

Version 2024						Introduction Type:	New Item		Final Version			Date:	08.11	1.2023
			PRODUCT INFORMA	ION					SPECIAL HAN	DLING AND STOR	AGE REQUIF	EMENTS*		
Company Name:	Fugia US LLC (f.	/k/a AuroMedics Pharm	na LLC)			Application:	ANDA	a. Temperature –	Indicate the USP tempe	rature range for th	nis product.			
Application Number for NDA/ANI						NDA 505(b) Type:			nperature Range	Controlled Room -		and 25 C (68	° – 77° F)	
Medical Device Class, if applicab														
DUNS:	968961354							Oth	er Temperature Range F	Requirement	Store between	n 2° to 25°C	(36° to 77°F).	j.
Proprietary Name (If Applicable) a		lame:							(write in)		DO NOT FR	EZE.		
Selling Unit NDC:	55150-351-01		Unit of Use NDC:		55150-351-01		50351015	Not	tes					
UDI			CVX Code:			MVX Code:								
Description:	Icatibant Injectio	n 30mg per 3mL (10mg	g/mL) Single-Dose prefilled S	Syringe (1's)				ls th	his product to be shipped	to customers on id	e?		No	1
	,		, , , ,	, , ,					his product to be shipped				No	1
Active Ingredient(s):		Icatibant												
									perature excursion que	estions:				
URL for Additional Product Inform		https://eugiaus.o	com/products/					Nar			Eugia US Cu		ce	
Address:	279 Princeton-H	ightstown Road				Address 2:	100000		mber:		888-238-788			
City:	East Windsor				State: Email:	NJ Zip:	08520	Gro	oup E-mail:		CustomerS	ervice@Eu	giaUS.com	
Key Contact: Phone Number:	888-238-7880				Fax:	732-355-9449		a Special regulati	ions for product in any	ctotoc?			No	I
Product Therapeutic Classification		Hematological Agen	*		- I ux.	732-333-3443							No	1
Product Therapeutic Classification	n:	Hematological Agen	ıı					Spe	ecial returns requirement	s for this product?			INO	I .
	ADDIT	IONAL PRODUCT INF	CORMATION			PPODUCT DESCR	RIPTION INFORMATION	d Store product (unit of sale) upright?				No	I
	ADDIT	HONAL PRODUCT IN		Discoul Object	N. I.	PRODUCT DESCR	TION IN ORMATION	1 1						1
The product is?			Is the Product	Direct-Ship C	only		1 PFS		tect product (unit of sa	le) from light?			Yes	
a legend device? if yes, enter class #		No	Is the Product Orphan Drug Status	Unit Dose Approved		Size:	I PFO	e. Shelf life:	ial shelf life at launch (i	f different\:			24	Months Months
a product kit?		No	Orphan Drug Status	Approved			30 mg per 3 mL (10		iai Sileii ille at iaulicii (i	i dillerentj.				WIOTILIS
if yes, list NDCs of		140	FDA Approval Status			Strength:	mg/mL)			ORDER INFORM	ATION			
component parts			Approved for Orphan Ind	cation			Solution							
reverse numbered?		No	11			Dosage Form:		Uni	it of Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present				-		Bottle		55150-351-0	1		
latex-free?		Yes				Product Shape:	PFS		x Box/Carton		(Write-in, e.	. 1 Box of 10	Vials)	
preservative-free?		Yes				r rounct onape.			Ampule					
correctional institution block?		No				Product Color:	Clear		Glass		Minimum or	der quantity	?	Yes
opioid?		No							Tube					
Cannabinoid?	and the same from	No	Country of Origin	Indai		Product Imprint:			Vial Liquid Sgl		W. W			
If Unit Dose, is item bar coded to unhospital scanning?	unit dose for	Yes	la thia anadust saucerd o						Vial Liquid Multi Vial Powder Sql		If Yes, now	nany or whice Each	ch package t	.ype?
If Unit Dose, indicate NDC here:		55150-351-01	Is this product covered u Trade Agreements Act (1	AA)?	No				Vial Powder Sqi Vial Power Multi			Each Inner/Carton	/Pack	
ii onii bose, indicate Nbo nere.		33130 331 01	Trade rigidements rick (1		140				Other: Write In		1	Case	ii dok	
			FOR GENERIC DRUG PR	DUCTS										
											1			
					Aut	horized Generic *If Au	thorized Generic, other		PH	ARMACY ORDER	/ BILL UNIT			
I. Orange Book Rating: AP				section	on fields are not applicable	Rec. sell unit to cu	Rec. sell unit to customer? Rx billing unit to pharmacy:							
II. Generic Equivalent to What Brand?: Firazyr							1 PFS	1	X	Each	.cy.			
		,						(Write-in, e.g. 1 Vi				Gram		
		DRUG SUPPL	Y CHAIN SECURITY ACT (DSCSA) INFO	RMATION			HCPCS J-Code:	•			Milliliter		
Does supplier meet DSCSA definit	ition of manufactu	urer?	Yes		GLN:				ITEM	AND PACKING IN	IFORMATION			
Is product exempt from DSCSA?			No											
If yes, select exemption:					GCP:				Weight Lbs.	Dimensi	ons (US msm	ts.)	Volume	Saleable #
Other exemption - Write in:									weight Lus.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No			ginal product purchased		Item/Each:	0.097	6.89	1.38	1.77	16.830	1
Is product sold by manufacturer's			No		direct from m									
Has FDA granted waiver/exception					Provide source	e manufacturer for repa	ckaged product	Box/Carton/Bundl	1.393	6.14	5.94	7.72	281.561	12
		oroduct?												
If yes, attach documentation from		oroduct?											840.473	24
			N AND HIBCC PRODUCT IS	IEOPMATION				Case:	3.705	13.188	6.889	9.251		
			N AND HIBCC PRODUCT IN	IFORMATION				Case:						2400
	m FDA.	GTII		IFORMATION	GTII	V-14	Unit of Use GTIN-14		3.705 403.529	13.188 48	6.889	9.251 51.26	98419.2	
If yes, attach documentation from		GTII	N AND HIBCC PRODUCT IN	IFORMATION	GTI	N-14	Unit of Use GTIN-14	Case:					98419.2	
If yes, attach documentation from	m FDA.	GTII Saleable		IFORMATION		N-14 55150351015	Unit of Use GTIN-14	Case: Pallet:	403.529		40	51.26		
If yes, attach documentation from	m FDA.	Saleable Quantity 1 12		IFORMATION	0035 3035	55150351015 55150351016	Unit of Use GTIN-14	Case: Pallet:			40	51.26	98419.2 ER USE ONL	
If yes, attach documentation from Saleable Unit of Measure X	m FDA.	Saleable Quantity 1 12 24		IFORMATION	0038 3038 5038	55150351015 55150351016 55150351010	Unit of Use GTIN-14	Case: Pallet:	403.529		40	51.26		
If yes, attach documentation from Saleable Unit of Measure X Item/Each X Box/Carton/Bundle/Inner Pack	m FDA.	Saleable Quantity 1 12		IFORMATION	0038 3038 5038	55150351015 55150351016	Unit of Use GTIN-14	Case: Pallet: Regular Cost	403.529	48	40 Vendor #:	51.26 VHOLESALE		
If yes, attach documentation from Saleable Unit of Measure X Item/Each X Box/Carton/Bundle/Inner Pack X Case	m FDA.	Saleable Quantity 1 12 24		IFORMATION	0038 3038 5038	55150351015 55150351016 55150351010	Unit of Use GTIN-14	Case: Pallet:	403.529	48	40 Vendor #: Whsl. Code	51.26 VHOLESALE		
Saleable Unit of Measure X Item/Each X Box/Carton/Bundle/Inner Pack X Case	m FDA.	Saleable Quantity 1 12 24		IFORMATION	0038 3038 5038	55150351015 55150351016 55150351010	Unit of Use GTIN-14	Regular Cost Invoice Cost (WAG	403.529 COST INFORMATION C) (\$)	48	40 Vendor #:	51.26 VHOLESALE		
Saleable Unit of Measure X Item/Each X Box/Carton/Bundle/Inner Pack X Case	m FDA.	Saleable Quantity 1 12 24		IFORMATION	0038 3038 5038	55150351015 55150351016 55150351010	Unit of Use GTIN-14	Case: Pallet: Regular Cost	403.529	48	40 Vendor #: Whsl. Code	51.26 VHOLESALE		
Saleable Unit of Measure X Item/Each X Box/Carton/Bundle/Inner Pack X Case	m FDA.	Saleable Quantity 1 12 24		IFORMATION	0038 3038 5038	55150351015 55150351016 55150351010	Unit of Use GTIN-14	Regular Cost Invoice Cost (WAG	403.529 COST INFORMATION C) (\$)	48	40 Vendor #: Whsl. Code	51.26 VHOLESALE		
Saleable Unit of Measure X Item/Each X Box/Carton/Bundle/Inner Pack X Case	m FDA.	Saleable Quantity 1 12 24	HIBCC		0038 3038 5038 7038	55150351015 55150351016 55150351010 55150351014	Unit of Use GTIN-14	Regular Cost Invoice Cost (WAC	403.529 COST INFORMATION C) (\$) 5/8/2025	48	40 Vendor #: Whsl. Code	51.26 VHOLESALE		



