

Version 2021						Introduction	Type:	New Item		x Final Version			Date:	07.02	2.2024
			PRODUCT INFORMA	TION						SPECIAL HA	NDLING AND STOF	RAGE REQUI	REMENTS*		
Company Name:	Eugia US LLC (f/l	k/a AuroMedics Phari	ma LLC)			Applica	ation:	ANDA	a. Temperatu	re - Indicate the USP tem	erature range for t	his product.			
Application Number for NDA/AN	IDA/BLA (drug); PI	MA/510(k)(med device	ce):	21	10735/S-002				1	Temperature Range	Cold – between 2	and 8 C (36°	– 46° F)		
Medical Device Class, if applica	ble:								1						
DUNS:	968961354									Other Temperature Range	Requirement	Store at 2 to	8°C (36 to 4	6°F).	
Proprietary Name (If Applicable) a		ame:							I	(write in)					
Selling Unit NDC:	55150-270-99		Unit of Use NDC:		55150-270-99	UPC:	35515027	70996		Notes					
UDI			CVX Code:			MVX Code:									
Description:	Cyclophosphamic	de Injection (200 mg/r	mL) 500 mg/2.5 mL (Mono Pa	ack) - Multiple [Dose Vial				Ī	Is this product to be shipp				Yes	
Active Ingredient(s):		Cyclophosphamide	Injection						h Contact for	Is this product to be shipp r temperature excursion q		ary ice?		No]
URL for Additional Product Inform	mation:								b. Contact for	Name:	uestions.	Fugia US Co	ustomer Serv	ice	
Address:	279 Princeton-Hig	htstown Road				Address 2:			†	Number:		888-238-788			
City:	East Windsor	,			State:	NJ	Zip:	08520	11	Group E-mail:				ıgiaUS.com	ı
Key Contact:					Email:										
Phone Number:	888-238-7880				Fax:	732-355-9449			c. Special reg	julations for product in an	y states?			No	
Product Therapeutic Classification	on:	Antineoplastic - All	kylating Agent							Special returns requireme	nts for this product?			No	
					_										4
	ADDITI	ONAL PRODUCT IN	FORMATION			PRODUCT	DESCRIPT	ION INFORMATION	d. Store prod	uct (unit of sale) upright?				No	
The product is?			Is the Product	Direct-Ship (Only					Protect product (unit of	ale) from light?				1
a legend device?		No	Is the Product	Neither		Size:	1.	√ial	e. Shelf life:	. ,	, -			21	Months
if yes, enter class #			Orphan Drug Status			Size:	1	viai		Initial shelf life at launch	(if different):				Months
a product kit?		No				Strength:		00 mg/mL) 500 mg/2.5							
if yes, list NDCs of			FDA Approval Status			ou engui.	ml	L (Mono Pack) - MDV			ORDER INFORM	MATION			
component parts						Dosage For	m: Inj	ection (Liquid)							
reverse numbered?		No						, , ,		Unit of Sale			NDC selling		
co-licensed?		No	Allergens Present							Bottle			ial (55150-2		
latex-free? preservative-free?		Yes Yes				Product Sha	ape: Vi	al Pack		x Box/Carton Ampule		(vvrite-in, e.	g. 1 Box of 1	u viais)	
correctional institution block?		No								Glass		Minimum o	rder quantity	12	Yes
opioid?		No				Product Col	lor:			Tube		William O	uei quantity	· ·	163
Cannabinoid?		No	Country of Origin	India						Vial Liquid Sgl					
If Unit Dose, is item bar coded to	unit dose for	1.17	,			Product Imp	orint:			Vial Liquid Multi		If Yes, how	many of whi	ich package	type?
