

Version 2021						Introduction	Туре:	New Item]	Final Version			Date:	24.01	.2023
			PRODUCT INFORMAT	ION						SPECIAL HANI	DLING AND STOR	AGE REQUIF	REMENTS*		
Company Name:	Eugia US LLC (f/	/k/a AuroMedics P	harma LLC)			Applica	ation:	ANDA	a. Temperatu	re – Indicate the USP tempe	erature range for t	his product.			
Application Number for NDA/AN	IDA/BLA (drug); F	MA/510(k)(med	device):	21	15236					Temperature Range	Controlled Room -		and 25 C (68	3° – 77° F)	
Medical Device Class, if applical	ble:														
DUNS:	968961354									Other Temperature Range	Requirement				
Proprietary Name (If Applicable) a		lame:								(write in)					
Selling Unit NDC: UDI	55150-401-25		Unit of Use NDC: CVX Code:		55150-401-01	UPC: MVX Code:	3551504	401253		Notes					
						WAY Code.			1			-			
Description:	Gentamicin inject	tion, USP (PEDIA	TRIC) 20 mg per 2 mL (10 mg p	er mL) SDV (2	5 Vials)					Is this product to be shipped Is this product to be shipped				No No	
Active Ingredient(s):										is this product to be shipped	a to customers on a	ry ice?		INO	
Addive ingredient(3).									b. Contact for	r temperature excursion qu	estions:				
URL for Additional Product Inform			aus.com/products/? sft alp	habet=m						Name:		Eugia US Cu	ustomer Serv	rice	
Address:	279 Princeton-Hi	ghtstown Road			_	Address 2:				Number:		888-238-788			
City:	East Windsor				State:	NJ	Zip:	08520		Group E-mail:		Customers	Service@Eu	ugiaUS.com	
Key Contact:	888-238-7880				Email: Fax:	732-355-9449			a Sussial ray	ulations for product in any		No			
Phone Number: Product Therapeutic Classificatio		Aminoglycoside	Antibiotic		Fax.	732-333-9449			c. Special reg	Special returns requirement				No No	
Froduct merapeutic classificatio	···.	Aminogiycoside	Anubiouc							Special returns requirement	s for this product?			INO	
	ADDIT	IONAL PRODUC	INFORMATION			PRODUCT	DESCRIP	TION INFORMATION	d. Store prod	uct (unit of sale) upright?				Yes	
The product is?			Is the Product	Direct-Ship	Only				11	Protect product (unit of sa	ale) from light?			Yes	
a legend device?		No	Is the Product	Unit Dose	,	Cia	2	25 Vials	e. Shelf life:	· · · · · · · · · · · · · · · · · · ·	,			24	Months
if yes, enter class #			Orphan Drug Status			Size:				Initial shelf life at launch (if different):				Months
a product kit?		No				Strength:		20 mg per 2 mL (10							
if yes, list NDCs of			FDA Approval Status			g		mg/mL) [2 mL Single	-		ORDER INFORM	ATION			
component parts reverse numbered?		Na				Dosage For	rm:	_iquid		Unit of Sale		What is the		unit?	
co-licensed?		No No	Allergens Present							Bottle		1 box of 25 v			
latex-free?		Yes				Des des s Ob	v	/ial pack		x Box/Carton		(Write-in, e.			
