

Induction         Description         Description         Description         Application	Version 2021							Introduction	Type:	Post Launch Change		F	inal Version			Date:	19.07.	2024	
Application         Provide Provide State Stat					PRODUCT INFORMAT	ION							SPECIAL HAND	DLING AND STOR	AGE REQUI	REMENTS*			
Application buncher for ROAMBARGA Left only PARTINGUME device:         PUTURE           Programmer Application of an elamined device:         PUTURE           Active branching of a elamined device:         PUTURE           Programmer Application of a elamined device:         PUTURE           Programmer	Company Name:	Eugia US LLC						Applica	ation:	ANDA	a. Temperatu	a. Temperature – Indicate the USP temperature range for this product.							
	Application Number for NDA/AN	IDA/BLA (drug); P	MA/510(k)(me	d device	e):	20	03385									and 25 C (6	3° – 77° F)		
Participant Main         Disclosified Name:         Disclosif	Medical Device Class, if applicat	ole:																	
sime       Bits (with the Chick (With Mark))       Bits (With Mark))       Bits (With Mark))       Bits (With Mark))         UP       Description:												Other Tem	perature Range F	Requirement				USP	
update:          Update			ame:	Dactinon									in)		Controlled R	oom Tempe	rature].		
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Util under Andere Handbergelen enclosed registere       High Machanes       High Ma			Destinentia		atian LIOD						-	Is this prod	uct to be shipped	to customers on o	try ice?		No		
URL for dational Product Information:       Integrate Topology (Product)       Integrate Topology (Produc	Active ingredient(s):		Dactinomycir	n for inje	ction, USP						h Contact fo	r temneratu		estions.					
Address:       Drawship       Maile	URL for Additional Product Inform	nation:	https://eug	piaus co	om/						b. contact to		excursion que	estions.	Eugia US Cu	ustomer Serv	rice		
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Interview         Bits 255/288         Price         255/258/288         Control         Description         Description <thdescription< th="">         Description         Descr</thdescription<>	City:	East Windsor						NJ	Zip:	08520		Group E-n	nail:		Customer	Service@Eu	ugiaUS.com		
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Authorized Generic, other section fields are not applicable sector fields are not applicable sector fields are not applicable sector fields are not applicable sector fields are not applicable in Vial       PHARMACY ORDER/ BILL UNIT         Does suppler meet DSCSA definition of manufacturer?       Yes       Rx billing unit to pharmacy: 1 Vial       Rx billing unit to pha												C	other: Write In		1	Case			
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L Crange Book Rating:       P       section fields are not applicable         II. Generic Equivation to What Brand?:       COSMECEN       Rec. sel unit ocusioner?       Ret. sel unit ocusioner?       Sector fields are not applicable         Does supplier meet DSCSA definition of manufacturer?       Yes       OLN:       Item Each       GCP:       Mailieer         If yes, select exemption:       Other exemption of Wite in:       GCP:       Dimensions (US manufacturer?)       Volume Saleable         If yes, select exemption:       No       Other exemption for product?       No       Provide source manufacturer?       Volume Saleable         If yes, select exemption of Wite in:       No       If yes, such documentation from FDA.       Provide source manufacturer?       Volume Saleable         If yes, stach documentation for POAL       No       If yes, stach documentation from FDA.       Provide source manufacturer for repackaged product       No       Palet:       1.076       11.65       3.78       4.33       190.6802.1       1.4         Saleable Unit of Messure       Saleable Outor in FORMATION       WHOLESALER USE ONLY:       Cost in FORMATION       WHOLESALER USE ONLY:       Saleable       Saleable Outor in Forduct in the Cost in FORMATION	Authorized Generic								PH/	ARMACY ORDER	/ BILL UNIT								
IL Generic Equivalent to What Brand?:       COSMEGEN         IL Generic Equivalent to What Brand?:       COSMEGEN         DRUG SUPPLY CHAIN SECURITY ACT (QSCSA) INFORMATION         Dessupplier meet DSCSA definition of manufacturer?       Yes         If yes, select exemption:         Offer exemption:         Drude divertex colspan       Offer exemption:         If yes, sate of direct from mf?         No       Drude source manufacturer is exclusive distributor?       No         Structure distributor?       No         Offer exemption:       Drude divertex colspan       Bio/Carton/Bundle/       Drude divertex colspan       Meight Lbs:       Dimensions (US msmts.)       Volume Saleable         If yes, was original product         If yes, was original product       Drude divertex colspan <th cols<="" td=""><td>L Orange Book Bating:</td><td>ΔP</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Rec. sell unit</td><td>to custome</td><td>r?</td><td></td><td>Ry hilling u</td><td>nit to pharm</td><td>acv.</td><td></td></th>	<td>L Orange Book Bating:</td> <td>ΔP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Rec. sell unit</td> <td>to custome</td> <td>r?</td> <td></td> <td>Ry hilling u</td> <td>nit to pharm</td> <td>acv.</td> <td></td>	L Orange Book Bating:	ΔP									Rec. sell unit	to custome	r?		Ry hilling u	nit to pharm	acv.	