hospital scanning?			Is this product covered u	inder the						Vial Powder Sql			Each	_	
If Unit Dose, indicate NDC here:			Trade Agreements Act (ГАА)?	No					Vial Power Multi			Inner/Cartor	/Pack	
										Other: Write In		1	Case		
			FOR GENERIC DRUG PR	ODUCTS											
					Δ	horized Generic	*16 ^	ized Generic, other			HARMACY ORDER	/ DILL LIMIT			
				_	Aut	nonzeu Genenc		elds are not applicable	Bara and the		HARMACT ORDER				
I. Orange Book Rating:	None						360001111	eius are not applicable	Rec. sell unit	to customer?	_		nit to pharm	асу:	
II. Generic Equivalent to What Bra	and?:	n/a							044 1: 1	1 Vial		X	Each		
		DRIIG SHIPPI	LY CHAIN SECURITY ACT (DSCSA) INEO	PMATION				(Write-in, e.g.	1 viai)		×	Gram Milliliter		
		DRUG SUFFI	ET CHAIN SECONTT ACT	DSCSA) INI O	KWATION								wiiiiitei		
Does supplier meet DSCSA defini		rer?	Yes No		GLN:					ITE	M AND PACKING II	NFORMATIO	N		
Is product exempt from DSCSA?			INU												
If yes, select exemption:					GCP:					Weight Lbs.		ions (US msn		Volume	Saleable #
Other exemption - Write in: Is product repackaged?			No		If yes, was ori	ainal product			Item/Each:		Depth	Width	Height	(Cube)	Pieces
Is product repackaged? Is product sold by manufacturer's	s avelusiva distrib	utor?	No	-	purchased dir		L		item/Each:	0.13226	1.9685	1.7716	3.1496	10.983898	1 Vial
Has FDA granted waiver/exceptio			No	\dashv		e manufacturer fo	or repacka	ged product	Box/Carton/B	undle/					
If yes, attach documentation fro			***			- manadoturol It	opuona	g p. ouuo.	Inner Pack:	2.38071	8.5039	7.7165	3.7795	248.01209	16 Vials
,									Case:						2415.1
		GTI	IN AND HIBCC PRODUCT I	NFORMATION					1	11.078	18.7	9.055	9.449	1599.985	64 Vials
									Pallet:	476.15	48	40	42.8	82176	2560 Vials
Saleable Unit of Measure	\$	Saleable Quantity	HIBCC		GTIN			Unit of Use GTIN-14		4/0.15	40	40	42.0	021/0	2000 Viais
X Item/Each		1				5150270996									
X Box/Carton/Bundle/Inner Pack		16				5150270997				COST INFORMATION			WHOLESAL	ER USE ONL	.Y:
X Case		64				5150270991			11 _			1			
x Pallet	_	2560			7035	5150270995			Regular			Vendor #:			
									Invoice Cost	(WAC) (\$)	\$150.00	Whsl. Code			
									An of data:	2/21/2024		Fineline Co	ae:		
	-								As of date:	2/2 1/2024					
'			Attach copy of SAFETY DA	ATA SHEET (SI	DS) or non hazar	d letter PACKAGE	F INSERT I	AREL AND PHOTO OF E	PRODUCT PACK	AGING and BARCODE					
*Please provide any additional inf	formation on page	2.	, maon copy of OAI LIT DA	(31	o non nazal			ed Drop Ship Only.	JJJJJTT AONA	Signature:			Narende	r Chamala	



Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

	M.F	TERIAL HAZ	ARD CLASSIFICATION and TRANSPORTATION		
Is this product (check all that apply):					
a. Cytotoxic?		Yes	SI	OS Hazard Classification	
b. CA Prop. 65 Carcinogen or Reprod	ductive Toxicant?				
Is the product a CA Prop 65 car		No	Organic	Corrosive	
Is the product a CA Prop 65 rep		No	Inorganic	Oxidizer	
Does the product label bear a C		No	Steroid/Androgen	Contact Hazard	
Dood in a product labor boar a c	or rop oo maning.	. 10	Giordian maregen	contact ridzard	
c. Contact Hazard?		Yes	Does the product have an Aerosol class? If yes,		
d. Does this product require special of	lean-un instructions?	Yes	identify NFPA Storage Level:		
(If yes, attach SDS with		100	NFPA Storage Level:		
e. Does the product contain DEHP?		No	g- =		
•	POT0			· ·	
Is this product regulated for shipment by		Yes	Is the product a NIOSH hazardous drug?	Yes	
(if yes, answer a-e below and provide			If yes, indicate which:	Group 1 items (antineoplastic)	
a. UN/Identification Number	UN1851				
b. Proper Shipping Name	Medicine, liquid, toxic, n.o.s.	20	llere	rdous Waste Identification	
c. DOT Hazard Class	6.1 - Class 6.1 - Poisonous materials 49 CFR 173.1	32	Пага	rdous waste identification	
d. Packing Group	III - Minor Danger	No	EPA Hazardous Waste Code:		Waste Characteristics
e. Inhalation Hazard?			EPA Hazardous Waste Code:		waste Characteristics
Is this product regulated for shipment by		Yes			
(if yes, answer a-e below and provide	,		REMS o	r REGISTRY RESTRICTIONS	
a. UN/Identification Number	1851				
b. Proper Shipping Name	Medicine, liquid, toxic, n.o.s.		Is there a REMS on this product?	No	
c. DOT Hazard Class	6.1 - Toxic Substances		If Yes, is it managed with a pharmacy registry?		
d. Packing Group	III - Low danger		Website URL:		
e. Inhalation Hazard?		No			
Is the product restricted for air shipment	t? If so, indicate restriction:	No	Med Guide Required	No	
Passenger			Limited Distribution Requirement		
Cargo			Comments / Details: (For example, iPledge program?)		
