PO 10 MG 50 EA FAMOTIDINE		OTC		14.32	11.93	11.93		2/4/99
16837-0873-58	**PEPCID AC** (W/FREE TYLENOL TOPPER) CTB PO 10 MG 50 EA FAMOTIDINE		OTC		14.32	11.93	11.93		9/24/98
16837-0873-60	**PEPCID AC** CTB PO 10 MG 60 EA FAMOTIDINE		OTC		16.18	13.48	13.48		4/25/01
16837-0873-61	**PEPCID AC** CTB PO 10 MG 60 EA FAMOTIDINE		OTC		16.18	13.48	13.48		4/20/00
16837-0873-68	**PEPCID AC** (50+18 FREE) CTB PO 10 MG 68 EA FAMOTIDINE		OTC		14.32	11.93	11.93		5/23/99
16837-0888-05	**PEPCID COMPLETE** (MINT) CTB PO 800 MG-10 MG-165 MG 5 EA CAL CARB/FAMOTIDINE/MG HYDROX		OTC		2.88	2.40	2.40		12/26/00
16837-0888-15	**PEPCID COMPLETE** (MINT) CTB PO 800 MG-10 MG-165 MG 15 EA CAL CARB/FAMOTIDINE/MG HYDROX		OTC		6.70	5.59	5.59		12/26/00
16837-0888-25	**PEPCID COMPLETE** (MINT) CTB PO 800 MG-10 MG-165 MG 25 EA CAL CARB/FAMOTIDINE/MG HYDROX		OTC		8.98	7.49	7.49		12/26/00
16837-0888-26	**PEPCID COMPLETE** (MINT,25+5FREE) CTB PO 800 MG-10 MG-165 MG 30 EA CAL CARB/FAMOTIDINE/MG HYDROX		OTC		8.98	7.49	7.49		12/26/00

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16837-0888-50	**PEPCID COMPLETE** (MINT) CTB PO 800 MG-10 MG-165 MG 50 EA CAL CARB/FAMOTIDINE/MG HYDROX		OTC		16.17	13.48	13.48		12/26/00
16837-0888-75	**PEPCID COMPLETE** (MINT) CTB PO 800 MG-10 MG-165 MG 75 EA CAL CARB/FAMOTIDINE/MG HYDROX		OTC		21.60	18.00	18.00		12/26/00

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EXHIBIT 24

THOMSON MICROMEDEX

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Greenwood Village, Colorado 80111- 4740
(303) 486-6796 - Fax (303) 486-9297

ORTHO-MCNEIL PHARMACEUTICAL CORPORATI
1000 U.S. HIGHWAY ROUTE 202
P.O. BOX 300
RARITAN NJ 088690602

Please Respond By: 10/11/2002
Contact Name: LUIS VALCARCEL
Phone Number: 908-218-6000

NDC / HRI / UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINSTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/ Deact Date
17314-9330-01	**BICITRA** (S.F.) SOL PO 334 MG-500 MG/5 ML 16.00 oz 1 EA CIT ACID/SOD CITR		RX		19.45		16.21		3/9/02
00062-0351-15 NDA	**DERMATOP** CRE TP 0.1% 15.00 gm 1 EA PREDNICARBATE		RX		18.07		15.06		3/9/02
00062-0351-60 NDA	**DERMATOP** CRE TP 0.1% 60.00 gm 1 EA PREDNICARBATE		RX		44.46		37.05		3/9/02
00062-0352-15 NDA	**DERMATOP** O/N TP 0.1% 15.00 gm EA PREDNICARBATE		RX		18.07		15.06		3/9/02
00062-0352-60 NDA	**DERMATOP** O/N TP 0.1% 60.00 gm EA PREDNICARBATE		RX		44.46		37.05		3/9/02
17314-9200-01 NDA	**DITROPAN** TAB PO 5 MG 100 EA OXYBUTYNIN CHLORIDE	AB	RX		88.06		73.38		3/9/02
17314-9200-02 NDA	**DITROPAN** TAB PO 5 MG 1,000 EA OXYBUTYNIN CHLORIDE	AB	RX		859.07		715.89		3/9/02
17314-9200-03 NDA	**DITROPAN** TAB PO 5 MG 100 EA OXYBUTYNIN CHLORIDE	AB	RX	1	95.92		79.93		3/9/02
17314-9201-04 NDA	**DITROPAN** SYR PO 5 MG/5 ML 16.00 oz 1 EA OXYBUTYNIN CHLORIDE	AA	RX		95.41		79.51		3/9/02
17314-8500-01 NDA	**DITROPAN XL** TER PO 5 MG 100 EA OXYBUTYNIN CHLORIDE		RX		267.01		213.61		3/9/02
17314-8501-01 NDA	**DITROPAN XL** TER PO 10 MG 100 EA OXYBUTYNIN CHLORIDE		RX		290.46		232.37		3/9/02

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ORTHO-MCNEIL PHARMACEUTICAL CORPORATI
1000 U.S. HIGHWAY ROUTE 202
P.O. BOX 300
RARITAN NJ 088690602

Please Respond By: 10/11/2002
Contact Name: LUIS VALCARCEL
Phone Number: 908-218-6000

NDC / HRI / UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINSTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/ Deact Date
17314-8502-01 NDA	DITROPAN XL TER PO 15 MG 100 EA OXYBUTYNIN CHLORIDE		RX		321.71		257.37		3/9/02
17314-9300-01 NDA	ELMIRON CAP PO 100 MG 100 EA PENTOSAN POLYSULFATE SODIUM		RX		204.86		170.72		3/9/02
00062-1185-01 NDA	ERYCETTE SWA TP 2% 60 EA ERYTHROMYCIN	AT	RX		29.47		24.56		3/9/02
00062-1540-02 NDA	FLOXIN TAB PO 200 MG 50 EA OFLOXACIN		RX		227.53		189.61		3/9/02
00062-1541-02 NDA	FLOXIN TAB PO 300 MG 50 EA OFLOXACIN		RX		270.77		225.64		3/9/02
00062-1542-01 NDA	FLOXIN TAB PO 400 MG 100 EA OFLOXACIN		RX		571.12		475.93		3/9/02
00062-0206-04 NDA	GRIFULVIN V SUS PO 125 MG/5 ML 120.00 ml 1 EA GRISEOFULVIN, MICROCRYSTALLINE		RX		35.08		29.23		3/9/02
00062-0214-60 ANDA	GRIFULVIN V TAB PO 500 MG 100 EA GRISEOFULVIN, MICROCRYSTALLINE	AB	RX		168.09		140.07		3/9/02
00045-0255-01 NDA	HALDOL (AMP) SOL IM 5 MG/ML 1.00 ml 10 EA HALOPERIDOL LACTATE	AP	RX		89.69		74.74		3/9/02
00045-0255-49 NDA	HALDOL (M.D.V.) SOL IM 5 MG/ML 10.00 ml 1 EA HALOPERIDOL LACTATE	AP	RX		87.43		72.86		3/9/02
00045-0253-01 NDA	HALDOL DECANOATE (AMP) ~~SUS~~ SOL IM 50 MG/ML 1.00 ml 10 EA HALOPERIDOL DECANOATE	AO	RX		378.40		315.33		3/9/02

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change 00045-0253-03 NDA	HALDOL DECANOATE (AMP) ~~SUSSOL~~ IM 50 MG/ML 1.00 ml 3 EA HALOPERIDOL DECANOATE	AO	RX		113.52		94.60		3/9/02
change 00045-0253-46 NDA	HALDOL DECANOATE (M.D.V.) ~~SUSSOL~~ IM 50 MG/ML 5.00 ml 1 EA HALOPERIDOL DECANOATE	AO	RX		189.24		157.70		3/9/02
change 00045-0254-14 NDA	HALDOL DECANOATE (AMP) ~~SUSSOL~~ IM 100 MG/ML 1.00 ml 5 EA HALOPERIDOL DECANOATE	AO	RX		347.12		289.27		3/9/02
change 00045-0254-46 NDA	HALDOL DECANOATE (M.D.V.) ~~SUSSOL~~ IM 100 MG/ML 5.00 ml 1 EA HALOPERIDOL DECANOATE	AO	RX		347.12		289.27		3/9/02
00045-0065-55 NDA	LEVAQUIN (S.D.V.) SOL IV 25 MG/ML 30.00 ml EA LEVOFLOXACIN		RX		54.92		45.77		6/14/01
00045-0066-01	LEVAQUIN (PREMIXED W/DEXTROSE) SOL IV 5 MG/ML 150.00 ml EA LEVOFLOXACIN		RX		54.92		45.77		6/14/01
change 00045-0067-01 NDA	LEVAQUIN (PREMIXED W/DEXTROSE) SOL ~~IV~~ INJ 5 MG/ML 50.00 ml 1 EA LEVOFLOXACIN		RX		20.69		17.24		6/14/01
change 00045-0068-01 NDA	LEVAQUIN (PREMIXED W/DEXTROSE) SOL ~~IV~~ INJ 5 MG/ML 100.00 ml 1 EA LEVOFLOXACIN		RX		41.39		34.49		6/14/01
00045-0069-51 NDA change	LEVAQUIN (S.D.V.) SOL ~~IV~~ INJ 25 MG/ML 20.00 ml 1 EA LEVOFLOXACIN		RX		41.39		34.49		6/14/01
00045-1520-10 NDA	LEVAQUIN TAB PO 250 MG 100 EA LEVOFLOXACIN		RX	1	795.06		662.55		3/9/02
00045-1520-50 NDA	LEVAQUIN TAB PO 250 MG 50 EA LEVOFLOXACIN		RX		394.76		328.97		3/8/02