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION         With the secure is product of t			COSMEGEN	1									••	1			uoy.		
ODes supplier meet DSCSA definition of manufacturer?       Yes       GLN:         ITEM AND PACKING INFORMATION         IS product opackaged?       No         Optic regackaged?       No         If yes, select exemption:       Optic regackaged?         If yes, select exemption:       Optic regackaged?         If yes, select exemption for product?       No         Optic regackaged?       If yes, select exemption for product?       No         If yes, attach documentation from FDA.         Optic for CPRODUCT INFORMATION         Saleable Quantity       HIBCC       CTIN AND HIBCC PRODUCT INFORMATION         Mile C       OTIN-14       Unit of Use GTIN-14         No       OSIT INFORMATION         CTIN AND HIBCC PRODUCT INFORMATION       OPTIC INFORMATION         Cost information for product? <th colsp<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>(Write-in, e.g</td><td>. 1 Vial)</td><td></td><td>4</td><td></td><td>Gram</td><td></td><td></td></th>	<td></td> <td>(Write-in, e.g</td> <td>. 1 Vial)</td> <td></td> <td>4</td> <td></td> <td>Gram</td> <td></td> <td></td>											(Write-in, e.g	. 1 Vial)		4		Gram		
Is product exempt from DSCSA?       No         If yes, select exemption:       CCP:       Image: Control of the exemption - Write in:       Dimension - Write in:       Dimension - Write in:       Hyes, was original product       Provide source manufacturer for repackaged product         Is product sold by manufacturer's exclusive distributor?       No       Hyes, was original product       Provide source manufacturer for repackaged product       0.06       1.61       1.61       3.3       8.55393       1         Has FDA granted waiver(exception/exemption of product?       No       Provide source manufacturer for repackaged product       0.06       1.61       1.61       3.3       8.55393       1         Mass FDA granted waiver(exception/exemption of product?       No       Provide source manufacturer for repackaged product       1.076       11.65       3.78       4.33       190.68021       14         Saleable Unit of Measure       Saleable Quantity       HIBCC       Unit of Use GTIN-14       Unit of Use GTIN-14       Edit       465.426       48       40       54.21       10408.32       4480         X       temeEach       1       GGS5150431016       GGS5150431016       Sold ate:       Treperiod waiter invoice Cost (WAC) (s)       \$1458.07       What. Code #:       Fineline Code:       Fineline Code:       Fineline Code:       Fineline Code:			DRUG S	UPPLY	CHAIN SECURITY ACT (I	OSCSA) INFO	RMATION									Milliliter			
Is product exempt from DSCSA?       No         If yes, select exemption:       CCP:       Image: Control of the exemption - Write in:       Dimension - Write in:       Dimension - Write in:       Hyes, was original product       Provide source manufacturer for repackaged product         Is product sold by manufacturer's exclusive distributor?       No       Hyes, was original product       Provide source manufacturer for repackaged product       0.06       1.61       1.61       3.3       8.55393       1         Has FDA granted waiver(exception/exemption of product?       No       Provide source manufacturer for repackaged product       0.06       1.61       1.61       3.3       8.55393       1         Mass FDA granted waiver(exception/exemption of product?       No       Provide source manufacturer for repackaged product       1.076       11.65       3.78       4.33       190.68021       14         Saleable Unit of Measure       Saleable Quantity       HIBCC       Unit of Use GTIN-14       Unit of Use GTIN-14       Edit       465.426       48       40       54.21       10408.32       4480         X       temeEach       1       GGS5150431016       GGS5150431016       Sold ate:       Treperiod waiter invoice Cost (WAC) (s)       \$1458.07       What. Code #:       Fineline Code:       Fineline Code:       Fineline Code:       Fineline Code:						_													
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Other exemption - Write in: Is product repackaged?       Depth       Width       Height       (Cube)       Pieces         Is product repackaged?       No       purchased direct from mfr?       no						_	000							<b>D</b>	ana (110	••••		0-11	