Passenger & Cargo					
Is this a reportable quantity? No	7		REMS:	No	
RQ Threshold:			REMS Program Manager Name:	140	Phone:
Is this a marine pollutant? No	-		Supplier Manages REMS registry exclusively:		Thorie.
	□ prized DOT exception or Special Permit?		Wholesale distributor support:		
No (if yes, identify method			Provider Name:		DEA #:
Limited Quantity	bolow)		Site Enrollment Number assigned		NCPDP#:
Consumer Commodity, ORM-D			by Supplier:		NPI #:
Small Quantity (49 CFR 173.4)			Бу барриот.		14177.
Special Permit; DOT-SP			Comments		
Special Provision (listed in Col	umn 7 of 49 CFR 172 101):		Commonte		
SP#]		Registry:		
01 #					Dhanai
	D'L STORAGE INFORMATION		Registry Program Contact Name: Comments		Phone:
	PEOTORAGE IN ORMATION		Continents		
Is the Product					
Controlled Substance? No	Controlled Substance Code		R	ETURN INSTRUCTIONS	
Controlled by State(s)? No	Listed Chemical (List I or II)	No			
ARCOS Reportable? No	If yes, indicate which:		Contact tel. # if product received damaged:	888-238-7880	
Schedule No.	Is it a scheduled listed chemical product?:	No	Is product returnable for credit:	Yes	
CLAS	SS OF TRADE RESTRICTION:		URL/Link to returns policy:		
No restriction: Select YES if sold to retail pharmacy	hospitals clinics and physician offices	Yes	http://auromedic	cs.com/policies/return-policy	1/
	,, sand and physician onlow		·	, p = 55, . 5 ca 50 lie	_
Restricted to retail pharmacy only:		No	Special regulations or returns requirements for this		
Restricted to hospital, clinics, and physi	cian offices only:	No	product in certain states?		
Restricted from US territories? (explain	in comments)	No	If so, which states? Other requirements? Comments?		
Comments:					
	M	SCELLANEC	OUS NOTES and/or Image of Product Barcode:		



Version 2021

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method	for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI b. Autofax	Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time:
c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #:	Fax Number: Phone No.: Site Address: Name: Phone:	Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Cha	rges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each orde Drop Ship service fee billed with each orde	r:	Overnight receipt available: PO Receipt cut off time:
Drop Ship miscellaneous fees billed: Comments:		Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday
		Priority Overnight receipt available:
		PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Inf	ormation Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	Aiscellaneous Notes:	Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?
	wiscenaneous Notes.	
		ADDITIONAL INFORMATION
		Is product order for scheduled patient procedure? Is product order for restocking purposes?



Version 2021						Introduction 7	Гуре:	New Item		Final Version			Date:	07.02	2.2024
			PRODUCT INFORMAT	TON						SPECIAL HAN	DLING AND STOR	AGE REQUI	REMENTS*		
Company Name:	ompany Name: Eugia US LLC (fi/k/a AuroMedics Pharma LLC) Application: ANDA							ANDA	a Temperatur	e - Indicate the USP tempe	raturo rango for t	nis product			
Application Number for NDA/AN				21	0735/S-002	1 44		1		Temperature Range	Cold – between 2		– 46° F)		
Medical Device Class, if applical			· ,												
DUNS:	968961354								1	Other Temperature Range	Requirement	Store at 2 to	8°C (36 to 4	6°F).	