preservative-free?		Yes				Product Sha	ape:			Ampule			•	,	
correctional institution block?		No				Product Co	olor:			Glass		Minimum or	der quantit	y?	Yes
opioid?		No		La d'a			_	1/A		Tube					
Cannabinoid? If Unit Dose, is item bar coded to u	unit doco for	No	Country of Origin	India		Product Imp	print:	N/A		Vial Liquid Sgl Vial Liquid Multi		If Voc. how	many of wh	ich package	1002
hospital scanning?	init dose for	Yes	Is this product covered u	nder the						Vial Powder Sql			Each	ich package	type:
If Unit Dose, indicate NDC here:		55150-401-01	Trade Agreements Act (No					Vial Power Multi			Inner/Cartor	/Pack	
Other: Write In						1	Case								
			FOR GENERIC DRUG PRO	DUCTS											
				_	Aut	horized Generic		orized Generic, other fields are not applicable			ARMACY ORDER				
I. Orange Book Rating:	AP	O anteniaia					Section	neius are not applicable	Rec. sell unit	to customer? Box of 25 Vials	1	Rx billing u	nit to pharm Each	acy:	
II. Generic Equivalent to What Brand?: Gentamicin									X						
	DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION Gram														
				,											
Does supplier meet DSCSA defini	ition of manufact	urer?	Yes		GLN:					ITEM	AND PACKING IN	FORMATION	1		
Is product exempt from DSCSA?			No												
If yes, select exemption:					GCP:]	Weight Lbs.		ons (US msm	-		Saleable #
Other exemption - Write in:			Na		K				11		Depth	Width	Height	(Cube)	Pieces
Is product repackaged? Is product sold by manufacturer's	avelusive distrik	utor?	No	-		iginal product rect from mfr?			Item/Each:	0.498	3.54	3.54	1.97	24.687	25
Has FDA granted waiver/exceptio			140			ce manufacturer f	for repact	kaged product	Box/Carton/B	undle/					
If yes, attach documentation fro									Inner Pack:						
									Case:	25.998	15.551	12.007	9.645	1800.923	1200
		(GTIN AND HIBCC PRODUCT IN	IFORMATION						20.000	10.001	12.007	0.040	1000.020	1200
Saleable Unit of Measure		Colooble Overtity			CTU			Unit of Line OTIN 44	Pallet:	1202.925	48	40	53.22	102182.4	54000
X Item/Each	:	Saleable Quantity 25	HIBCC		GTI 003	N-14 55150401253		Unit of Use GTIN-14	∏└────						
x Box/Carton/Bundle/Inner Pack		20				0.00401200				COST INFORMATION			VHOLESAL	ER USE ONL	Y:
X Case		48			5035	55150401258									
X Pallet		54000			7035	55150401252	_		Regular Cost			Vendor #:			
	-						_		Invoice Cost	(WAC) (\$)	\$90.00	Whsl. Code Fineline Co			
	-						_		As of date:	2/21/2024		Fineine Co	ue:		
							-		As of uale.	22 112024					
							_								
			Attach copy of SAFETY DA	TA SHEET (SD	S) or non hazar	d letter, PACKAGE	E INSERT,	, LABEL AND PHOTO OF	PRODUCT PACK	AGING and BARCODE.					
*Please provide any additional inf	formation on page	e 2.				See new p. 3 fo	or Designa	ated Drop Ship Only.		Signature:		0	0.Venkata Su	render Reddy	/

Version 2021 For Designat	ed Drop Ship Only Products, Please Use Page 3
MATERIAL HAZ	ZARD CLASSIFICATION and TRANSPORTATION
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? No Does the product label bear a CA Prop 65 warning? No	SDS Hazard Classification Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard
c. Contact Hazard? No d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No 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	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Image: Storage Level: Is the product a NIOSH hazardous drug? No If yes, indicate which: Image: Storage Level:
c. DOT Hazard Class	Hazardous Waste Identification
d. Packing Group e. Inhalation Hazard?	EPA Hazardous Waste Code: Waste Characteristics
Is this product regulated for shipment by IATA? No	
(if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? No Is the product restricted for air shipment? If so, indicate restriction: No Is the product restricted for air shipment? If so, indicate restriction: No Is the product restricted for air shipment? If so, indicate restriction: No Is the product restricted for air shipment? If so, indicate restriction: No Is the product restricted for air shipment? If so, indicate restriction: No Is the product restricted for air shipment? If so, indicate restriction: No Is this a reportable quantity? No Is this product shipped utilizing an authorized DOT exception or Special Permit? (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4) Special Permit; DOT-SP	REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? No Website URL: No Med Guide Required No Limited Distribution Requirement No Comments / Details: (For example, iPledge program?) No REMS: No REMS Program Manager Name: No Supplier Manages REMS registry exclusively: No Wholesale distributor support: Provider Name: Site Enrollment Number assigned NCPDP#: by Supplier: NPI #:
Special Provision (listed in Column 7 of 49 CFR 172.101);	Registry: No
ADD'L STORAGE INFORMATION Is the Product	Registry Program Contact Name: Phone: Phone: Comments
Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No	RETURN INSTRUCTIONS
Controlled by State(s)? No Listed Chemical (List I or II) No ARCOS Reportable? No If yes, indicate which: Image: Control of the state of	Contact tel. # if product received damaged: Is product returnable for credit: Yes URL/Link to returns policy:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	https://eugiaus.com/policies/return-policy/
Restricted to retail pharmacy only: No Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments) No 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	hip 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
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	Type:	New Item		Fina	I Version			Date:	24.01	.2023	
			PRODUCT INFORMAT	ΓΙΟΝ						SI	PECIAL HANI	DLING AND STOR	AGE REQUIP	REMENTS*			
Company Name:	Eugia US LLC (f/	k/a AuroMedics P	harma LLC)			Applica	ation:	ANDA	a. Temperature – Indicate the USP temperature range for this				nis product.				