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00045-1525-10 NDA	**LEVAQUIN** TAB PO 500 MG 100 EA LEVOFLOXACIN		RX	1	927.70		773.08		3/9/02
00045-1525-50 NDA	**LEVAQUIN** TAB PO 500 MG 50 EA LEVOFLOXACIN		RX		461.06		384.22		3/9/02
00045-1530-10 NDA	**LEVAQUIN** TAB PO 750 MG 100 EA LEVOFLOXACIN		RX	1	1,124.22		936.85		3/9/02
00045-1530-50 NDA	**LEVAQUIN** TAB PO 750 MG 50 EA LEVOFLOXACIN		RX		562.10		468.42		3/9/02
00062-1714-15 NDA	**MODICON** (DIALPAK, 6X28) TAB PO 35 MCG-0.5 MG 168 EA ETHINYL ESTRADIOL/NORETHIN	AB	RX		225.02		187.52		3/9/02
00062-5437-01 NDA	**MONISTAT 3** (W/APPLICATOR) SUP VG 200 MG 3 EA MICONAZOLE NITRATE	AB	RX		35.30		29.42		3/9/02
00062-5434-01 NDA	**MONISTAT DERM** CRE TP 2% 30.00 gm 1 EA MICONAZOLE NITRATE		RX		31.65		26.37		3/9/02
00062-5434-02 NDA	**MONISTAT DERM** CRE TP 2% 15.00 gm 1 EA MICONAZOLE NITRATE		RX		18.86		15.71		3/9/02
00062-5434-03 NDA	**MONISTAT DERM** CRE TP 2% 85.00 gm 1 EA MICONAZOLE NITRATE		RX		61.20		51.00		3/8/02
17314-9400-01 NDA	**MYCELEX TROCHE** LOZ PO 10 MG 70 EA CLOTRIMAZOLE		RX		101.08		84.23		3/9/02
17314-9400-02 NDA	**MYCELEX TROCHE** LOZ PO 10 MG 70 EA CLOTRIMAZOLE		RX	1	108.00		90.00		3/9/02

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17314-9400-03 NDA	**MYCELEX TROCHE** LOZ PO 10 MG 140 EA CLOTRIMAZOLE		RX		183.60		153.00		3/9/02
17314-9311-02	**NEUTRA-PHOS** (PACKET,S.F.,FRUIT) PDR PO 1.25 gm 100 EA PHOSPHORUS/POT/SOD		OTC	1	41.66		34.72		3/9/02
17314-9313-02	**NEUTRA-PHOS-K** (PACKET,S.F.,FRUIT) PDR PO 250 MG-556 MG/1.45 GM 1.45 gm 100 EA PHOSPHORUS/POT		OTC	1	50.04		41.70		3/9/02
00062-3301-00	**ORTHO ALL-FLEX DIAPHRAGM** (55 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3302-00	**ORTHO ALL-FLEX DIAPHRAGM** (60 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3303-00	**ORTHO ALL-FLEX DIAPHRAGM** (65 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3304-00	**ORTHO ALL-FLEX DIAPHRAGM** (70 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3305-00	**ORTHO ALL-FLEX DIAPHRAGM** (75 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3306-00	**ORTHO ALL-FLEX DIAPHRAGM** (80 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3307-00	**ORTHO ALL-FLEX DIAPHRAGM** (85 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3308-00	**ORTHO ALL-FLEX DIAPHRAGM** (90 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02

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00062-3309-00	ORTHO ALL-FLEX DIAPHRAGM (95 MM) KIT VG 1 EA DIAPHRAGM		RX *		27.96		23.30		3/9/02
00062-3341-00	ORTHO COIL SPRING DIAPHRAGM (55 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3342-00	ORTHO COIL SPRING DIAPHRAGM (60 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3343-00	ORTHO COIL SPRING DIAPHRAGM (65 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3344-00	ORTHO COIL SPRING DIAPHRAGM (70 MM) KIT VG 1 EA DIAPHRAGM		RX *		27.96		23.30		3/9/02
00062-3345-00	ORTHO COIL SPRING DIAPHRAGM (75 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3346-00	ORTHO COIL SPRING DIAPHRAGM (80 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3347-00	ORTHO COIL SPRING DIAPHRAGM (85 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3348-00	ORTHO COIL SPRING DIAPHRAGM (90 MM) KIT VG 1 EA DIAPHRAGM		RX		27.96		23.30		3/9/02
00062-3349-00	ORTHO COIL SPRING DIAPHRAGM (95 MM) KIT VG 1 EA DIAPHRAGM		RX *		27.96		23.30		3/9/02
Change 00062-1920-01 NDA	ORTHO EVRA TDM TD 0.02 MG-0.15 MG/24 HRS 1 EA ETHINYL ESTRADIOL/NORELGESTROMIN Done		RX		11.24		9.37		3/8/02

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change 00062-1920-15 NDA	ORTHO EVRA (6X3) TDM TD 0.02 MG-0.15 MG/24 HRS 168 EA ETHINYL ESTRADIOL/NORELGESTROMIN		RX		~~33.72~~ 202.37		168.64		3/8/02
change 00062-1411-16 NDA	ORTHO MICRONOR (ORTHO DIALPAK, 6X28) TAB PO 0.35 MG 168 EA NORETHINDRONE		RX		~~39.93~~ 239.58		~~33.32~~ 199.65		3/9/02
00062-1903-15 NDA	ORTHO TRI-CYCLEN (DIALPAK, 6X28) TAB PO 168 EA ETHINYL ESTRADIOL/NORGESTIMATE		RX		202.37		168.64		3/9/02
00062-3630-00	ORTHO UNIVERSAL INTRODUCER ACC NA 1 EA INTRODUCER, CONTRACEPTIVE, DIAPHRAGM		OTC		4.28		3.57		3/9/02
00062-1796-15 NDA	ORTHO-CEPT (DIALPAK, 6X28) TAB PO 0.15 MG-0.03 MG 168 EA DESOGESTREL/ETHINYL ESTRADIOL	AB	RX		206.29		171.91		3/9/02
00062-1901-15 NDA	ORTHO-CYCLEN (DIALPAK, 6X28) TAB PO 35 MCG-0.25 MG 168 EA ETHINYL ESTRADIOL/NORGESTIMATE		RX		206.29		171.91		3/9/02
00062-1761-15 NDA	ORTHO-NOVUM 1/35 (DIALPAK, 6X28) TAB PO 35 MCG-1 MG 168 EA ETHINYL ESTRADIOL/NORETHIN	AB	RX		206.29		171.91		3/9/02
00062-1332-15 NDA	ORTHO-NOVUM 1/50 (DIALPAK, 6X28) TAB PO 0.05 MG-1 MG 168 EA MESTRANOL/NORETHIN	AB	RX		206.29		171.91		3/9/02
00062-1771-15 NDA	ORTHO-NOVUM 10/11 (DIALPAK, 6X28) TAB PO 35 MCG-0.5 MG AND 1 MG 168 EA ETHINYL ESTRADIOL/NORETHIN	AB	RX		225.02		187.52		3/9/02
00062-1781-15 NDA	ORTHO-NOVUM 7/7/7 (DIALPAK, 6X28) TAB PO 35 MCG-0.5, 0.75 AND 1MG 168 EA ETHINYL ESTRADIOL/NORETHIN		RX		206.29		171.91		3/9/02
00062-1781-20	ORTHO-NOVUM 7/7/7 (48X6X28 DIALPK,INST USE) TAB PO 35 MCG-0.5, 0.75 AND 1MG 8,064 EA ETHINYL ESTRADIOL/NORETHIN		RX						8/16/01 9/1/02