Proprietary Name (If Applicable) a	and Established Na	me:								(write in)	•				
Selling Unit NDC:	55150-271-99		Unit of Use NDC:		55150-271-99	UPC:	35515	50271993		Notes					
UDI			CVX Code:			MVX Code:									
Description:	Cyclophosphamide	e Injection (200 mg/	mL) 1 gm/5 ml (Mono Pack)-	Multiple Dose	Vial					Is this product to be shippe	d to customers on i	ce?		Yes	1
										Is this product to be shippe	d to customers on c	ry ice?		NO	1
Active Ingredient(s):		Cyclophosphamide	Injection												
										temperature excursion qu	estions:				
URL for Additional Product Inform Address:		historia Deed				Address 2:				Name:		Eugia US Co		ice	
City:	279 Princeton-High East Windsor	ntstown Road			State:	NJ	7in:	08520		Number: Group E-mail:		888-238-788		giaUS.com	
Key Contact:	East Willusui				Email:	INJ	Zip.	06320		Group E-mail.		<u>Customer.</u>	sei vice@ec	giaU3.CUIII	
Phone Number:	888-238-7880				Fax:	732-355-9449			c. Special reg	ulations for product in any	states?			No	1
Product Therapeutic Classification		Antineoplastic - Al	kvlating Agent							Special returns requiremen				No	1
			, , , ,												1
	ADDITIO	ONAL PRODUCT IN	IFORMATION			PRODUCT	DESCR	IPTION INFORMATION	d. Store produ	ct (unit of sale) upright?				No	1
The product is?			Is the Product	Direct-Ship 0	Only					Protect product (unit of sa	le) from light?				İ
a legend device?		No	Is the Product	Neither	,				e. Shelf life:	r rotout product (dime or of	,			21	Months
if yes, enter class #			Orphan Drug Status			Size:		1 Vial		Initial shelf life at launch (if different):				Months
a product kit?		No	-	-		Strength:		(200 mg/mL) 1 gm/5 ml							
if yes, list NDCs of			FDA Approval Status			Strength.		(Mono Pack) - MDV			ORDER INFORM	IATION			
component parts						Dosage For	m:	Injection (Liquid)							
reverse numbered? co-licensed?		No	Allannana Duanant							Unit of Sale Bottle		1 Box of 1 V	NDC selling		
latex-free?		No Yes	Allergens Present							x Box/Carton			g. 1 Box of 1		
preservative-free?		Yes				Product Sha	ipe:	Vial Pack		Ampule		(vviite-iii, e.	g. 1 box 01 1	J viais)	
correctional institution block?		No								Glass		Minimum o	der quantity	?	Yes
opioid?		No				Product Col	or:			Tube					
Cannabinoid?		No	Country of Origin	India		Product Imp	rint.			Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for					1 roduct imp				Vial Liquid Multi		If Yes, how		ch package t	ype?
hospital scanning?			Is this product covered up							Vial Powder Sql			Each		
If Unit Dose, indicate NDC here:			Trade Agreements Act (T	AA)?	No					Vial Power Multi Other: Write In		1	Inner/Cartor Case	/Pack	
			FOR GENERIC DRUG PRO	DUCTS						Other, write in			Case		
			FOR GENERIC DRUG FRO	DUCIS											
					Aut	horized Generic	*If Aut	thorized Generic, other		Pŀ	ARMACY ORDER	/ BILL UNIT			
I. Orange Book Rating:	None							n fields are not applicable	Rec. sell unit t				nit to pharm	ev.	
II. Generic Equivalent to What Bra		n/a		-1					11001 0011 411111	1 Vial	1	X Dilling u	Each	ıcy.	
									(Write-in, e.g.	1 Vial)	1		Gram		
		DRUG SUPP	LY CHAIN SECURITY ACT (I	OSCSA) INFO	RMATION							x	Milliliter		
				_											
Does supplier meet DSCSA defini		er?	Yes		GLN:					ITEN	I AND PACKING I	NFORMATIO	V		
Is product exempt from DSCSA?			No												
If yes, select exemption:					GCP:					Weight Lbs.		ons (US msn		Volume	Saleable #
Other exemption - Write in: Is product repackaged?			No		M				ltam/Fach		Depth	Width	Height	(Cube)	Pieces
Is product repackaged?	s avelusiva distribu	tor?	No	-	If yes, was ori purchased dir				Item/Each:	0.1763	2.244	2.047	3.543	16.274657	1 vial
Has FDA granted waiver/exceptio			No	+		e manufacturer fo	or repar	ckaged product	Box/Carton/Bu	ındle/					
If yes, attach documentation fro					o viao oo ai o	o manaradan or re	орас	nagou product	Inner Pack:	3.0567	11.6	7.322	4.173	354.43459	15 vials
, , , , , , , , , , , , , , , , , , , ,									Case:	7.436	12.598	8.464	9.842	1049.4473	30 vials
		GT	IN AND HIBCC PRODUCT IN	IFORMATION						7.430	12.596	0.404	9.042	1049.4473	30 Viais
									Pallet:	508.95	48	40	44.37	85190.4	1920 vials
Saleable Unit of Measure	Sa	aleable Quantity	HIBCC		GTIN			Unit of Use GTIN-14							
X Item/Each X Box/Carton/Bundle/Inner Pack		15				55150271993 55150271994	-			COST INFORMATION			WHOLESAL	ER USE ONL	٧٠
X Case		30				55150271998	-			COST IN ORMATION			WIIOLLOAL	IN USE ONE	
X Pallet		1920				5150271992			Regular			Vendor #:			
									Invoice Cost (WAC) (\$)	\$250.00	Whsl. Code	#:		
									 			Fineline Co			
									As of date:	2/21/2024					
 			Au (01557:5:	TA OUE == /=-	20)	diana Brokes	. INICE-	T LADEL AND SUCTO	DODUGT 5:0:::	OINIO I DADOODE		L			
1			Aπach copy of SAFETY DA	IA SHEET (SE	ואט) or non hazar	a letter, PACKAGE	INSER	RT, LABEL AND PHOTO OF F	KODUCT PACKA	GING and BARCODE.					



Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

	M.F	TERIAL HAZ	ARD CLASSIFICATION and TRANSPORTATION		
Is this product (check all that apply):					
a. Cytotoxic?		Yes	SI	OS Hazard Classification	
b. CA Prop. 65 Carcinogen or Reprod	ductive Toxicant?				
Is the product a CA Prop 65 car		No	Organic	Corrosive	
Is the product a CA Prop 65 rep		No	Inorganic	Oxidizer	
Does the product label bear a C		No	Steroid/Androgen	Contact Hazard	
Dood in a product labor boar a c	or rop oo maning.	. 10	Giordian maregen	contact ridzard	
c. Contact Hazard?		Yes	Does the product have an Aerosol class? If yes,		
d. Does this product require special of	lean-un instructions?	Yes	identify NFPA Storage Level:		
(If yes, attach SDS with		100	NFPA Storage Level:		
e. Does the product contain DEHP?		No			
•	POT0			· ·	
Is this product regulated for shipment by		Yes	Is the product a NIOSH hazardous drug?	Yes	
(if yes, answer a-e below and provide			If yes, indicate which:	Group 1 items (antineoplastic)	
a. UN/Identification Number	UN1851				
b. Proper Shipping Name	Medicine, liquid, toxic, n.o.s.	20	llere	rdous Waste Identification	
c. DOT Hazard Class	6.1 - Class 6.1 - Poisonous materials 49 CFR 173.1	32	Пага	rdous waste identification	
d. Packing Group	III - Minor Danger	No	EPA Hazardous Waste Code:		Waste Characteristics
e. Inhalation Hazard?			EPA Hazardous Waste Code:		waste Characteristics
Is this product regulated for shipment by		Yes			
(if yes, answer a-e below and provide	,		REMS o	r REGISTRY RESTRICTIONS	
a. UN/Identification Number	1851				
b. Proper Shipping Name	Medicine, liquid, toxic, n.o.s.		Is there a REMS on this product?	No	
c. DOT Hazard Class	6.1 - Toxic Substances		If Yes, is it managed with a pharmacy registry?		
d. Packing Group	III - Low danger		Website URL:		
e. Inhalation Hazard?		No			
Is the product restricted for air shipment	t? If so, indicate restriction:	No	Med Guide Required	No	
Passenger			Limited Distribution Requirement		
Cargo			Comments / Details: (For example, iPledge program?)		
Passenger & Cargo					
Is this a reportable quantity? No	7		REMS:	No	
RQ Threshold:			REMS Program Manager Name:	140	Phone:
Is this a marine pollutant? No	-		Supplier Manages REMS registry exclusively:		Thorie.
	□ prized DOT exception or Special Permit?		Wholesale distributor support:		
No (if yes, identify method			Provider Name:		DEA #:
Limited Quantity	bolow)		Site Enrollment Number assigned		NCPDP#:
Consumer Commodity, ORM-D			by Supplier:		NPI #:
Small Quantity (49 CFR 173.4)			Бу барриот.		14177.
Special Permit; DOT-SP			Comments		
Special Provision (listed in Col	umn 7 of 49 CFR 172 101):		Commonte		
SP#]		Registry:		
01 #					Dhanai
	D'L STORAGE INFORMATION		Registry Program Contact Name: Comments		Phone:
	PEOTORAGE IN ORMATION		Continents		
Is the Product					
Controlled Substance? No	Controlled Substance Code		R	ETURN INSTRUCTIONS	
Controlled by State(s)? No	Listed Chemical (List I or II)	No			
ARCOS Reportable? No	If yes, indicate which:		Contact tel. # if product received damaged:	888-238-7880	
Schedule No.	Is it a scheduled listed chemical product?:	No	Is product returnable for credit:	Yes	
CLAS	SS OF TRADE RESTRICTION:		URL/Link to returns policy:		
No restriction: Select YES if sold to retail pharmacy	hospitals clinics and physician offices	Yes	http://auromedic	cs.com/policies/return-policy	1/
	,, sand and physician onlow		·	, p = 55, . 5 ca 50 lie	_
Restricted to retail pharmacy only:		No	Special regulations or returns requirements for this		
Restricted to hospital, clinics, and physi	cian offices only:	No	product in certain states?		