Application Number for NDA/AN	IDA/BLA (drug); P	MA/510(k)(med	device):	2	15237					Temperature		Controlled Room -		and 25 C (68	° – 77° F)		
Medical Device Class, if applical	ole:																
DUNS:	968961354									Other Temper		Requirement					
Proprietary Name (If Applicable) a		ame:								(write in)						
Selling Unit NDC: UDI	55150-402-25		Unit of Use NDC: CVX Code:		55150-402-01	UPC: MVX Code:	35515	0402250		Notes							
						WIVA Code:											
Description:	Gentamicin inject	ion, USP 80 mg p	per 2 mL (40 mg per mL) MDV (2	25 Vials)								to customers on ic			No		
Active Ingredient(s):																	
Active ingredient(s):									b. Contact fo	r temperature	excursion qu	estions:					
URL for Additional Product Inform	nation:	https://eugia	aus.com/products/? sft alg	phabet=m					b. contact to	Name:	execution qu		Eugia US Cu	stomer Serv	ice		
Address:	279 Princeton-Hig					Address 2:				Number:			888-238-788				
City:	East Windsor				State:	NJ	Zip:	08520		Group E-mai	l:		Customers	Service@Eu	giaUS.com		
Key Contact:					Email:	700.055.0440											
Phone Number:	888-238-7880		•		Fax:	732-355-9449			c. Special reg	gulations for pr	-				No		
Product Therapeutic Classificatio	n:	Aminoglycoside	Antibiotic							Special return	s requirement	ts for this product?			No		
		ONAL PRODUCT				PRODUCT	DESCRI	IPTION INFORMATION	d Store prod	luct (unit of sal	e) unright?				Yes		
The product in?				Direct-Ship	Only	TRODUCT	JEGON		u. Store prod	-		ala) from light?					
The product is? a legend device?		No	Is the Product Is the Product	Unit of Use				25 Vials	e. Shelf life:	Protect prod	uct (unit of sa	ale) from light?			Yes 24	Months	
if yes, enter class #		INU	Orphan Drug Status	01111 01 0 50		Size:		20 100	e. onen me:	Initial shelf li	fe at launch (if different):			24	Months	
a product kit?		No				0		80 mg per 2 mL (40									
if yes, list NDCs of			FDA Approval Status			Strength:		mg/mL) [2 mL Multi Dose				ORDER INFORM	ATION				
component parts						Dosage For	rm:	Liquid									
reverse numbered?		No								Unit of Sale			What is the				
co-licensed?		No	Allergens Present					. del e e els		Bott			1 Box of 25		,		
latex-free? preservative-free?		Yes No				Product Sh	nape:	vial pack		x Box Amp	Carton		(Write-in, e.	g. 1 Box of 1	J viais)		
correctional institution block?		No								Glas			Minimum o	der quantity	?	Yes	
opioid?		No				Product Co	olor:			Tub							
Cannabinoid?		No	Country of Origin	India		Product Im	print.	N/A		Vial	Liquid Sgl						
If Unit Dose, is item bar coded to u	init dose for					rioductini	ipinit.				Liquid Multi				ch package	type?	
hospital scanning?			Is this product covered u								Powder Sql			Each	. .		