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00062-1781-22 NDA	**ORTHO-NOVUM 7/7/7** (REFILL, 12X28) TAB PO 35 MCG-0.5, 0.75 AND 1MG 336 EA ETHINYL ESTRADIOL/NORETHIN		RX		409.48		341.23		3/9/02
00045-0095-60	**PANCREASE** ECC PO 20,000 U-4500 U-25,000 U 100 EA AMYLASE/LIPASE/PROTEASE		RX		48.41		40.34		3/9/02
00045-0095-69	**PANCREASE** ECC PO 20,000 U-4500 U-25,000 U 250 EA AMYLASE/LIPASE/PROTEASE		RX		115.31		96.09		3/9/02
00045-0342-60 change	**PANCREASE MT 10** ECC PO 30,000U - 10,000U / 30,000U 100 EA AMYLASE/LIPASE/PROTEASE		RX		95.33		79.44		3/9/02
00045-0343-60 change	**PANCREASE MT 16** ECC PO 48,000U - 16,000U / 48,000U 100 EA AMYLASE/LIPASE/PROTEASE		RX		153.06		127.55		3/9/02
00045-0346-60 change	**PANCREASE MT 20** ECC PO 56,000U - 20,000U / 44,000U 100 EA AMYLASE/LIPASE/PROTEASE		RX		190.63		158.86		3/9/02
00045-0341-60	**PANCREASE MT 4** CAP PO 12,000 U-4000 U-12,000 U 100 EA AMYLASE/LIPASE/PROTEASE		RX		38.14		31.78		3/9/02
00045-0325-60 NDA	**PARAFON FORTE DSC** (CAPLET) TAB PO 500 MG 100 EA CHLORZOXAZONE	AA	RX		146.69		122.24		3/9/02
54765-0380-01	**PARAGARD T380A** (COPPER IUD) DEV IP 1 EA INTRAUTERINE DEVICE, CONTRACEPT (IUD) & INTRODUCER		RX		358.80		299.00		11/1/00
54765-0380-05	**PARAGARD T380A** (COPPER IUD) DEV IP 5 EA INTRAUTERINE DEVICE, CONTRACEPT (IUD) & INTRODUCER		RX		1,634.40		1,362.00		11/1/00
17314-9322-01	**POLYCITRA** SYR PO 334 MG-550 MG-500 MG/5ML 16.00 oz 1 EA CIT ACID/POT CITR/SOD CITR		RX		30.22		25.18		3/9/02

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17314-9321-01	**POLYCITRA-K** (S.F.) SOL PO 334 MG-1100 MG/5 ML 16.00 oz 1 EA CIT ACID/POT CITR		RX		30.02		25.02		3/9/02
17314-9320-01	**POLYCITRA-K CRYSTALS** (PACKET) PDR PO 1002 MG-3300 MG/PACKET 100 EA CIT ACID/POT CITR		RX	1	95.54		79.62		3/9/02
17314-9323-01	**POLYCITRA-LC** (S.F.) SOL PO 334 MG-550 MG-500 MG/5ML 16.00 oz 1 EA CIT ACID/POT CITR/SOD CITR		RX		30.22		25.18		3/9/02
00045-0810-15	**REGRANEX** GEL TP 0.01% 15.00 gm EA BECAPLERMIN		RX		480.59		400.49		3/9/02
00062-0185-03 NDA	**RENOVA** CRE TP 0.05% 60.00 gm 1 EA TRETINOIN		RX		~~80.81~~ 83.73		~~67.09~~ 69.78		~~6/14/01~~ 3/8/02
00062-0185-05 NDA	**RENOVA** CRE TP 0.05% 40.00 gm 1 EA TRETINOIN		RX		65.63		54.70		3/9/02
00062-0187-02 NDA	**RENOVA** CRE TP 0.02% 40.00 gm EA TRETINOIN		RX		65.63		54.70		3/9/02
00062-0075-07 NDA	**RETIN-A** SOL TP 0.05% 28.00 ml 1 EA TRETINOIN	AT	RX		65.65		54.71		3/9/02
00062-0165-01 NDA	**RETIN-A** CRE TP 0.025% 20.00 gm 1 EA TRETINOIN	AB	RX		38.23		31.86		3/9/02
00062-0165-02 NDA	**RETIN-A** CRE TP 0.025% 45.00 gm 1 EA TRETINOIN	AB	RX		72.37		60.31		3/9/02
00062-0175-12 NDA	**RETIN-A** CRE TP 0.05% 20.00 gm 1 EA TRETINOIN	AB	RX		42.88		35.73		3/9/02

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REDBOOK Product Listing Verification

MICROMEDEX - 6200 South Syracuse Way, Suite 300
Greenwood Village, Colorado 80111- 4740
(303) 486-6796 - Fax (303) 486-9297

ORTHO-MCNEIL PHARMACEUTICAL CORPORATI
1000 U.S. HIGHWAY ROUTE 202
P.O. BOX 300
RARITAN NJ 088690602

Please Respond By: 10/11/2002
Contact Name: LUIS VALCARCEL
Phone Number: 908-218-6000

NDC / HRI / UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINSTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/ Deact Date
00062-0175-13 NDA	RETIN-A CRE TP 0.05% 45.00 gm 1 EA TRETINOIN	AB	RX		80.39		66.99		3/9/02
00062-0275-01 NDA	RETIN-A CRE TP 0.1% 45.00 gm 1 EA TRETINOIN	AB	RX		93.71		78.09		3/9/02
00062-0275-23 NDA	RETIN-A CRE TP 0.1% 20.00 gm 1 EA TRETINOIN	AB	RX		50.04		41.70		3/9/02
00062-0475-42 NDA	RETIN-A GEL TP 0.025% 15.00 gm 1 EA TRETINOIN	AB	RX		33.65		28.04		3/9/02
00062-0475-45 NDA	RETIN-A GEL TP 0.025% 45.00 gm 1 EA TRETINOIN	AB	RX		79.39		66.16		3/9/02
00062-0575-44 NDA	RETIN-A GEL TP 0.01% 15.00 gm 1 EA TRETINOIN		RX		33.36		27.80		3/8/02
00062-0575-46 NDA	RETIN-A GEL TP 0.01% 45.00 gm 1 EA TRETINOIN		RX		78.74		65.62		3/9/02
00062-0190-02 NDA	RETIN-A MICRO GEL TP 0.1% 20.00 gm 1 EA TRETINOIN		RX		40.10		33.42		3/9/02
00062-0190-03 NDA	RETIN-A MICRO GEL TP 0.1% 45.00 gm 1 EA TRETINOIN		RX		75.84		63.20		3/9/02
00062-0204-02 NDA	RETIN-A MICRO GEL TP 0.04% 20.00 gm 1 EA TRETINOIN		RX		40.10		33.42		5/28/02
00062-0204-03 NDA	RETIN-A MICRO GEL TP 0.04% 45.00 gm 1 EA TRETINOIN		RX		75.84		63.20		5/28/02

Instructions: Please make corrections directly on this printout
✓ OK as is ____ OK with changes

Signature Joan Handel Date 8/29/02

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00062-5460-01 NDA	**SPECTAZOLE** CRE TP 1% 30.00 gm 1 EA ECONAZOLE NITRATE		RX		30.85		25.71		3/9/02
00062-5460-02 NDA	**SPECTAZOLE** CRE TP 1% 15.00 gm 1 EA ECONAZOLE NITRATE		RX		17.47		14.56		3/9/02
00062-5460-03 NDA	**SPECTAZOLE** CRE TP 1% 85.00 gm 1 EA ECONAZOLE NITRATE		RX		62.93		52.44		3/9/02
00062-5351-01 NDA	**TERAZOL 3** (W/APPLICATOR) SUP VG 80 MG 3 EA TERCONAZOLE		RX		35.47		29.56		3/9/02
00062-5356-01 NDA	**TERAZOL 3** (W/APPLICATOR) CRE VG 0.8% 20.00 gm 1 EA TERCONAZOLE		RX		35.47		29.56		3/9/02
00062-5350-01 NDA	**TERAZOL 7** (W/APPLICATOR) CRE VG 0.4% 45.00 gm 1 EA TERCONAZOLE		RX		35.47		29.56		3/9/02
17314-2836-03 NDA	**TESTODERM** (W/ADHESIVE STRIPS) TDM TD 6 MG/24 HRS 30 EA TESTOSTERONE		RX		112.60		93.83		3/9/02
17314-4608-03 NDA	**TESTODERM** TDM TD 4 MG/24 HRS 30 EA TESTOSTERONE		RX		112.60		93.83		3/9/02
17314-4609-03 NDA	**TESTODERM** TDM TD 6 MG/24 HRS 30 EA TESTOSTERONE		RX		112.60		93.83		3/9/02
00045-0416-60 NDA	**TOLECTIN 600** TAB PO 600 MG 100 EA TOLMETIN SODIUM	AB	RX		182.00		151.67		3/9/02
00045-0414-60 NDA	**TOLECTIN DS** CAP PO 400 MG 100 EA TOLMETIN SODIUM	AB	RX		150.00		125.00		3/9/02