Restricted from US territories? (explain	in comments)	No	If so, which states? Other requirements? Comments?		
Comments:					
	M	SCELLANEC	OUS NOTES and/or Image of Product Barcode:		



Version 2021

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method	for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI b. Autofax	Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time:
c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #:	Fax Number: Phone No.: Site Address: Name: Phone:	Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Cha	rges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each orde Drop Ship service fee billed with each orde	r:	Overnight receipt available: PO Receipt cut off time:
Drop Ship miscellaneous fees billed: Comments:		Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday
		Priority Overnight receipt available:
		PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Inf	ormation Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	Aiscellaneous Notes:	Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?
	wiscenaneous Notes.	
		ADDITIONAL INFORMATION
		Is product order for scheduled patient procedure? Is product order for restocking purposes?



Version 2021						Introduction 1	Туре:	New Item		Final Version			Date:	07.02	2.2024
			PRODUCT INFORMA	TION						SPECIAL HAN	DLING AND STOF	RAGE REQUI	REMENTS*		
Company Name:	Eugia US LLC (f/k	k/a AuroMedics Pharr	ma LLC)			Applica	ition:	ANDA	a. Temperatur	e - Indicate the USP tempe	rature range for t	his product.			
Application Number for NDA/AN				210	0735/S-002					Temperature Range	Cold – between 2	and 8 C (36°	– 46° F)		
Medical Device Class, if applical			,-							· · · · · · · · · · · · · · · · · · ·					
DUNS:	968961354				1				1	Other Temperature Range F	equirement	Store at 2 to	8°C (36 to 46	6°F)	
Proprietary Name (If Applicable) a		ame.			1				T	(write in)	requirement	Otore at 2 to	0 0 (00 10 40	5 1).	
Selling Unit NDC:	55150-272-01		Unit of Use NDC:		55150-272-01	UPC:	35515027201	3	†	Notes					
UDI			CVX Code:			MVX Code:	00010021201		†						
									I T						
Description:	Cyclopnospnamic	te injection (200 mg/r	nL) 2 gm/10 ml (Mono Pack)	- Multiple Dose	viai					Is this product to be shipped				Yes NO	-
A stive Improdient(s).		Cualanhaanhaasida	Inination						+	Is this product to be shipped	to customers on o	iry ice?		NO]
Active Ingredient(s):		Cyclophosphamide	injection						h Contact for	temperature excursion que	otiona				
URL for Additional Product Inform	mation:									Name:	stions.	Fugia US Co	ustomer Servi	ice	
Address:	279 Princeton-Hig	htstown Road			1	Address 2:				Number:		888-238-788		100	
City:	East Windsor	gritotomi rtoda			State:	NJ	Zip : 0852	0	i	Group E-mail:			Service@Eu	igial IS com	
Key Contact:					Email:			-				<u>castomer</u>	Jer vide e Lu	- GIGOOICOIII	
Phone Number:	888-238-7880				Fax:	732-355-9449			c. Special regi	ulations for product in any	states?			No	1
Product Therapeutic Classification	on:	Antineoplastic - All	cylating Agent		1					Special returns requirement				No	1
			, , ,		1										J
	ADDITI	ONAL PRODUCT IN	FORMATION			PRODUCT	DESCRIPTION	INFORMATION	d. Store produ	ct (unit of sale) upright?				No	1
The product is?			Is the Product	Direct-Ship C	nly]	Protect product (unit of sa	la) from liabt?			-	i
a legend device?		No	Is the Product	Neither	/IIIy				e. Shelf life:	Protect product (unit or sa	ie) iroin light?			21	Months
if yes, enter class #		INU	Orphan Drug Status	Teluloi		Size:	1 Vial			Initial shelf life at launch (i	f different):			21	Months
a product kit?		No	Orphan Drug Status				(200 m	ig/mL) 2 gm/10 ml		initial shell life at launch (i	i dilierentj.				Months
if yes, list NDCs of		140	FDA Approval Status			Strength:		Pack) - MDV			ORDER INFORM	MATION			
component parts						B		, a tt-n							
reverse numbered?		No				Dosage Forn	m: injectio	on (Liquid)		Unit of Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present							Bottle		1 Box of 1 V	ial (55150-27	72-01)	
latex-free?		Yes				Product Sha	ape: Vial Pa	ack		x Box/Carton		(Write-in, e.	g. 1 Box of 10	0 Vials)	
preservative-free?		Yes				r roduct ona	ipe. Viai i a	ick		Ampule					
correctional institution block?		No				Product Cole	or-			Glass		Minimum o	der quantity	?	Yes
opioid?		No				1 Todact Con				Tube					
Cannabinoid?		No	Country of Origin	India		Product Imp	rint.			Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for									Vial Liquid Multi		If Yes, how		ch package t	type?
