

Fill in this information to identify the case:

Debtor Akorn, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 20-11177

**Official Form 410
Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

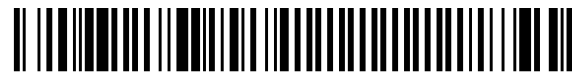
Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Alcami Corporation</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Alcami Corporation</u> <u>2320 Scientific Park Drive</u> <u>Wilmington, NC 28405, United States</u>	
	Contact phone <u>314-885-1136</u>	Contact phone _____
	Contact email <u>Remittance@Alcaminow.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ 7,755.00. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
services performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/15/2020
MM / DD / YYYY

/s/Jill Seifert
Signature

Print the name of the person who is completing and signing this claim:

Name Jill Seifert
First name Middle name Last name

Title Credit Collections Analyst

Company Alcami Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 725-7539 | International (424) 236-7247

Debtor: 20-11177 - Akorn, Inc.		
District: District of Delaware		
Creditor: Alcami Corporation 2320 Scientific Park Drive Wilmington, NC, 28405 United States Phone: 314-885-1136 Phone 2: 314-402-9030 Fax: Email: Remittance@Alcaminow.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: services performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 7,755.00	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Jill Seifert on 15-Jul-2020 7:52:38 p.m. Eastern Time Title: Credit Collections Analyst Company: Alcami Corporation		

United States Bankruptcy Court for the District of Delaware

Indicate Debtor against which you assert a claim by checking the appropriate box below. **(Check only one Debtor per claim form.)**

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Akorn Sales, Inc. (Case No. 20-11174) | <input type="checkbox"/> Akorn Animal Health, Inc. (Case No. 20-11185) | <input type="checkbox"/> Oita Pharmaceuticals Corp. (Case No. 20-11191) |
| <input type="checkbox"/> Akorn, Inc. (Case No. 20-11177) | <input type="checkbox"/> Akorn Ophthalmics, Inc. (Case No. 20-11186) | <input type="checkbox"/> Oak Pharmaceuticals, Inc. (Case No. 20-11192) |
| <input type="checkbox"/> 10 Edison Street LLC (Case No. 20-11178) | <input type="checkbox"/> Clover Pharmaceuticals Corp. (Case No. 20-11187) | <input type="checkbox"/> VPI Holdings Corp. (Case No. 20-11193) |
| <input type="checkbox"/> 13 Edison Street LLC (Case No. 20-11180) | <input type="checkbox"/> Covenant Pharma, Inc. (Case No. 20-11188) | <input type="checkbox"/> VersaPharm Incorporated (Case No. 20-11194) |
| <input type="checkbox"/> Advanced Vision Research, Inc. (Case No. 20-11182) | <input type="checkbox"/> Hi-Tech Pharmacal Co., Inc. (Case No. 20-11189) | <input type="checkbox"/> VPI Holdings Sub, LLC (Case No. 20-11195) |
| <input type="checkbox"/> Akorn (New Jersey), Inc. (Case No. 20-11183) | <input type="checkbox"/> Inspire Pharmaceuticals, Inc. (Case No. 20-11190) | |

Official Form 410
Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

Part 1: Identify the Claim

1. Who is the current creditor? Alcami Corporation
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor AAI Pharma Services

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p>Name <u>Mary Palega</u></p> <p>Number Street <u>2320 Scientific Pk. Dr.</u></p> <p>City State ZIP Code <u>Wilmington NC 28405</u></p> <p>Country <u>United States</u></p> <p>Contact phone <u>910-254-7979</u></p> <p>Contact email <u>Mary.Palega@Alcaminow.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Country _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 7,755.00 Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
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Limit disclosing information that is entitled to privacy, such as health care information.

services performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
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10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

Amount entitled to priority

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

Wages, salaries, or commissions (up to \$13,650* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07 15 2020
MM / DD / YYYY

Signature Jill Seifert

Print the name of the person who is completing and signing this claim:

Name Jill Renee Seifert
First name Middle name Last name

Title Credit & Collections Analyst

Company Alcami Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2320 Scientific Park Drive
Number Street