Is product repackaged?       No       If yes, was original product purchased direct from mfr?       Dom       Item/Each       0.06       1.61       1.61       3.3       8.55393       1         Has FDA granted waive/expetion/secon							GCP:				-		Weight Lbs.		-	-	. oranio	ourousio n	
Is product sold by manufacturer's exclusive distributor?       No       no       0.06       1.61       1.61       3.3       8.5933       1         Has FDA granted waiver/exception/exemption for product?       No       Provide source manufacturer for repackaged product       0.06       1.61       1.61       3.3       8.59333       1         Weight and facturer's exclusive distributor?       No       Provide source manufacturer for repackaged product       0.06       1.61       1.61       3.3       8.59333       1         Weight and facturer's exclusive distributor?       No       Provide source manufacturer for repackaged product       0.06       1.61       1.61       3.3       8.59333       1         Weight and facturer's exclusive distributor?       No       One       1.61       1.61       3.78       4.33       190.68021       14         Saleable Unit of Measure       Saleable Quantity       HIBCC       GTIN-14       Unit of Use GTIN-14       Unit of Use GTIN-14       Ood55150431016       8.465       9.843       104083.2       4800         X       Box/Cator/Bundle/Inner Pack       1       14       Sod55150431016       Sod55150431016       Sod5150431016       Sod date:       Vendor #:       Fineline Code:       Fineline Code:       Fineline Code:       Sod date:       7/2					No		If yes, was or	iginal product			Item/Fach:						. ,		
Has FDA granted waiver/exception/exemption for product?       No       Provide source manufacturer for repackaged product         If yes, attach documentation from FDA.       Saleable Quantity       Finance Case       5.405       12.598       8.465       9.843       1049.677       56         Saleable Unit of Measure       Saleable Quantity       HIBCC       GTIN-14       Unit of Use GTIN-14       Unit of Use GTIN-14       Back Cast Cost       4.83       1049.677       64         X       term/Each       1       03355150431015       03355150431015       33355150431015       8465       4.80       4480       4480       4480       4480       54.21       104083.2       4480         X       term/Each       1       Saleable Quantity       HIBCC       GTIN-14       Unit of Use GTIN-14       Ventor Use		s exclusive distrib	utor?			-					item/Lacit.		0.06	1.61	1.61	3.3	8.55393	1	
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GTIN AND HIBCC PRODUCT INFORMATION         Saleable Unit of Measure       Saleable Quantity       HIBCC       GTIN-14       Unit of Use GTIN-14         X       Item/Each       1       14       00355150431014       Unit of Use GTIN-14       Unit of Use GTIN-14       Unit of Use GTIN-14       WHOLESALER USE ONLY:         X       Case       4480       4480       Mile       Mile <th< td=""><td>If yes, attach documentation from</td><td>m FDA.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1.076</td><td>11.05</td><td>3.76</td><td>4.33</td><td>190.00021</td><td>14</td></th<>	If yes, attach documentation from	m FDA.											1.076	11.05	3.76	4.33	190.00021	14	
Saleable Unit of Measure       Saleable Quantity       HIBCC       GTIN-14       Unit of Use GTIN-14       Pallet:       465.426       48       40       54.21       104083.2       4480         X       Item/Each       1       00355150431015       00355150431015       00355150431016       VHOLESALER USE ONLY:       VHOLESALER USE ONLY:       Vendor #:       V											Case:		5.405	12.598	8.465	9.843	1049.6779	56	