hospital scanning?			Is this product covered u							Vial Powder Sql			Each		
If Unit Dose, indicate NDC here:			Trade Agreements Act (ΓAA)?	No					Vial Power Multi			Inner/Carton	/Pack	
									<u>l</u>	Other: Write In		1	Case		
			FOR GENERIC DRUG PR	ODUCTS											
					A.11	horized Generic	*16 ^	Generic, other		DU	ARMACY ORDER	/ DILL LINIT			
				_	Aui	nonzea Generic		are not applicable			ARWACT ORDER				
I. Orange Book Rating:	None						section neius	are not applicable	Rec. sell unit t				nit to pharma	acy:	
II. Generic Equivalent to What Bra	and?:	n/a								1 Vial		X	Each		
		DRIIG SIIDDI	Y CHAIN SECURITY ACT (DSCSA) INFOE	MATION				(Write-in, e.g.	1 viai)		x	Gram Milliliter		
		DR00 00111	ET GHAIR GEGGRATT AGT	DOGGA) IIII GI	MATION								Iviiiiiitei		
Does supplier meet DSCSA defini	ition of manufactu	rer?	Yes		GLN:					ITEM	AND PACKING I	NFORMATIO	V		
Is product exempt from DSCSA?			No												
If yes, select exemption:					GCP:				il		Dimensi	ons (US msn	nts.)	Volume	Saleable #
Other exemption - Write in:					J U				1	Weight Lbs.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No		If yes, was ori	ginal product			Item/Each:	0.400					
Is product sold by manufacturer's	s exclusive distribu	utor?	No		purchased dir					0.183	2.559	2.559	5.118	33.52	1 vial
Has FDA granted waiver/exceptio			No		Provide source	e manufacturer fo	or repackaged	product	Box/Carton/Bu	undle/ 2.69	10.826	8.2677	5.708	510.90	12 vials
If yes, attach documentation fro	om FDA.								Inner Pack:	2.09	10.020	0.2011	3.700	310.90	12 Viais
									Case:	10.55	17.322	11.42	12.598	2491.45	48 vials
		GTI	N AND HIBCC PRODUCT II	NFORMATION						10.00			12.000	2101110	10 11010
									Pallet:	350.26	48	40	52.75	85190.4	1536 vials
Saleable Unit of Measure	S	Saleable Quantity	HIBCC		GTIN		Unit	of Use GTIN-14							
X Item/Each		12				5150272013 5150272014				COST INFORMATION			WHOLESAL	ER USE ONL	V
X Box/Carton/Bundle/Inner Pack							_			COST INFORMATION			WHOLESALI	ER USE ONL	
X Case X Pallet		48 1536				5150272018 5150272012	_		Regular			Vendor #:			
		1550			7030	13130272012	-		Invoice Cost (WAC\ (\$)	\$500.00	Whsl. Code	#-		
									III II	······································	φ500.00	Fineline Co			
									As of date:	2/21/2024					
									As of date:	2/21/2024					
									As of date:	2/21/2024					
			Attach copy of SAFETY DA	ATA SHEET (SD	S) or non hazar	d letter, PACKAGE	E INSERT, LABI	EL AND PHOTO OF F							



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For Designated Drop Ship Only Products, Please Use Page 3

	M.F	TERIAL HAZ	ARD CLASSIFICATION and TRANSPORTATION		
Is this product (check all that apply):					
a. Cytotoxic?		Yes	SI	OS Hazard Classification	
b. CA Prop. 65 Carcinogen or Reprod	ductive Toxicant?				