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✓ OK as is ___ OK with changes

Signature Joan Handel Date 8/29/02

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Please Respond By: 10/11/2002
Contact Name: LUIS VALCARCEL
Phone Number: 908-218-6000

DELETE

NDC / HRI / UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINSTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/ Deact Date
00045-0314-70 NDA	**TOLECTIN DS** CAP PO 400 MG 500 EA TOLMETIN SODIUM	AB	RX		690.94		575.78		6/14/01 1/7/02
00045-0639-65 NDA	**TOPAMAX** TAB PO 25 MG 60 EA TOPIRAMATE		RX *		87.66		73.05		3/9/02
00045-0641-65 NDA	**TOPAMAX** TAB PO 100 MG 60 EA TOPIRAMATE		RX		205.51		171.26		3/9/02
00045-0642-65 NDA	**TOPAMAX** TAB PO 200 MG 60 EA TOPIRAMATE		RX		240.60		200.50		3/9/02
00045-0645-65 NDA	**TOPAMAX** (SPRINKLE) CAP PO 25 MG 60 EA TOPIRAMATE		RX		100.21		83.51		3/9/02
00045-0647-65 NDA	**TOPAMAX** (SPRINKLE) CAP PO 15 MG 60 EA TOPIRAMATE		RX		82.91		69.09		3/9/02
00045-0508-16 ANDA	**TYLENOL W/CODEINE** ELI PO 120 MG-12 MG/5 ML 480.00 ml 1 EA APAP/CODEINE	AA	CV *		70.22		58.52		3/9/02
00045-0513-60 ANDA	**TYLENOL W/CODEINE #3** TAB PO 300 MG-30 MG 100 EA APAP/CODEINE	AA	CIII		44.20		36.83		3/9/02
00045-0513-70 ANDA	**TYLENOL W/CODEINE #3** TAB PO 300 MG-30 MG 500 EA APAP/CODEINE	AA	CIII		191.28		159.40		3/9/02
00045-0513-72 ANDA	**TYLENOL W/CODEINE #3** (20X25) TAB PO 300 MG-30 MG 500 EA APAP/CODEINE	AA	CIII	1	210.59		175.49		3/9/02
00045-0513-80 ANDA	**TYLENOL W/CODEINE #3** TAB PO 300 MG-30 MG 1,000 EA APAP/CODEINE	AA	CIII		347.65		289.71		3/9/02

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___ OK as is ✓ OK with changes

Signature Joan Handel Date 8/29/02

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RARITAN NJ 088690602

Please Respond By: 10/11/2002
Contact Name: LUIS VALCARCEL
Phone Number: 908-218-6000

NDC / HRI / UPC CATALOG NUMBER	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINSTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/ Deact Date
00045-0515-60	**TYLENOL W/CODEINE #4**	AA	CIII		78.10		65.08		3/9/02
ANDA	TAB PO 300 MG-60 MG 100 EA APAP/CODEINE								
00045-0515-70	**TYLENOL W/CODEINE #4**	AA	CIII		337.37		281.14		3/9/02
ANDA	TAB PO 300 MG-60 MG 500 EA APAP/CODEINE								
00045-0526-60	**TYLOX**	AA	CII		104.86		87.38		3/9/02
ANDA	CAP PO 500 MG-5 MG 100 EA APAP/OXYCOD								
00045-0526-79	**TYLOX** (4X25)	AA	CII	1	137.89		114.91		3/9/02
ANDA	CAP PO 500 MG-5 MG 100 EA APAP/OXYCOD								
00045-0650-10	**ULTRACET** (CAPLET,10X10)		RX	1	98.36		81.97		3/9/02
NDA	TAB PO 325 MG-37.5 MG 100 EA APAP/TRAMADOL HCL								
00045-0650-60	**ULTRACET** (CAPLET)		RX		89.42		74.52		3/9/02
NDA	TAB PO 325 MG-37.5 MG 100 EA APAP/TRAMADOL HCL								
00045-0659-10	**ULTRAM** (10X10)		RX	1	98.36		81.97		3/9/02
NDA	TAB PO 50 MG 100 EA TRAMADOL HYDROCHLORIDE								
00045-0659-60	**ULTRAM**		RX		89.42		74.52		3/9/02
NDA	TAB PO 50 MG 100 EA TRAMADOL HYDROCHLORIDE								
00045-0659-70	**ULTRAM**		RX		447.16		372.63		3/9/02
	TAB PO 50 MG 500 EA TRAMADOL HYDROCHLORIDE								
17314-9220-01	**URISPAS**		RX		145.29		116.23		3/9/02
NDA	TAB PO 100 MG 100 EA FLAVOXATE HYDROCHLORIDE								
17314-9220-02	**URISPAS** ~~(INSTIT. USE)~~ Product Dc'd 1/31/03		RX		149.81		119.85		3/9/02
NDA	TAB PO 100 MG By T. Kellem & K. Mume 100 EA FLAVOXATE HYDROCHLORIDE								

Instructions: Please make corrections directly on this printout
___OK as is ✓ OK with changes

Signature Joan Handel Date 8/29/02

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Contact Name: LUIS VALCARCEL
Phone Number: 908-218-6000

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00045-0682-33 NDA	**VASCOR** (3X30) TAB PO 200 MG 90 EA BEPRIDIL HYDROCHLORIDE		RX *	1	325.61		271.34		3/9/02
00045-0683-33 NDA	**VASCOR** (3X30) TAB PO 300 MG 90 EA BEPRIDIL HYDROCHLORIDE		RX	1	397.25		331.04		3/9/02

Instructions: Please make corrections directly on this printout
✓ OK as is ___ OK with changes

Signature Joan Handel Date 8/29/02

EXHIBIT 25

MANUFACTURER DIRECTORY INFORMATION

Please verify the following data to ensure that your organization is properly listed in the Red Book 2004 Edition. Please make changes directly on the form where it may apply.

Company Name: ORTHO-MCNEIL PHARMACEUTICAL CORPORATION

SEP 0 9 2003

Address: 1000 ROUTE 202
P.O. BOX 300

City: RARITAN State: NJ Zip: 08869-0602

Company Web Site: www.orthomcneil.com

Company e-mail Address:

Main Number: (800) 218-6000 Toll Free Number: (800) 218-6000

Main Fax Number: Clinical Support Number:

Parent Company: Johnson & Johnson

The following information is for internal use and will not be published:

Contact Name: JOAN HANDEL

Contact Mail To Address:
(if different than above)

City: State: Zip:

Contact e-mail Address: jhandel@ompus.jnj.com
Contact Fax Number: (908) 526-5567
Contact Direct Number: (908) 218-6607 Ext

☐ OK as is ☑ OK with changes

For future PLV mailings, which format do you prefer? ☐ e-mail ☐ Web-based ☑ Hard copy

Signature: Joan Handel Date:

If you have any questions, please call the Red Book support group at 1-800-724-9937.

199100

✓ = Added to CRM (YK)

EXHIBIT 26

MANUFACTURER DIRECTORY INFORMATION

Please verify the following data to ensure that your organization is properly listed in the Red Book 2004 Edition. Please make changes directly on the form where it may apply.

Company Name: ORTHO-MCNEIL PHARMACEUTICAL CORPORATION

AUG 1 1 2004

Address: 1000 ROUTE 202
P.O. BOX 300

City: RARITAN State: NJ Zip: 08869

RECEIVED
DEC 0 6 2004
BY:

Company Web Site: www.orthomcneil.com

Company e-mail Address:

Main Number: (800) 218-6000 Toll Free Number: (800) 218-6000

Main Fax Number: () Clinical Support Number: ()

Parent Company:

The following information is for internal use and will not be published:

Contact Name: JOAN HANDEL

Contact Mail To Address:
(if different than above)

City: State: Zip:

Contact e-mail Address: jhandel@ompus.jnj.com
Contact Fax Number: (908) 526-5567
Contact Direct Number: (908) 218-6607 Ext

☑ OK as is ☐ OK with changes

Signature: Joan Handel Date: 8/2/04

If you have any questions, please call the Red Book support group at 1-800-724-9937.

199100

Products should be changed to Ortho Neutrogena per JCAN

S61353

MANUFACTURER DIRECTORY INFORMATION FORM

Please verify the following data to ensure that your organization is properly listed in the current Red Book® Edition. Please make changes directly on the form where it may apply.