Saleable Unit of Measure       Saleable Quantity       HIBCC       GTIN-14       Unit of Use GTIN-14         x       Item/Each       1       00355150431014       00355150431014       Item/Each         x       Case       60355150431016       80355150431016       Vendor #:       Vendor #:         x       Pallet       4480       1       14       Vendor #:       Vendor #:         x       Pallet       60355150431010       Vendor #:       Vendor #:       Vendor #:         x       Pallet       60355150431010       Vendor #:       Vendor #:       Vendor #:         x       Pallet       60355150431010       Vendor #:       Vendor #:       Vendor #:         x       Pallet       60355150431010       Vendor #:       Vendor #:       Vendor #:         x       Pallet       80355150431010       Vendor #:       Vendor #:       Vendor #:         x       Pallet       80355150431010       Vendor #:       Vendor #:       Vendor #:         x       Pallet       Vendor #:       Vendor #:       Vendor #:       Vendor #:         x       Pallet       Vendor #:       Vendor #:       Vendor #:       Vendor #:         x       Of tate:       7/24/2024				GTINA	AND HIBCC PRODUCT IN	IFORMATION					Dellet								
x       Item/Each       1       00355150431014       30355150431015         x       Box/Cartor/Bundle/Inner Pack       14       30355150431015       60355150431016         x       Case       56       60355150431016       Regular Cost       Vendor #:         Invoice Cost (WAC) (\$)       \$1,458.07       Whsl. Code #:       Image: Cost       Fineline Code:         As of date:       7/24/2024       Fineline Code:       Image: Code:       Image: Code:       Image: Code:         As of date:       7/24/2024       Image: Code:       Image: Co	Saleable Unit of Measure	c	Saleable Quant	itv	HIBCC		GTI	N-14		Unit of Use GTIN-14	Panet:		465.426	48	40	54.21	104083.2	4480	
x       BoxCattor/Bundle/Inner Pack       14         x       Case       56         x       Pallet         x       Pallet <tr< td=""><td></td><td></td><td></td><td>ity</td><td>Прес</td><td></td><td></td><td></td><td></td><td>0111 01 038 01111-14</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>				ity	Прес					0111 01 038 01111-14									
x       Case       56         x       Pallet         4480       60355150431010         Image: State Cost       State Cost         Image: State Cost <td></td> <td>COSTI</td> <td>NFORMATION</td> <td></td> <td></td> <td>WHOLESAL</td> <td>ER USE ONL'</td> <td>Y:</td>												COSTI	NFORMATION			WHOLESAL	ER USE ONL'	Y:	
Image: Section of the section of t	X Case																		
As of date: 7/24/2024  Fineline Code:	X Pallet		4480				803	55150431010	_										
As of date:       7/24/2024         Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.		-					_		-		Invoice Cost	(WAC) (\$)		\$1,458.07					
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.		-					_		-		As of data:	7	/24/2024		Fineline Co	ae:			
									-		As of date:	1.	2-12024						
		1							_		11								
	Ľ.			At	ttach copy of SAFETY DAT	TA SHEET (SD	OS) or non hazar	d letter, PACKAGE	E INSER	RT, LABEL AND PHOTO OF	PRODUCT PACK	AGING and I	BARCODE.		•				
*Please provide any additional information on page 2. See new p. 3 for Designated Drop Ship Only. Signature: Narender Chamala	*Please provide any additional inf	ormation on page	e 2.			,						Signature:				Narender	Chamala		

Version 2021	For Designation	ted Drop Ship Only Products, Please Use Page 3					
	MATERIAL HA	ZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive To		SDS Hazard Classification					
Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive Does the product label bear a CA Prop 65		Organic     Corrosive       Inorganic     Oxidizer       Steroid/Androgen     Yes					
c. Contact Hazard? d. Does this product require special clean-up ir (If yes, attach SDS with special ins e. Does the product contain DEHP?		Does the product have an Aerosol class? If yes,     No       identify NFPA Storage Level:     NFPA Storage Level:					
Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name	Yes , solid, toxic, n.o.s. (Dactinomycin)	Is the product a NIOSH hazardous drug? If yes, indicate which:					
c. DOT Hazard Class Hazard C d. Packing Group III			ardous Waste Identification				
e. Inhalation Hazard? Is this product regulated for shipment by IATA?	Yes	EPA Hazardous Waste Code:		Waste Characteristics			
c. DOT Hazard Class Hazard C		REMS of Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:					
d. Packing Group e. Inhalation Hazard? Is the product restricted for air shipment? If so, ir	No	Med Guide Required	No				
Passenger Cargo Passenger & Cargo		Limited Distribution Requirement Comments / Details: (For example, iPledge program?)					