Wilmington NC 28405
City State ZIP Code Country

Contact phone 314-885-1136 Email Jill.Seifert@

Alcaminow.com



Alcami Corporation

4260 Forest Park Avenue, Suite 201
 St Louis, MO 63108
 www.alcaminow.com

Bill to

Accounts Payable
 Akorn, Inc. (NJ)
 72-6 Veronica Avenue
 Somerset, NJ 08873

Invoice

Number: JIS-00011585
 Federal Tax ID:
 Date.....: 4/30/2020
 Contract.....: AKOB2410
 Customer account.....: C00040
 Payment.....: Net 30
 Due date.....: 5/30/2020
 Purchase order.....: 185858

Ship to

Kristin DeMauro
 Akorn, Inc. (NJ)
 72-6 Veronica Avenue
 Somerset, NJ 08873

Remit to address.: PO Box 603059 Charlotte NC, 28260-3059

Project Item	Description	Qty	Unit price	Line Amount
Neomycin Sulfate, LOT# R18-100S1/MA 19-0083				
S02190-001-001 PS500003	Raw Data	1.00	75.00	75.00
S02190-001-002 PS501210	Antibiotic Assay - Cylinder Plate, Assay 1 <i>Lot R18-100S1/MA19-0083</i>	1.00	350.00	350.00
S02190-001-003 PS501210	Antibiotic Assay - Cylinder Plate, Assay 2 <i>Lot R18-100S1/MA19-0083</i>	1.00	350.00	350.00
S02190-001-004 PS501210	Antibiotic Assay - Cylinder Plate, Assay 3 <i>Lot R18-100S1/MA19-0083</i>	1.00	350.00	350.00
S02190-001-005 PS500116	Loss on Drying (731) (2.2.32), Loss on Drying, cUSP <i>Lot R18-100S1/MA19-0083</i>	1.00	170.00	170.00
S02190-001-006 PS500053	Laboratory Investigation - LIR12968	8.00	210.00	1,680.00

Sales tax: 0.00
Invoice amount.....: 2,975.00 USD

For questions concerning this invoice, please contact Carey Billeter or Alicia Rogers at 314-487-6776



Alcami Corporation

4260 Forest Park Avenue, Suite 201
 St Louis, MO 63108
 www.alcaminow.com

Bill to

Accounts Payable
 Akorn, Inc. (Decatur)
 1222 W. Grand Ave.
 Decatur, IL 62522

Invoice

Number: JIS-00011549
 Federal Tax ID:
 Date.....: 4/28/2020
 Contract.....: AKOA2304
 Customer account.....: C00040
 Payment.....: Net 30
 Due date.....: 5/28/2020
 Purchase order.....: 192604

Ship to

Rachael Starner
 Akorn, Inc. (Decatur)
 1222 W. Grand Ave.
 Decatur, IL 62522

Remit to address .: PO Box 603059 Charlotte NC, 28260-3059

Project Item	Description	Qty	Unit price	Line Amount
Polymyxin B Sulfate, LOT#A1421089-101017				
S01516-007-001 PS500003	Raw Data	1.00	75.00	75.00
S01516-007-002 PS501210	Antibiotic Assay - Cylinder Plate, Assay 1, Day 1 <i>Lot A1421089-101017</i>	1.00	290.00	290.00
S01516-007-003 PS501210	Antibiotic Assay - Cylinder Plate, Assay 2, Day 2 <i>Lot A1421089-101017</i>	1.00	290.00	290.00
S01516-007-004 PS501210	Antibiotic Assay - Cylinder Plate, Assay 3, Day 3 <i>Lot A1421089-101017</i>	1.00	290.00	290.00
S01516-007-005 PS500116	Loss on Drying (731) (2.2.32), Loss on Drying, cUSP <i>Lot A1421089-101017</i>	1.00	170.00	170.00

Sales tax: 0.00
Invoice amount.....: 1,115.00 USD

For questions concerning this invoice, please contact Carey Billeter or Kristen Oncken at 314-487-6776



Alcami Corporation
 4260 Forest Park Avenue, Suite 201
 St Louis, MO 63108
 www.alcaminow.com

Bill to

Accounts Payable
 Akorn, Inc. (NJ)
 72-6 Veronica Avenue
 Somerset, NJ 08873

Invoice

Number: JIS-00011521
 Federal Tax ID:
 Date.....: 4/28/2020
 Contract.....: AKOB2406
 Customer account.....: C00040
 Payment.....: Net 30
 Due date.....: 5/28/2020
 Purchase order.....: 185858