AUG 1 1 2004 Returned to sender

Company Name	Ortho-McNeil Pharm Corp.
Address	1000 U.S. HIGHWAY ROUTE 202
Address	P.O. BOX 300
City	RARITAN
State	NJ
Zip	088690602
Company Web Site	www.orthomcneil.com
Company E-Mail Address	
Toll Free #	~~(800) 218-6000~~ (877) 323-2200
Main #	(908) 218-6000
Main Fax #	(908) 526-5567
Clinical Support #	
Parent Company	Johnson & Johnson

RECEIVED
DEC 0 6 2004
BY: TK

The Second Time (TK)

INSTRUCTIONS:

1) Please make all changes directly on the forms. Mark through the old price (AWP, DIRP, WAC, SRP) and note the new price in the same box. Always include the effective **DATE** of change for prices.
2) If a change is made to the identifier (NDC, UPC, HRI, MSI), a new label and/or package insert **MUST** be included.
3) New products and/or new package sizes should be submitted on the enclosed New Product Information Form. Please include a label and/or package insert for all products listed on this form.
4) When indicating a product should be deleted, please mark the existing entry clearly, and include the effective **DATE** for the deletion.
5) Please update all company information, including the contact name information.
6) All pages must include the printed name, signature, and date for the responsible party.

If you have any questions, please call the Red Book® support group at 1-800-724-9937

RED BOOK® Product Listing Verification - 07/06/2004

Ortho-McNeil Pharm Corp.

Please respond by 10/04/2004

RECEIVED DEC 0 6 2004 BY:

NDC, HRI, UPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
00062-2080-06 NDA	AXERT (BLISTER PACK) 1240704 Tablet Oral route 6.25MG 6s ea Almotriptan Malate		RX	no	106.20	~~56.38~~ delete d/cd	88.50		~~2004-01-01~~ ~~2003-05-07~~ 8/4/04
00062-2085-06 NDA	AXERT (BLISTER PACK) 1240701 Tablet Oral route 12.5MG 6s ea Almotriptan Malate		RX	no	106.20	~~56.38~~ delete d/cd	88.50		~~2004-03-10~~ ~~2003-05-07~~ 8/4/04
17314-9330-01	BICITRA Solution Oral route 334MG/5ML-500MG/5ML 1150755 group ~~480 ml~~ 473mL, 16 fl.oz Citric Acid/Sodium Citrate		RX	no	23.10		19.25		2004-03-31 ~~2004-02-03~~
17314-9200-01 NDA	DITROPAN Tablet Oral route 5MG 100s ea Oxybutynin Chloride	AB	RX	no	104.58		87.15		2004-02
17314-9201-04 NDA	DITROPAN Syrup Oral route 5MG/5ML 1217771 ~~480 ml~~ 16 fl oz. 473mL Oxybutynin Chloride	AA	RX	no	113.30		94.42		2004-02-03
17314-8500-01 NDA	DITROPAN XL Tablet, Extended Release Oral route 5MG 100s ea Oxybutynin Chloride		RX	no	338.14		270.51		2004-03-31
17314-8501-01 NDA	DITROPAN XL Tablet, Extended Release Oral route 10MG 100s ea Oxybutynin Chloride		RX	no	338.49		270.79		2004-03-31
17314-8502-01 NDA	DITROPAN XL Tablet, Extended Release Oral route 15MG 100s ea Oxybutynin Chloride		RX	no	374.89		299.91		2004-03-31
17314-9300-01 NDA	ELMIRON Capsule Oral route 100MG 100s ea Pentosan Polysulfate Sodium		RX	no	242.36		201.97		2004-03-31
00062-1540-02 NDA	FLOXIN Tablet Oral route 200MG 1226068 50s ea Ofloxacin		RX	no	270.19	~~0.00~~ leave blank	225.16		2004-02-03 8/4/04
00062-1541-02 NDA	FLOXIN Tablet Oral route 300MG 1226071 50s ea Ofloxacin		RX	no	321.55	~~0.00~~ leave blank	267.96		2004-02-03 8/4/04
00062-1542-01 NDA	FLOXIN Tablet Oral route 400MG 100s ea Ofloxacin		RX	no	678.22		565.18		2004-02-03
00062-0206-04 NDA new hcp1635990 updated company	GRIFULVIN V pkg 1228497 change to Ortho Neutrogena PI included Suspension Oral route 125MG/5ML 120 ml me 9735710 hcp1093505 d/c Griseofulvin, Microcrystalline		RX	no	42.32	~~0.00~~ leave blank	35.27		2004-02-03 8/4/04
00062-0214-60 ANDA new hcp1635991 updated company	GRIFULVIN V 1228498 change to Ortho Neutrogena PI included Tablet Oral route 500MG 100s ea me 9735710 hcp1093506 d/c Griseofulvin, Microcrystalline	AB	RX	no	202.81	~~0.00~~ leave blank	169.01		2004-02-03 8/4/04

* 12/21/04 per Traci, customer knows pkg sizes above are rounded up - OK w/ that.

8/12/04 per Joan NO DIRP pricing on products effective 8/4/04 - HC

AUG 1 1 2004

✓'d are d/c'd in system - TK will email company about zero glitch

Instructions: Please make corrections directly on this printout

_____ OK as is ✓ OK with changes

Print Name Joan Handel Signature Joan Handel Date 8/4/2004

RED BOOK® Product Listing Verification - 07/06/2004

Ortho-McNeil Pharm Corp. *Please respond by 10/04/2004*

NDC, HRI, UPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
00045-0255-01 NDA	HALDOL (AMP) Solution Intramuscular route 5MG/1ML 1 ml 10s Haloperidol Lactate 1228861	AP	RX	no	106.50	~~0.00~~ leave blank	88.75		2004-02-03 8/4/04
00045-0255-49 NDA	HALDOL (M.D.V.) Solution Intramuscular route 5MG/1ML 10 ml Haloperidol Lactate 1228885	AP	RX	no	103.84	~~0.00~~ leave blank	86.53		2004-02-03
00045-0253-01 NDA	HALDOL DECANOATE (AMP) Suspension Intramuscular route 50MG/1ML 1 ml 10s Haloperidol Decanoate 1228887	AO	RX	no	449.39	~~0.00~~ leave blank	374.49		2004-02-03
00045-0253-03 NDA	HALDOL DECANOATE (AMP) Suspension Intramuscular route 50MG/1ML 1 ml 3s Haloperidol Decanoate 1228884	AO	RX	no	134.82	~~0.00~~ leave blank	112.35		2004-02-03
00045-0253-46 NDA	HALDOL DECANOATE (M.D.V.) Suspension Intramuscular route 50MG/1ML 5 ml Haloperidol Decanoate 1228888	AO	RX	no	224.74	~~0.00~~ leave blank	187.28		2004-02-03
00045-0254-14 NDA	HALDOL DECANOATE (AMP) Suspension Intramuscular route 100MG/1ML 1 ml 5s Haloperidol Decanoate 1228893	AO	RX	no	412.26	~~0.00~~ leave blank	343.55		2004-02-03
00045-0254-46 NDA	HALDOL DECANOATE (M.D.V.) Suspension Intramuscular route 100MG/1ML 5 ml Haloperidol Decanoate 1228889	AO	RX	no	412.26	~~0.00~~ leave blank	343.55		2004-02-03
00045-0065-55 NDA	LEVAQUIN (S.D.V.) Solution Intravenous route 25MG/1ML 30 ml Levofloxacin		RX	no	58.16		48.47		2002-12-04
00045-0066-01	LEVAQUIN (PREMIXED W/DEXTROSE) Solution Intravenous route 5MG/1ML 150 ml Levofloxacin		RX	no	58.16		48.47		2002-12-04
00045-0067-01 NDA	LEVAQUIN (PREMIXED W/DEXTROSE) Solution Intravenous route 5MG/1ML 50 ml Levofloxacin		RX	no	21.91		18.26		2002-12-04
00045-0068-01 NDA	LEVAQUIN (PREMIXED W/DEXTROSE) Solution Intravenous route 5MG/1ML 100 ml Levofloxacin		RX	no	43.82		36.52		2002-12-04
00045-0069-51 NDA	LEVAQUIN (S.D.V.) Solution Intravenous route 25MG/1ML 20 ml Levofloxacin		RX	no	43.82		36.52		2002-12-04

(4)