Is this a reportable quantity? No RQ Threshold: Is this a marine pollutant? Yes Is this product shipped utilizing an authorized DO Yes (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D	T exception or Special Permit?	REMS: REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier:	No	Phone:			
X         Small Quantity (49 CFR 173.4)           Special Permit; DOT-SP           Special Provision (listed in Column 7 of 4)	49 CFR 172.101);	Comments					
SP#	AGE INFORMATION	Registry: Registry Program Contact Name:	No	Phone:			
Is the Product		Comments	ETURN INSTRUCTIONS				
No         Liste           ARCOS Reportable?         No         If yes           Schedule No.         Is it	trolled Substance Code d Chemical (List 1 or II) No es, indicate which: a scheduled listed chemical product?: No ADE RESTRICTION:	Contact tel. # if product received damaged: Is product returnable for credit:	Yes				
No restriction: Select YES if sold to retail pharmacy, hospitals, clir		URL/Link to returns policy: https://eugiaus.c	com/policies/return-policy/				
Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician office Restricted from US territories? (explain in comme Comments:	-	Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?					
	MISCELLANE	OUS NOTES and/or Image of Product Barcode:					



Version 2021 FOR DESIGN/	TED 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 c. Fax d. Phone only e. Supplier Web Site only Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone:	ber:     Shipping lead time of PO:     Hours     Days       o.:
Expedited Freight Charges or Other Designation	ted Drop Ship Fees: Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight receipt available:     PO Receipt cut off time:       Days of week overnight is available:     Monday       Tuesday     Wednesday       Thursday     Friday
	Priority Overnight receipt available:
Class of Trade Restrictio No restriction: Select YES if sold to retail pharmacy, hospitals, clini Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	
Other Data Information Required to	Process PO: Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	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?
Miscellaneous Notes:	
	ADDITIONAL INFORMATION  Is product order for scheduled patient procedure? Is product order for restocking purposes?



Version 2021						Introduction	Туре:	Post Launch Change		Final Version			Date:	19.07.	2024
			PRODUCT INFORMAT	ΓΙΟΝ						SPECIAL HAN	NDLING AND STOP	AGE REQUI	REMENTS*		
Company Name:	EUGIA US LLC					Applica	ation:	ANDA	a. Temperatur	e – Indicate the USP tem	perature range for	this product.			
Application Number for NDA/AN		PMA/510(k)(med	device):	203	3385					Temperature Range	Controlled Room		and 25 C (68	3° – 77° F)	
Medical Device Class, if applicat	ble:														
DUNS:	968961354								4	Other Temperature Range	Requirement	Store at 20°	to 25°C (68°	to 77°F) [see	USP
Proprietary Name (If Applicable) a		Name: Da	actinomycin for Injection (Lyo) 0.	5mg NOVAPLU						(write in)		Controlled F	oom Temper	ature].	