If Unit Dose, indicate NDC here: Trade Agreements Act (TAA)? No								Power Multi er: Write In			Inner/Carton Case	/Pack					
			FOR GENERIC DRUG PR						1		er. write in		1	Case			
			FOR GENERIC DRUG FR	500013					-								
					Au	thorized Generic	*If Aut	horized Generic, other			PH	ARMACY ORDER	BILL UNIT				
I. Orange Book Rating:	AP							n fields are not applicable	Rec. sell unit	to customer?			Rx billing u	nit to pharm	acv.		
Il Generatic Equivalent to What Brand?: Gentamicin									1 Box of 25 Vials	8	1	x	Each				
		I							(Write-in, e.g	. 1 Vial)		4		Gram			
		DRUG SUF	PPLY CHAIN SECURITY ACT (DSCSA) INFO	RMATION									Milliliter			
Does supplier meet DSCSA defini	tion of manufactu	irer?	Yes	_	GLN:						ITEM	AND PACKING IN	FORMATION				
Is product exempt from DSCSA?									1			_					
If yes, select exemption:					GCP:				1	W	/eight Lbs.		ons (US msm	,	Volume (Cube)	Saleable # Pieces	
Other exemption - Write in: Is product repackaged?			No		If yos was or	iginal product			Item/Each:			Depth	Width	Height	、 /		
Is product sold by manufacturer's	s exclusive distrib	utor?	No	_		rect from mfr?			item/Lacii.		0.498	3.54	3.54	1.97	24.687	25	
Has FDA granted waiver/exceptio						ce manufacturer	for repa	ckaged product	Box/Carton/E	Bundle/							
If yes, attach documentation fro	m FDA.								Inner Pack:								
									Case:		25.998	15.551	12.007	9.645	1800.923	1200	
		(GTIN AND HIBCC PRODUCT IN	FORMATION					Pallet:								
Saleable Unit of Measure		Saleable Quantity	HIBCC		GTI	N-14		Unit of Use GTIN-14	Pallet:		1202.925	48	40	53.22	102182.4	54000	
x Item/Each	,	25				55150402250		5. III OF 050 OT IN-14									
X Box/Carton/Bundle/Inner Pack					-					COST INF	ORMATION			VHOLESALI	ER USE ONL	Y:	
x Case		48				55150402255											
X Pallet		54000			703	55150402259			Regular Cost				Vendor #:				
	-						_		Invoice Cost	(WAC) (\$)		\$68.76	Whsl. Code Fineline Co				
	-						-		As of date:	3/13	/2024		Fineline Co	ue:			
					_		-		As of uald.	3/13							
	-																
			Attach copy of SAFETY DA	TA SHEET (SI	DS) or non hazar	d letter, PACKAGE	E INSER	T, LABEL AND PHOTO OF F	PRODUCT PACK	AGING and BA	RCODE.						
*Please provide any additional inf	ormation on page	9 2.		· -				nated Drop Ship Only.		Signature:			[.Venkata Su	render Reddy	/	

Version 2021 For Designat	ted Drop Ship Only Products, Please Use Page 3					
MATERIAL HA	ZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply): a. Cytotoxic? No b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? No Is the product a CA Prop 65 reproductive toxicant? No Does the product label bear a CA Prop 65 warning? No	SDS Hazard Classification Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard					
C. Contact Hazard? No Ore this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) a. UN/Identification Number	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Image: Storage Level: Is the product a NIOSH hazardous drug? No If yes, indicate which: Image: Storage Level:					
b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? No	Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics					
Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? No	REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? No Website URL: Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"					
Is the product restricted for air shipment? If so, indicate restriction: No Passenger Cargo Passenger & Cargo	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)					
Is this a reportable quantity? No RQ Threshold: Is this a marine pollutant? No Is this product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Pervision (listed in Column 7 of 49 CFR 172.101);	REMS: No REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: Provider Name: Provider Name: DEA #: Site Enrollment Number assigned NCPDP#: by Supplier: NPI #:					
