

Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

	Version 2021						Introduction T	ype: N	ew Item		Final Version			Date:	5/8/2	2023	
				PRODUCT INFORMA	TION						SPECIAL HAND	DLING AND STOP	AGE REQUI	REMENTS*			
	Company Name:	Eugia US LLC (f/k	√a AuroMedics Pharn	na LLC)			Application: ANDA		a. Temperature – Indicate the USP temperature range for this product.								
Page degreg face face face face face face face face	Medical Device Class, if applicat																
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ADDETIONAL TOYON TO MAINING TO		888-238-7880					732-355-9449	732-355-9449			c. Special regulations for product in any states?				No		
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*Please provide any additional information on page 2. See new p. 3 for Designated Drop Ship Only. Signature: D.Venkata Surender Reddy	Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.																
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HDA Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2021 For Designate	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? 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? No (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)	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Is the product a NIOSH hazardous drug? Is the product a which: No					
a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? Is this product regulated for shipment by IATA? No	Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics					
(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?	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">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan=""2"Colspan="2"Colspan="2"Colspan="2"Colspan=					
Is the product restricted for air shipment? If so, indicate restriction: No Passenger Cargo Passenger & Cargo	Med Guide Required No Limited Distribution Requirement Image: Comments / Details: (For example, iPledge program?) REMS: No					
Is this a reportable quantity? RQ Threshold: Is this a marine pollutant? 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: 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 #:					
Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Registry: No					
ADD'L STORAGE INFORMATION Is the Product	Registry Program Contact Name: Phone: Comments					
Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No ARCOS Reportable? No If yes, indicate which: Image: Controlled Substance Product Image: Controlled Substance Product Schedule No. Is it a scheduled listed chemical product?: No	RETURN INSTRUCTIONS Contact tel. # if product received damaged: Is product returnable for credit: Yes					
CLASS OF TRADE RESTRICTION: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes Restricted to retail pharmacy only: No	URL/Link to returns policy: <u>https://eugiaus.com/policies/return-policy/</u>					
Restricted to retail prantice only: No Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments) No Comments: No	Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?					
MISCELLANEC	OUS NOTES and/or Image of Product Barcode:					



Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2021	FOR DESIGNATED DROP SHIP PRODUCT ONLY -	not a designated drop ship, do not complete.	
Order Method fo	r 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 Minimum Order Quantity: Supplier's Customer Service Number:	Fax Number: Fax Number: Phone No.: Site Address:	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:	Days
1 3	Name:Phone:	-	_
Expedited Freight Charge	ges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing	
Expedited freight fees billed with each order:		Overnight receipt available:	
Drop Ship service fee billed with each order:		PO Receipt cut off time:	
Drop Ship miscellaneous fees billed: Comments:			londay uesday /ednesday hursday riday
		Priority Overnight receipt available:	
Class	s of Trade Restriction:	PO Receipt Cut off time:	
No restriction: Select YES if sold to retail pha Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician of Restricted from US territories? (explain in cor Comments:		Saturday Overnight receipt available: PO Receipt Cut off time: PO Receipt Cut off time: Phone: Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:	
Other Data Info	rmation 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?	
Mi	scellaneous Notes:		
		ADDITIONAL INFORMATION	
		Is product order for scheduled patient procedure? Is product order for restocking purposes?	