Selling Unit NDC:	55150-928-02		Unit of Use NDC:		55150-928-02		3551509	928026		Notes					
UDI			CVX Code:			MVX Code:									
Description:	Dactinomycin for	r Injection, USP 50	00 mcg (0.5 mg)/vial NOVAPLUS	3						Is this product to be shipped				No	
										Is this product to be shipped	ed to customers on	dry ice?		No	
Active Ingredient(s):		Dactinomycin f	or Injection, USP												
URL for Additional Product Inform	nation.	https://eugia							b. Contact for	temperature excursion q Name:	uestions:	Eugia LIS C	ustomer Serv	ice	
Address:	279 Princeton-H		aus.com/		1	Address 2:				Number:		888-238-788			
City:	East Windsor	ignototimi ricodu			State:	NJ	Zip:	08520		Group E-mail:				igiaUS.com	
Key Contact:					Email:					•					
Phone Number:	888-238-7880				Fax:	732-355-9449			c. Special reg	ulations for product in an	y states?			No	
Product Therapeutic Classificatio	n:	Anti-Cancer							-	Special returns requireme	nts for this product?			No	
					-	-									
	ADDIT	IONAL PRODUC	TINFORMATION			PRODUCT	DESCRIP	TION INFORMATION	d. Store produ	ct (unit of sale) upright?				Yes	
The product is?			Is the Product	Direct-Ship C	Dnly					Protect product (unit of	sale) from light?			Yes	
a legend device?		No	Is the Product	Neither		Size:	1	Vial	e. Shelf life:					24	Months
if yes, enter class #			Orphan Drug Status				_			Initial shelf life at launch	(if different):				Months
a product kit? if yes, list NDCs of		No	FDA Annewal Status			Strength:	5	00 mcg (0.5 mg)/vial			ORDER INFORM				
component parts			FDA Approval Status				-				ORDER INFORM				
reverse numbered?		No				Dosage For	m: Ir	njection (LYO)		Unit of Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present							Bottle			ial (55150-92		
latex-free?		Yes				Product Sha	ano: V	/ial Pack		x Box/Carton		(Write-in, e	g. 1 Box of 1	0 Vials)	
preservative-free?		Yes				FIGURE SHA	ape. v			Ampule				_	
correctional institution block?		No				Product Col	lor: Y	ellow to orange		Glass		Minimum o	rder quantit	/?	Yes
opioid?		No								Tube					
Cannabinoid? If Unit Dose, is item bar coded to u	wit doop for	No	Country of Origin	India		Product Imp	print:			Vial Liquid Sgl Vial Liquid Multi		K Vaa haw	many of wh	ah naakana i	
hospital scanning?	init dose for		Is this product covered u	nder the						Vial Liquid Multi Vial Powder Sol		ir res, now	Each	ich package t	type?
If Unit Dose, indicate NDC here:			Trade Agreements Act (		No					Vial Power Multi			Inner/Cartor	/Pack	
				,						Other: Write In		1	Case		
			FOR GENERIC DRUG PR	ODUCTS									4		
												_			
					Au	thorized Generic		orized Generic, other		PI	HARMACY ORDER	/ BILL UNIT			
I. Orange Book Rating:	AP						section f	fields are not applicable	Rec. sell unit t			Rx billing u	nit to pharm	acy:	
II. Generic Equivalent to What Bra	and?:	COSMEGEN								1 Vial		x	Each		
			PPLY CHAIN SECURITY ACT (		MATION				(Write-in, e.g.	1 Vial)			Gram Milliliter		
		DRUG SU	PPLT CHAIN SECURITY ACT (	DSCSA) INFOR	MATION				_				wiiiiiiter		
Does supplier meet DSCSA defini	ition of manufact	urer?	Yes		GLN:				1	ITEI	M AND PACKING I	FORMATIO	N		
Is product exempt from DSCSA?			No												
If yes, select exemption:					GCP:				i		Dimensi	ons (US msr	nts.)	Volume	Saleable #
Other exemption - Write in:					-				1	Weight Lbs.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No		If yes, was or	riginal product	[		Item/Each:	0.06	1.61	1.61	3.3	8.55393	1
Is product sold by manufacturer's			No			rect from mfr?					1.01	1.01	0.0	0.00000	
Has FDA granted waiver/exception		product?	No		Provide sour	ce manufacturer f	for repack	aged product	Box/Carton/B	undle/ 1.076	11.65	3.78	4.33	190.68021	14
If yes, attach documentation from	m FDA.								Inner Pack:						
1			GTIN AND HIBCC PRODUCT IN	FORMATION					Case:	5.405	12.598	8.465	9.843	1049.6779	56
									Pallet:						
Saleable Unit of Measure		Saleable Quantity	HIBCC		GTI	N-14		Unit of Use GTIN-14		465.426	48	40	54.21	104083.2	4480
X Item/Each		1				55150928026				· · · · · · · · · · · · · · · · · · ·					
X Box/Carton/Bundle/Inner Pack		14				55150928027	`			COST INFORMATION			WHOLESAL	ER USE ONL'	Y:
x Case		56				55150928028	_								
x Pallet	-	4480			803	55150928022	_		Regular Cost		A. 150	Vendor #:	м.		