Instructions: Please make corrections directly on this printout

_____ OK as is ✓ OK with changes

Print Name Joan Handel Signature Joan Handel Date 8/3/04

RED BOOK® Product Listing Verification - 07/06/2004

Ortho-McNeil Pharm Corp. *Please respond by 10/04/2004*

NDC, HRI, UPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
00045-1520-10 NDA	LEVAQUIN (Film-Coated) Tablet Oral route 250MG 100s ea Levofloxacin		RX	yes	935.24		779.37		2004-03-31
00045-1520-50 NDA	LEVAQUIN (Film-Coated) Tablet Oral route 250MG 50s ea Levofloxacin		RX	no	464.38		386.98		2004-03-31
00045-1525-10 NDA	LEVAQUIN (Film-Coated) Tablet Oral route 500MG 100s ea Levofloxacin		RX	yes	1,070.84		892.37		2004-03-31
00045-1525-50 NDA	LEVAQUIN (Film-Coated) Tablet Oral route 500MG 50s ea Levofloxacin		RX	no	532.21		443.51		2004-03-31
00045-1530-10 NDA	LEVAQUIN (Film-Coated) Tablet Oral route 750MG 100s ea Levofloxacin		RX	yes	2,006.94		1,672.45		2004-03-31
00045-1530-20 NDA	LEVAQUIN (Film-Coated) Tablet Oral route 750MG 20s ea Levofloxacin		RX	no	421.04		350.87		2004-03-31
00045-1530-05	LEVAQUIN LEVA-PAK (3X5,Film-Coated) Tablet Oral route 750MG 3s ea Levofloxacin		RX	no	300.98		250.82		2004-03-31
00062-1714-15 NDA	MODICON (DIALPAK, 6X28) Tablet Oral route 35MCG-0.5MG;No strength 168s ea Ethinyl Estradiol/Norethindrone	AB	RX	no	287.80		239.83		2004-02-03
00062-5437-01 NDA	MONISTAT 3 (W/APPLICATOR) Suppository Vaginal route 200MG 3s ea Miconazole Nitrate	AB	RX	no	43.52		36.27		2004-02-03
00062-5434-01 NDA New NDC 11635992 Updated company	MONISTAT DERM 1259598 Cream Topical route 2% 30 gm Miconazole Nitrate		RX	no	32.91		27.42		2002-12-04
00062-5434-02 NDA Updated	MONISTAT DERM 1259596 Cream Topical route 2% 15 gm same as above Miconazole Nitrate		RX	no	19.61		16.34		2002-12-04
00062-5434-03 NDA updated	MONISTAT DERM 1259597 Cream Topical route 2% 85 gm same as above Miconazole Nitrate		RX	no	63.65		53.04		2002-12-04
17314-9400-01 NDA	MYCELEX TROCHE Lozenge/Troche Mucous membrane, oral route 10MG 1260220 70s ea Clotrimazole		RX	no	120.04	0.00 leave blank	100.03		2004-02-03 8/4/04

Change to Orthodontogenic PI to follow - rec 10/1/04

Change to Orthodontogenic PI to follow - rec 10/1/04

Change to Orthodontogenic PI to follow - rec 10/1/04

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Print Name Joan Handel Signature Joan Handel Date 8/3/04

RED BOOK® Product Listing Verification - 07/06/2004

Ortho-McNeil Pharm Corp. *Please respond by 10/04/2004*

NDC, HRI, UPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
17314-9400-02 NDA	MYCELEX TROCHE Lozenge/Troche Mucous membrane, oral route 10MG 70s ea Clotrimazole 1260218		RX	yes	128.26	~~0.00~~ leave blank	106.88		2004-02-03 8/4/04
17314-9400-03 NDA	MYCELEX TROCHE Lozenge/Troche Mucous membrane, oral route 10MG 140s ea Clotrimazole 1260221		RX	no	218.04	~~0.00~~ leave blank	181.70		2004-02-03 8/4/04
17314-9311-02	NEUTRA-PHOS (PACKET,Fruit) Powder for Suspension Oral route 1.25 gm 100s Phosphorus/Potassium/Sodium			yes	49.48		41.23		2004-02-03
17314-9313-02	NEUTRA-PHOS-K (PACKET,Fruit) Powder for Suspension Oral route 250MG/1.45GM-556MG/1.45GM 1.45 gm 100s Phosphorus/Potassium			yes	59.42		49.52		2004-02-03
00062-3301-00	ORTHO ALL-FLEX DIAPHRAGM (55 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3302-00	ORTHO ALL-FLEX DIAPHRAGM (60 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3303-00	ORTHO ALL-FLEX DIAPHRAGM (65 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3304-00	ORTHO ALL-FLEX DIAPHRAGM (70 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3305-00	ORTHO ALL-FLEX DIAPHRAGM (75 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3306-00	ORTHO ALL-FLEX DIAPHRAGM (80 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3307-00	ORTHO ALL-FLEX DIAPHRAGM (85 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3308-00	ORTHO ALL-FLEX DIAPHRAGM (90 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03

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RED BOOK® Product Listing Verification - 07/06/2004

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NDC, HRI, UPC, MSI Number	Product Name Additional Description Form Route of Administration Strength Size, Quantity Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
00062-3309-00	ORTHO ALL-FLEX DIAPHRAGM (95 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3341-00	ORTHO COIL SPRING DIAPHRAGM (55 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3342-00	ORTHO COIL SPRING DIAPHRAGM (60 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3343-00	ORTHO COIL SPRING DIAPHRAGM (65 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3344-00	ORTHO COIL SPRING DIAPHRAGM (70 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3345-00	ORTHO COIL SPRING DIAPHRAGM (75 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3346-00	ORTHO COIL SPRING DIAPHRAGM (80 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3347-00	ORTHO COIL SPRING DIAPHRAGM (85 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-3348-00	ORTHO COIL SPRING DIAPHRAGM (90 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-03-31
00062-3349-00	ORTHO COIL SPRING DIAPHRAGM (95 MM) Device NO STRENGTH ea Diaphragm		RX	no	34.45		28.71		2004-02-03
00062-1920-01 NDA	ORTHO EVRA Patch, Extended Release Transdermal route 0.02MG/24HR-0.15MG/24HR ea Ethinyl Estradiol/Norelgestromin		RX	no	13.22		11.02		2004-03-31
00062-1920-15 NDA	ORTHO EVRA Patch, Extended Release Transdermal route 0.02MG/24HR-0.15MG/24HR 18s ea Ethinyl Estradiol/Norelgestromin		RX	no	238.06		198.38		2004-03-31
00062-1411-16 NDA	ORTHO MICRONOR (ORTHO DIALPAK) Tablet Oral route 0.35MG 168s ea Norethindrone		RX	no	306.43		255.36		2004-02-03

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RED BOOK® Product Listing Verification - 07/06/2004

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NDC, HRI, UPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
00062-1903-15 NDA	ORTHO TRI-CYCLEN (DIALPAK, 6X28) Tablet Oral route 168s ea Ethinyl Estradiol/Norgestimate		RX	no	251.95		209.96		2003-11-18
00062-1251-15 NDA	ORTHO TRI-CYCLEN LO (DIALPAK, 6X28) Tablet Oral route 168s ea Ethinyl Estradiol/Norgestimate — 1264415 price changes since Corrected price (NHC)		RX	no	238.06		198.37 $198.37 correction to $198.37		2004-03-31
00062-3630-00	ORTHO UNIVERSAL INTRODUCER Device NO STRENGTH ea Introducer, Contraceptive, Diaphragm			no	5.27		4.39		2004-02-03
00062-1796-15 NDA	ORTHO-CEPT (DIALPAK, 6X28) Tablet Oral route 0.15MG-0.03MG 168s ea Desogestrel/Ethinyl Estradiol	AB	RX	no	263.86		219.88		2004-02-03
00062-1901-15 NDA	ORTHO-CYCLEN (DIALPAK, 6X28) Tablet Oral route 35MCG-0.25MG; No Strength 168s ea Ethinyl Estradiol/Norgestimate		RX	no	251.84		209.87		2004-02-03
00062-1761-15 NDA	ORTHO-NOVUM 1/35 (DIALPAK, 6X28) Tablet Oral route 35MCG-1MG-No Strength 168s ea Ethinyl Estradiol/Norethindrone	AB	RX	no	263.86		219.88		2004-02-03
00062-1332-15 NDA	ORTHO-NOVUM 1/50 (DIALPAK, 6X28) Tablet Oral route 0.05MG-1MG-No Strength 168s ea Mestranol/Norethindrone	AB	RX	no	263.86		219.88		2004-02-03
00062-1771-15 NDA	ORTHO-NOVUM 10/11 (DIALPAK, 6X28) Tablet Oral route 35MCG-0.5MG;35MCG-1MG; No Strength 168s ea Ethinyl Estradiol/Norethindrone	AB	RX	no	287.80		239.83		2004-02-03
00062-1781-15 NDA	ORTHO-NOVUM 7/7/7 (DIALPAK, 6X28) Tablet Oral route 168s ea Ethinyl Estradiol/Norethindrone — 35mcg-0.5mg; 35mcg-0.75mg; 35mcg-1mg; no strength		RX	no	251.84		209.87		2004-02-03
00062-1781-22 NDA	ORTHO-NOVUM 7/7/7 (REFILL, 12X28) Tablet Oral route 336s ea Ethinyl Estradiol/Norethindrone — 35mcg-0.5mg; 35mcg-0.75mg; 35mcg-1mg; no strength		RX	no	499.91		416.59		2004-02-03
00045-0095-60	PANCREASE Capsule, Delayed Release Oral route 20000U-4500U-25000U 100s ea Amylase/Lipase/Protease — 1264573		RX	no	57.49	0.00 leave blank	47.91		2004-02-03 8/4/04
00045-0095-69	PANCREASE Capsule, Delayed Release Oral route 20000U-4500U-25000U 250s ea Amylase/Lipase/Protease — 1264574		RX	no	136.94	0.00 leave blank	114.12		2004-02-03
00045-0342-60	PANCREASE MT 10 (30,000U-10,000U-30,000U) Capsule, Delayed Release Oral route 30000U-10000U-30000U 100s ea Amylase/Lipase/Protease — 1264578		RX	no	113.22	0.00 leave blank	94.35		2004-02-03