Is the product a CA Prop 65 car		No	Organic	Corrosive	
Is the product a CA Prop 65 rep		No	Inorganic	Oxidizer	
Does the product label bear a C		No	Steroid/Androgen	Contact Hazard	
Dood in a product labor boar a c	or rop oo maning.	. 10	Giordian maregen	contact ridzard	
c. Contact Hazard?		Yes	Does the product have an Aerosol class? If yes,		
d. Does this product require special of	lean-un instructions?	Yes	identify NFPA Storage Level:		
(If yes, attach SDS with		100	NFPA Storage Level:		
e. Does the product contain DEHP?		No	g- =		
•	POT0			· ·	
Is this product regulated for shipment by		Yes	Is the product a NIOSH hazardous drug?	Yes	
(if yes, answer a-e below and provide			If yes, indicate which:	Group 1 items (antineoplastic)	
a. UN/Identification Number	UN1851				
b. Proper Shipping Name	Medicine, liquid, toxic, n.o.s.	20	llere	rdous Waste Identification	
c. DOT Hazard Class	6.1 - Class 6.1 - Poisonous materials 49 CFR 173.1	32	Пага	rdous waste identification	
d. Packing Group	III - Minor Danger	No	EPA Hazardous Waste Code:		Waste Characteristics
e. Inhalation Hazard?			EPA Hazardous Waste Code:		waste Characteristics
Is this product regulated for shipment by		Yes			
(if yes, answer a-e below and provide	,		REMS o	r REGISTRY RESTRICTIONS	
a. UN/Identification Number	1851				
b. Proper Shipping Name	Medicine, liquid, toxic, n.o.s.		Is there a REMS on this product?	No	
c. DOT Hazard Class	6.1 - Toxic Substances		If Yes, is it managed with a pharmacy registry?		
d. Packing Group	III - Low danger		Website URL:		
e. Inhalation Hazard?		No			
Is the product restricted for air shipment	t? If so, indicate restriction:	No	Med Guide Required	No	
Passenger			Limited Distribution Requirement		
Cargo			Comments / Details: (For example, iPledge program?)		
Passenger & Cargo					
Is this a reportable quantity? No	7		REMS:	No	
RQ Threshold:			REMS Program Manager Name:	140	Phone:
Is this a marine pollutant? No	-		Supplier Manages REMS registry exclusively:		Thorie.
	□ prized DOT exception or Special Permit?		Wholesale distributor support:		
No (if yes, identify method			Provider Name:		DEA #:
Limited Quantity	bolow)		Site Enrollment Number assigned		NCPDP#:
Consumer Commodity, ORM-D			by Supplier:		NPI #:
Small Quantity (49 CFR 173.4)			Бу барриот.		14177.
Special Permit; DOT-SP			Comments		
Special Provision (listed in Col	umn 7 of 49 CFR 172 101):		Commonte		
SP#]		Registry:		
01 #					Dhanai
	D'L STORAGE INFORMATION		Registry Program Contact Name: Comments		Phone:
	PEOTORAGE IN ORMATION		Continents		
Is the Product					
Controlled Substance? No	Controlled Substance Code		R	ETURN INSTRUCTIONS	
Controlled by State(s)? No	Listed Chemical (List I or II)	No			
ARCOS Reportable? No	If yes, indicate which:		Contact tel. # if product received damaged:	888-238-7880	
Schedule No.	Is it a scheduled listed chemical product?:	No	Is product returnable for credit:	Yes	
CLAS	SS OF TRADE RESTRICTION:		URL/Link to returns policy:		
No restriction: Select YES if sold to retail pharmacy	hospitals clinics and physician offices	Yes	http://auromedic	cs.com/policies/return-policy	1/
	,, sand and physician onlow		·	, p = 55, . 5 ca 50 lie	_
Restricted to retail pharmacy only:		No	Special regulations or returns requirements for this		
Restricted to hospital, clinics, and physi	cian offices only:	No	product in certain states?		
Restricted from US territories? (explain	in comments)	No	If so, which states? Other requirements? Comments?		
Comments:					
	M	SCELLANEC	OUS NOTES and/or Image of Product Barcode:		



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FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method	for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI b. Autofax	Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time:
c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #:	Fax Number: Phone No.: Site Address: Name: Phone:	Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Cha	rges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each orde Drop Ship service fee billed with each orde	r:	Overnight receipt available: PO Receipt cut off time:
Drop Ship miscellaneous fees billed: Comments:		Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday
		Priority Overnight receipt available:
		PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Inf	ormation Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	Aiscellaneous Notes:	Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?
	wiscenaneous Notes.	
		ADDITIONAL INFORMATION
		Is product order for scheduled patient procedure? Is product order for restocking purposes?