	-						-		Invoice Cost (	WAC) (\$)	\$1,458.07	Whsl. Code Fineline Co			
	+								As of date:	7/24/2024		i menne co	uc.		
	1								, io o. dato.						
	_											1			
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.															
*Please provide any additional inf	formation on pag	e 2.						ted Drop Ship Only.		Signature:			Narender	Chamala	

Version 2021	For Desig	nated Drop Ship Only Products, Please Use Page 3					
	MATERIAL	HAZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Is the product a CA Prop 65 carcinoger	n? No	SDS Hazard Classification Organic Corrosive					
Is the product a CA Prop 65 reproductin Does the product label bear a CA Prop	0 65 warning? No	Steroid/Androgen Y					
c. Contact Hazard? d. Does this product require special clean-up (If yes, attach SDS with special e. Does the product contain DEHP?		Does the product have an Aerosol class? If yes, No identify NFPA Storage Level: NFPA Storage Level:					
	49 ne, solid, toxic, n.o.s. (Dactinomycin)	If yes, indicate which:	Is the product a NIOSH hazardous drug? If yes, indicate which:				
c. DOT Hazard Class Hazard d. Packing Group III e. Inhalation Hazard?	d Class: 6.1		zardous Waste Identification Waste Characteristics				
Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS)			or REGISTRY RESTRICTIONS				
	ne, solid, toxic, n.o.s. (Dactinomycin) d Class: 6.1	Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:	No				
e. Inhalation Hazard? Is the product restricted for air shipment? If so, indicate restriction: Passenger		Med Guide Required Limited Distribution Requirement	No				
Cargo Passenger & Cargo Is this a reportable quantity? No		Comments / Details: (For example, iPledge program?) REMS:	No				
RQ Threshold:         Is this a marine pollutant?       Yes         Is this product shipped utilizing an authorized I         Yes       (if yes, identify method below)         Limited Quantity		REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned	Phone:           DEA #:           NCPDP#:           NCPDP#:				
Consumer Commodity, ORM-D x Small Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Provision (listed in Column 7 c	of 49 CFR 172.101);	by Supplier: Comments	NPI #:				
SP#	RAGE INFORMATION	Registry:     No       Registry Program Contact Name:     Phone:       Comments					
Is the Product	ontrolled Substance Code		RETURN INSTRUCTIONS				
Controlled by State(s)?         No         Lis           ARCOS Reportable?         No         It           Schedule No.         It	sted Chemical (List I or II)       No         f yes, indicate which:	Contact tel. # if product received damaged: Is product returnable for credit:	Yes				
CLASS OF T No restriction: Select YES if sold to retail pharmacy, hospitals,	RADE RESTRICTION: , clinics and physician offices Yes	URL/Link to returns policy: https://eugiaus	.com/policies/return-policy/				
Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician off Restricted from US territories? (explain in com Comments:	-	Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?					
	MISCELLA	NEOUS NOTES and/or Image of Product Barcode:					
	MISCELLA	ALOUGHOTED and/or image of Froduct Darcould.					



Version 2021 FOR DESIGN/	TED 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 c. Fax d. Phone only e. Supplier Web Site only Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone:	ber:     Shipping lead time of PO:     Hours     Days       o.:
Expedited Freight Charges or Other Designation	ted Drop Ship Fees: Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight receipt available:     PO Receipt cut off time:       Days of week overnight is available:     Monday       Tuesday     Wednesday       Thursday     Friday
	Priority Overnight receipt available:
Class of Trade Restrictio No restriction: Select YES if sold to retail pharmacy, hospitals, clini Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	
Other Data Information Required to	Process PO: Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	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?
Miscellaneous Notes:	
	ADDITIONAL INFORMATION  Is product order for scheduled patient procedure? Is product order for restocking purposes?