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RED BOOK® Product Listing Verification - 07/06/2004

Ortho-McNeil Pharm Corp. *Please respond by 10/04/2004*

NDC, HRI, UPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
00045-0343-60	PANCREASE MT 16 (48,000U-16,000U-48,000U) Capsule, Delayed Release / Oral route / 48000U-16000U-48000U 100s ea / Amylase/Lipase/Protease 1264579		RX	no	181.78	~~0.00~~ leave blank	151.48		2004-02-03 8/4/04
00045-0346-60	PANCREASE MT 20 (56,000U-20,000U-44,000U) Capsule, Delayed Release / Oral route / 56000U-20000U-44000U 100s ea / Amylase/Lipase/Protease		RX	no	226.39		188.66		2004-02-03
00045-0341-60	PANCREASE MT 4 1264575 Capsule / Oral route / 12000U-4000U-12000U 100s ea / Amylase/Lipase/Protease		RX	no	45.29	~~0.00~~ leave blank	37.74		2004-02-03 8/4/04
00045-0325-60 NDA	PARAFON FORTE DSC (Caplet) 1219163. Tablet / Oral route / 500MG 100s ea / Chlorzoxazone	AA	RX	no	174.20	~~0.00~~ leave blank	145.17		2004-02-03 ↓
17314-9322-01	POLYCITRA Syrup / Oral route / 334MG/5ML-550MG/5ML-500MG/5ML 480 ml / Citric Acid/Potassium Citrate/Sodium Citrate		RX	no	35.89		29.91		2004-02-03
17314-9321-01	POLYCITRA-K Solution / Oral route / 334MG/5ML-1100MG/5ML 480 ml / Citric Acid/Potassium Citrate		RX	no	35.66		29.72		2004-02-03
17314-9320-01	POLYCITRA-K CRYSTALS (PACKET) Powder for Suspension / Oral route / 1002MG/1PACKET-3300MG/1PACKET 100s ea / Citric Acid/Potassium Citrate		RX	yes	113.47		94.56		2004-02-03
17314-9323-01	POLYCITRA-LC Solution / Oral route / 334MG/5ML-550MG/5ML-500MG/5ML 480 ml / Citric Acid/Potassium Citrate/Sodium Citrate		RX	no	35.89		29.91		2004-02-03
00045-0610-15	REGRANEX Gel/Jelly / Topical route / 0.01% 15 gm / Becaplermin		RX	no	511.82		426.52		2002-12-04
00062-0185-03 NDA new 1635993 hcp	RENOVA pkg 1179660 ✓ change to OrthoNeutrogena Cream / Topical route / 0.05% 60 gm me949912 hcp1050722 PI included / Tretinoin		RX	no	105.85		88.21		2004-02-03
00062-0185-05 NDA updated	RENOVA pkg 1179670 ✓ change to OrthoNeutrogena Cream / Topical route / 0.05% 40 gm same as above PI included / Tretinoin		RX	no	82.98		69.15		2004-02-03
00062-0187-02 NDA new 1635994 hcp	RENOVA pkg 1235744 ✓ change to OrthoNeutrogena Cream / Topical route / 0.02% 40 gm me956301 hcp1067630 PI included / Tretinoin		RX	no	82.98		69.15		2004-02-03
00062-0075-07 NDA new 1635996 hcp	RETIN-A 1256152 ✓ change to OrthoNeutrogena Solution / Topical route / 0.05% 28 ml me 990156 hcp1065362 PI to follow / Tretinoin	AT	RX	no	78.91		65.76		2004-02-03
00062-0165-01 NDA new 1635997 hcp	RETIN-A 1256142 ✓ change to OrthoNeutrogena Cream me / Topical route / 0.025% 20 gm 990140 hcp1065259 PI to follow / Tretinoin	AB	RX	no	46.06		38.38		2004-02-03

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00062-0165-02 NDA updated	RETIN-A ~~me990140 hcp1085259~~ same as above Cream Topical route 0.025% 45 gm pkg 1256141 Tretinoin	AB	RX	no	87.19		72.66		2004-02-03
00062-0175-12 NDA new hcp 1635998	RETIN-A me990142 hcp1085258 Cream Topical route 0.05% 20 gm pkg 1256143 Tretinoin	AB	RX	no	51.65		43.04		2004-02-03
00062-0175-13 NDA updated	RETIN-A same as above me/hcp Cream Topical route 0.05% 45 gm 1256144 Tretinoin	AB	RX	no	96.84		80.70		2004-02-03
00062-0275-01 NDA new hcp 1635999	RETIN-A me990141 hcp1085260 Cream Topical route 0.1% 45 gm pkg 1256146 Tretinoin	AB	RX	no	112.90		94.08		2004-02-03
00062-0275-23 NDA updated	RETIN-A same me/hcp as above Cream Topical route 0.1% 20 gm pkg 1256145 Tretinoin	AB	RX	no	60.29		50.24		2004-02-03
00062-0475-42 NDA new hcp 1636000	RETIN-A me990151 hcp1085261 Gel/Jelly Topical route 0.025% 15 gm pkg 1256149 Tretinoin	AB	RX	no	36.89		30.74		2004-02-03
00062-0475-45 NDA updated	RETIN-A same me/hcp as above Gel/Jelly Topical route 0.025% 45 gm pkg 1256148 Tretinoin	AB	RX	no	87.02		72.52		2004-02-03
00062-0575-44 NDA new hcp 1636001	RETIN-A me990144 hcp1085263 Gel/Jelly Topical route 0.01% 15 gm pkg 1256147 Tretinoin		RX	no	36.56		30.47		2004-02-03
00062-0575-46 NDA updated	RETIN-A same me/hcp as above Gel/Jelly Topical route 0.01% 45 gm pkg 1256150 Tretinoin		RX	no	86.32		71.93		2004-02-02
00062-0190-02 NDA new hcp 1636002	RETIN-A MICRO me941087 hcp1034949 Gel/Jelly Topical route 0.1% 20 gm pkg 1138636 Tretinoin		RX	no	49.04		40.87		2004-02-03
00062-0190-03 NDA updated	RETIN-A MICRO same me/hcp Gel/Jelly Topical route 0.1% 45 gm pkg 1138639 Tretinoin		RX	no	92.75		77.29		2004-02-03
00062-0204-02 NDA new hcp 1636003	RETIN-A MICRO 1635711 me hcp 1076291 Gel/Jelly Topical route 0.04% 20 gm pkg 1247098 Tretinoin		RX	no	49.04		40.87		2004-02-03
00062-0204-03 NDA updated	RETIN-A MICRO same as above Gel/Jelly Topical route 0.04% 45 gm pkg 1247104 Tretinoin		RX	no	92.75		77.29		2004-02-03
00062-5460-01 NDA new hcp 1636004	SPECTAZOLE me908199 hcp1025131 Cream Topical route 1% 30 gm pkg 1137792 Econazole Nitrate		RX	no	37.08		30.90		2004-02-03
00062-5460-02 NDA updated	SPECTAZOLE same as above Cream Topical route 1% 15 gm pkg 1137793 Econazole Nitrate		RX	no	21.00		17.50		2004-02-03
00062-5460-03 NDA updated	SPECTAZOLE same as above Cream Topical route 1% 85 gm pkg 1137790 Econazole Nitrate		RX	no	75.64		63.03		2004-02-03

Change to Ortho Dermatologica effective 10/1/04 Ortho Neutrogena inserts will be included