SP#	Registry: No Registry Program Contact Name: Phone:					
ADD'L STORAGE INFORMATION Is the Product	Comments					
No Controlled Substance Code Controlled by State(s)? No ARCOS Reportable? No If yes, indicate which: Schedule No.	RETURN INSTRUCTIONS Contact tel. # if product received damaged: Is product returnable for credit:					
CLASS OF TRADE RESTRICTION: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	URL/Link to returns policy: https://eugiaus.com/policies/return-policy/					
Restricted to retail pharmacy only: No Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments) No 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	hip 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
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:	New Item]	Final Vers	on		Date:	24.01	.2023
			PRODUCT INFORMAT	ION						SPECIA	HANDLING AND ST	ORAGE REQU	REMENTS*		
Company Name:	Eugia US LLC (f/	k/a AuroMedics P	harma LLC)			Applica	ation:	ANDA	a. Temperature – Indicate the USP temperature range for this pro-						
Application Number for NDA/AN	IDA/BLA (drug); F	MA/510(k)(med o	levice):	2	15237					Temperature Range		om – between 2		8° – 77° F)	
Medical Device Class, if applical	ble:														
DUNS:	968961354								-	Other Temperature	Range Requirement				
Proprietary Name (If Applicable) a		lame:								(write in)					
Selling Unit NDC: UDI	55150-403-25		Unit of Use NDC: CVX Code:		55150-403-01	UPC: MVX Code:	3551504	403257	-	Notes					
						WVX Code:			1						1
Description:	Gentamicin inject	tion, USP 800 mg	per 20 mL (40 mg per mL) MD\	/ (25 Vials)							shipped to customers			No	
Active Ingredient(c):	Active Ingredient(s): No														
Active ingredient(s).									b. Contact fo	r temperature excurs	ion questions:				
URL for Additional Product Inform	nation:	https://eugia	us.com/products/? sft alp	habet=m					b. contact ic	Name:	ion questions.	Eugia US C	ustomer Serv	/ice	
Address:	279 Princeton-Hi					Address 2:			1	Number:		888-238-78			
City:	East Windsor				State:	NJ	Zip:	08520		Group E-mail:		Customer	Service@E	ugiaUS.com	<u>1</u>
Key Contact:	000 000 7000				Email:	700 055 0440									1
Phone Number:	888-238-7880		a		Fax:	732-355-9449			c. Special reg	ulations for product	-			No	
Product Therapeutic Classificatio	n:	Aminoglycoside	Antibiotic							Special returns requ	rements for this produ	cť?		No	
		ONAL PRODUCT				PRODUCT	DESCRIP	TION INFORMATION	d Store prod	uct (unit of sale) upr	aht?			Yes	1
The product in?				Direct-Ship	Oply	TRODUCT	BLOCKIP	- Hon IN ONMATION	a. Store proc		-				1
The product is? a legend device?		No	Is the Product Is the Product	Unit of Use	Only			25 Vials	e. Shelf life:	Protect product (u	it of sale) from light?	ſ		Yes 24	Months
if yes, enter class #		טאון	Orphan Drug Status	01110 01 050		Size:	2		e. onen me:	Initial shelf life at la	unch (if different).			24	Months
a product kit?		No				Character 1	8	300 mg per 20 mL (40							1
if yes, list NDCs of			FDA Approval Status			Strength:	n	mg/mL) [20 mL Multi			ORDER INFO	RMATION			
component parts						Dosage For	rm:	_iquid							
reverse numbered?		No								Unit of Sale			NDC selling		
co-licensed?		No	Allergens Present					del a est.		Bottle			Vials (55150	,	
latex-free? preservative-free?		Yes No				Product Sh	ape: V	/ial pack		x Box/Carto Ampule		(vvrite-in, e	.g. 1 Box of 1	u viais)	
correctional institution block?		No								Glass		Minimum d	order quantit	v?	Yes
opioid?		No				Product Co	olor:			Tube			4	,	
Cannabinoid?		No	Country of Origin	India		Product Im	nrint: n	n/a		Vial Liquid	Sgl				
If Unit Dose, is item bar coded to u	unit dose for					r roddet ini	print.			Vial Liquid		If Yes, how		ich package	type?