Ship to

Kristin DeMauro
 Akorn, Inc.
 AP V# 18074315
 1925 W Field Ct.
 Suite 300
 Lake Forest, IL 60045

Remit to address.: PO Box 603059 Charlotte NC, 28260-3059

Project Item	Description	Qty	Unit price	Line Amount
Bacitracin Zinc, LOT#R18-146/MA19-0082				
S02187-001-001 PS500003	Raw Data	1.00	75.00	75.00
S02187-001-002 PS501210	Antibiotic Assay - Cylinder Plate, Day 1	1.00	290.00	540.00
	<i>Setups Setup Fee \$ Adjustment \$ Up charge % Discount %</i>			
Details	1.00 250.00 0.00 0.00 0.00			
Lot	R18-146/MA19-0082			
S02187-001-003 PS501210	Antibiotic Assay - Cylinder Plate, Day 2	1.00	290.00	540.00
	<i>Setups Setup Fee \$ Adjustment \$ Up charge % Discount %</i>			
Details	1.00 250.00 0.00 0.00 0.00			
Lot	R18-146/MA19-0082			
S02187-001-004 PS501210	Antibiotic Assay - Cylinder Plate, Day 3	1.00	290.00	540.00
	<i>Setups Setup Fee \$ Adjustment \$ Up charge % Discount %</i>			
Details	1.00 250.00 0.00 0.00 0.00			
Lot	R18-146/MA19-0082			
S02187-001-005 PS13474	Loss on Drying, Loss on Drying, cUSP	1.00	170.00	170.00
Lot	R18-146/MA19-0082			

Sales tax: 0.00
Invoice amount.....: 1,865.00 USD



Alcami Corporation
 4260 Forest Park Avenue, Suite 201
 St Louis, MO 63108
 www.alcaminow.com

Bill to

Accounts Payable
 Akorn, Inc. (NJ)
 72-6 Veronica Avenue

 Somerset, NJ 08873

Invoice

Number: JIS-00011521
 Federal Tax ID:
 Date.....: 4/28/2020
 Contract.....: AKOB2406
 Customer account.....: C00040
 Payment.....: Net 30
 Due date.....: 5/28/2020
 Purchase order.....: 185858

Ship to

Kristin DeMauro
 Akorn, Inc.
 AP V# 18074315
 1925 W Field Ct.
 Suite 300
 Lake Forest, IL 60045

Remit to address .: PO Box 603059 Charlotte NC, 28260-3059

Project	Item	Description	Qty	Unit price	Line Amount
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For questions concerning this invoice, please contact Carey Billeter or Amanda Shifflett at 314-487-6776



Alcami Corporation
 2320 Scientific Park Drive
 Wilmington, NC 28405
 www.alcaminow.com

Bill to

ACCOUNTS PAYABLE
 Akorn Pharmaceuticals
 100 N. Field Dr., Suite 200
 Lake Forest, IL 60045

Invoice

Number: JIN-00083683
 Federal Tax ID:
 Date.....: 1/29/2020
 Contract.....: AKOC2101
 Customer account: C04147
 Payment: Net 30
 Due date.....: 2/28/2020
 Purchase order.....: AKOC2101

Ship to

Akorn Pharmaceuticals
 5605 Centerpoint Ct.
 Suite B
 Gurnee, IL 60031

Remit to address .: PO Box 603059 Charlotte NC, 28260-3059

Project	Description	Qty	Unit price	Line Amount
Pallet Storage				
04601-060-018 PS12193	Pallet Storage: January 2020	6.00	300.00	1,800.00
Sales tax				0.00
Invoice amount.....				1,800.00 USD

For questions concerning this invoice, please contact Amber Preston or Kristen Oncken at 910-254-7000

Note Storage 6 units @ \$300/mo = \$1,800 LIGHT PROTECTIVE BAG AND SLEEVE Lot 421897-1 (4 locations); LBL: VL LBL FOR SODIUM NITROPRUSSIDE INJ., 25 MG/ML, 2 ML VL (Lot 49479-11); INSERT: SODIUM NITROPRUSSIDE INJ., 25 MG/ML, 2 ML VL (Lot 49478-11)