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00062-5351-01 NDA	TERAZOL 3 (W/APPLICATOR) Suppository Vaginal route 80MG 3s ea Terconazole		RX	no	43.70		36.42		2004-02-03
00062-5356-01 NDA	TERAZOL 3 (W/APPLICATOR) Cream Vaginal route 0.8% 20 gm Terconazole		RX	no	43.70		36.42		2004-02-03
00062-5350-01 NDA	TERAZOL 7 (W/APPLICATOR) Cream Vaginal route 0.4% 45 gm Terconazole		RX	no	43.70		36.42		2004-02-03
00045-0416-60 NDA	TOLECTIN 600 Tablet Oral route 600MG 100s ea 115 3578 Tolmetin Sodium	AB	RX	no	216.16	~~0.00~~ leave blank	180.13		2004-02-03 8/4/04
00045-0414-60 NDA	TOLECTIN DS Capsule Oral route 400MG 100s ea 115 3569 discontinued 7/19/2004 Tolmetin Sodium	AB	RX	no	178.15	0.00	148.46		2004-02-03
00045-0639-65 NDA	TOPAMAX Already d/c'd Tablet Oral route 25MG 60s ea Topiramate		RX	no	101.74		84.78		2004-04-02
00045-0640-65 NDA	TOPAMAX Tablet Oral route 50MG 60s ea Topiramate		RX	no	203.04		169.20		2004-03-02
00045-0641-65 NDA	TOPAMAX Tablet Oral route 100MG 60s ea Topiramate		RX	no	262.14		218.45		2004-04-02
00045-0642-65 NDA	TOPAMAX Tablet Oral route 200MG 60s ea Topiramate		RX	no	306.90		255.75		2004-04-02
00045-0645-65 NDA	TOPAMAX (SPRINKLE) Capsule Oral route 25MG 60s ea Topiramate		RX	no	116.30		96.92		2004-04-02
00045-0647-65 NDA	TOPAMAX (SPRINKLE) Capsule Oral route 15MG 60s ea Topiramate		RX	no	96.22		80.18		2004-04-02
00045-0508-16 ANDA	TYLENOL W/CODEINE Elixir Oral route 120MG/5ML-12MG/5ML 480 ml 1160264 discontinued 3/1/2001 d/c'd Acetaminophen/Codeine Phosphate	AA	CV	no	74.36	~~0.00~~ leave blank	61.97		2002-12-04 8/4/04
00045-0513-60 ANDA	TYLENOL W/CODEINE #3 Tablet Oral route 300MG-30MG 100s ea 1160406 Acetaminophen/Codeine Phosphate	AA	CIII	no	52.49	~~0.00~~ leave blank	43.74		2004-02-03
00045-0513-70 ANDA	TYLENOL W/CODEINE #3 Tablet Oral route 300MG-30MG 500s ea 1160414 Acetaminophen/Codeine Phosphate	AA	CIII	no	227.16	~~0.00~~ leave blank	189.30		2004-02-03
00045-0513-72 ANDA	TYLENOL W/CODEINE #3 (20X25) Tablet Oral route 300MG-30MG 500s ea 1160417 discontinued 8/4/2004 Acetaminophen/Codeine Phosphate	AA	CIII	yes	250.09	~~0.00~~ leave blank	208.41		2004-02-03

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NDC, HRI, UPC, MSI Number	Product Name / Additional Description / Form / Route of Administration / Strength / Size, Quantity / Generic Description	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Chg/Deact Date
00045-0513-60 ANDA	TYLENOL W/CODEINE #3 Tablet Oral route 300MG-30MG 1000s ea 11604116 Acetaminophen/Codeine Phosphate	AA	CIII	no	412.88	~~0.00~~ leave blank	344.07		2004-02-03 8/4/04
00045-0515-60 ANDA	TYLENOL W/CODEINE #4 Tablet Oral route 300MG-60MG 100s ea 11604121 Acetaminophen/Codeine Phosphate	AA	CIII	no	92.75	~~0.00~~ leave blank	77.29		2004-02-03
00045-0515-70 ANDA	TYLENOL W/CODEINE #4 Tablet Oral route 300MG-60MG 500s ea 11604123 Acetaminophen/Codeine Phosphate	AA	CIII	no	400.67	~~0.00~~ leave blank	333.89		2004-02-03
00045-0526-60 ANDA	TYLOX Capsule Oral route 500MG-5MG 100s ea 11604163 Acetaminophen/Oxycodone Hydrochloride	AA	CII	no *	124.52	~~0.00~~ leave blank	103.77		2004-02-03
00045-0526-79 ANDA *	TYLOX Retrograde (4X25) (10X10) - Need PI. - PI included post this request Capsule Oral route 500MG-5MG 100s ea 11604167 Acetaminophen/Oxycodone Hydrochloride	AA	CII	yes	163.75	~~0.00~~ leave blank	136.46		2004-02-03
00045-0650-10 NDA	ULTRACET (10X10,Caplet) Tablet Oral route 325MG-37.5MG 100s ea Acetaminophen/Tramadol Hydrochloride		RX	yes	113.54		94.62		2004-03-31
00045-0650-60 NDA	ULTRACET (Caplet) Tablet Oral route 325MG-37.5MG 100s ea Acetaminophen/Tramadol Hydrochloride		RX	no	103.22		86.02		2004-03-31
00045-0659-10 NDA	ULTRAM (10X10) Tablet Oral route 50MG 100s ea Tramadol Hydrochloride		RX	yes	127.27		106.06		2004-02-03
00045-0659-60 NDA	ULTRAM Tablet Oral route 50MG 100s ea Tramadol Hydrochloride		RX	no	115.70		96.42		2004-02-03
00045-0659-70 NDA	ULTRAM Tablet Oral route 50MG 500s ea Tramadol Hydrochloride	AB	RX	no *	578.59		482.16		2004-02-03
17314-9220-01 NDA	URISPAS Tablet Oral route 100MG 100s ea Flavoxate Hydrochloride		RX	no	172.55		138.04		2004-02-03

* per Tylox PI UD 100's but does not break print. Can. So, I have had out & kept as UD 100s.

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EXHIBIT 27

ORTHO-McNEIL

RECEIVED
NOV 17 2004
BY:

Ortho-McNeil Pharmaceutical, Inc.
1000 Route 202, P. O. Box 300
Raritan, New Jersey 08869-0602

908 218-6000 Telephone

URGENT - PRICE CHANGE INFORMATION

Effective 11/17/04.

November 16, 2004
5:00 P.M. EASTERN TIME

To All Direct Purchasing Accounts:

Orders for VISTAKON® PHARMACEUTICALS, LLC ALAMAST®, BETIMOL® and QUIXIN® received or post-marked after 5:00 PM Eastern Time on Tuesday, November 16, 2004 will be billed at the new prices listed on the attached price change notification sheets. The SKUs of products with no price change are indicated with an "X" following their listing.

Thank you for your cooperation.

Sincerely,

Luis Valcarcel
Director, Trade Development

Tim Gribbin
Director, Retail Trade Development

EXHIBIT 28

THOMSON MICROMEDEX
RED BOOK® Database Administration
6200 South Syracuse Way, Suite 300
Greenwood Village, CO 80111-4740
(303) 486-6796
(800) 724-9937 Toll Free
(303) 486-9297 Fax
www.mdx.Red_Book_data@thomson.com

August 25, 2005

Fran Kleinbard
WW Product Director, RhoGam
Ortho-Clinical Diagnostics, Inc.
1001 U.S. Highway 202 South
Raritan, NJ 08869

Dear Ms. Kleinbard,

This letter is in regards to our e-mail conversation today at 1:41PM concerning the AWP for Ortho-Clinical Diagnostics, Inc.'s products. In the absence of a manufacturer provided AWP or a manufacturer calculated markup to establish an AWP, we will be implementing a 20 % markup above WAC to calculate AWP. We will not report a third party's determination of AWP for your products. As stated, this markup will apply to all Ortho-Clinical Diagnostics, Inc.'s products. This is in accordance with our company policy for calculation of AWP.

Sincerely,

Kathy Voeck

Kathy Voeck
Red Book Industry Liaison

EXHIBIT 29

THOMSON

MICROMEDEX

ORTHO-CLINICAL DIAGNOSTICS, INC.

Company Pricing/Markup History 1/1/1995 - 8/29/2005

Company	Add Date	User	Note Type	Note Detail
ORTHO-CLINICAL DIAGNOSTICS, INC.				
	8/25/2005	kvoeck	MKP	Per Fran Kleinbard, WW Product Director RhoGam @ Ortho-Clinical Diagnostics, Inc., Only providing WAC not supplying AWP. Fax letter stating RB will use WAC + 20% + AWP on all products effective 8/25/2005. K. Voeck
	5/29/2001	lane	MKP	AWP(list) provided by company

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