hospital scanning?			Is this product covered u							Vial Powd			Each	<i>.</i>	
If Unit Dose, indicate NDC here: Trade Agreements Act (TAA)? No Vial Power Multi Other: Write In 1						Inner/Cartor Case	1/Pack								
			FOR GENERIC DRUG PRO						1	Other. Wit			Case		
			FOR GENERIC DRUG FRO	500013											
					Au	thorized Generic	*If Autho	orized Generic, other			PHARMACY ORD	ER / BILL UNIT			
I. Orange Book Rating:	AP							fields are not applicable	Rec. sell unit	to customer?			init to pharm	acv.	
Il Generatic Equivalent to What Brand?: Gentamicin								Box of 25 Vials		x	Each				
									(Write-in, e.g	. 1 Vial)			Gram		
		DRUG SUF	PLY CHAIN SECURITY ACT (I	DSCSA) INFO	RMATION								Milliliter		
		-	X	_											
Does supplier meet DSCSA defini	ition of manufactu	urer?	Yes	_	GLN:						ITEM AND PACKING	g informatio	N		
Is product exempt from DSCSA?							_		-						
If yes, select exemption:					GCP:				1	Weight	Lbs.	nsions (US ms	,	Volume (Cube)	Saleable # Pieces
Other exemption - Write in: Is product repackaged?			No		If yos was or	iginal product			Item/Each:	-	Depth	Width	Height	. ,	
Is product sold by manufacturer's	s exclusive distrib	outor?	No	-		rect from mfr?			item/Lacii.	2.66	9 6.93	6.93	2.99	143.594	25
Has FDA granted waiver/exceptio						ce manufacturer	for repact	kaged product	Box/Carton/E	Sundle/					
If yes, attach documentation fro	m FDA.								Inner Pack:						
									Case:	11.8	1 14.96	8.07	7.086	855.473	100
		G	GTIN AND HIBCC PRODUCT IN	FORMATION											
Saleable Unit of Measure		Saleable Quantity	HIBCC		CTI	N-14		Unit of Use GTIN-14	Pallet:	1272.0	88 48	40	54.61	104851.2	10500
x Item/Each		25	пвсс			55150403257		Offic OF OSE G TIN-14							
x Box/Carton/Bundle/Inner Pack										COST INFORM	TION		WHOLESAL	ER USE ONL	Y:
X Case		100			503	55150403252									
X Pallet	-	10500			703	55150403256			Regular Cost			Vendor #:			
[]	-						_		Invoice Cost	(WAC) (\$)	\$655	.00 Whsl. Cod			
	-						_		As of date:	2/21/2024		Fineline Co	ae:		
	-						_		As of date:	2/21/2024					
	_														
			Attach copy of SAFETY DA	TA SHEET (SF	OS) or non hazar	d letter, PACKAGE	E INSERT	LABEL AND PHOTO OF	PRODUCT PACK	AGING and BARCOD					
*Please provide any additional inf	formation on page	e 2.			.,			ated Drop Ship Only.		Signature:			D.Venkata Si	urender Redd	у
	1-9									•					

Version 2021 For Designat	ted Drop Ship Only Products, Please Use Page 3					
MATERIAL HA	ZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply): a. Cytotoxic? No b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? No Is the product a CA Prop 65 reproductive toxicant? No Does the product label bear a CA Prop 65 warning? No	SDS Hazard Classification Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard					
C. Contact Hazard? No Ore this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) a. UN/Identification Number	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Image: Storage Level: Is the product a NIOSH hazardous drug? No If yes, indicate which: Image: Storage Level:					
b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? No	Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics					
Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? No	REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? No Website URL: Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"					
Is the product restricted for air shipment? If so, indicate restriction: No Passenger Cargo Passenger & Cargo	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)					
Is this a reportable quantity? No RQ Threshold: Is this a marine pollutant? No Is this product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Pervision (listed in Column 7 of 49 CFR 172.101);	REMS: No REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: Provider Name: Provider Name: DEA #: Site Enrollment Number assigned NCPDP#: by Supplier: NPI #:					
SP#	Registry: No Registry Program Contact Name: Phone:					
ADD'L STORAGE INFORMATION	Comments					
No Controlled Substance Code Controlled by State(s)? No ARCOS Reportable? No If yes, indicate which: Schedule No.	RETURN INSTRUCTIONS Contact tel. # if product received damaged: Is product returnable for credit:					
CLASS OF TRADE RESTRICTION: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	URL/Link to returns policy: https://eugiaus.com/policies/return-policy/					
Restricted to retail pharmacy only: No Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments) No 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	hip 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
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?