Version 2024

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZ	ARD CLASSIFICATION and TRANSPORTATION
Is this product (check all that apply):	
a. Cytotoxic?	SDS Hazard Classification
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	
Is the product a CA Prop 65 carcinogen?	Organic Corrosive
Is the product a CA Prop 65 reproductive toxicant?	Inorganic Oxidizer
Does the product label bear a CA Prop 65 warning?	Steroid/Androgen Contact Hazard
c. Contact Hazard?	Does the product have an Aerosol class? If yes, No
d. Does this product require special clean-up instructions?	identify NFPA Storage Level:
(If yes, attach SDS with special instructions.)	NFPA Storage Level:
e. Does the product contain DEHP?	
Is this product regulated for shipment by DOT?	Is the product a NIOSH hazardous drug?
(if yes, answer a-e below and provide SDS)	If yes, indicate which:
a. UN/Identification Number	ii yes, indicate which.
b. Proper Shipping Name	
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?	
(if yes, answer a-e below and provide SDS)	REMS or REGISTRY RESTRICTIONS
a. UN/Identification Number	KEIIIO O REGIONA REGIONO
b. Proper Shipping Name	Is there a REMS on this product?
c. DOT Hazard Class	If Yes, is it managed with a pharmacy registry?
d. Packing Group	Website URL:
e. Inhalation Hazard?	, social division of the second of the secon
Is the product restricted for air shipment? If so, indicate restriction:	Med Guide Required No
Passenger	Limited Distribution Requirement No
Cargo	Comments / Details: (For example, iPledge program?)
Passenger & Cargo	Confinence / Details. (Lot example, in leage programs)
	7-10
Is this a reportable quantity? No	REMS:
RQ Threshold: Is this a marine pollutant? No	REMS Program Manager Name: Phone:
Is this a marine pollutant? No Is this product shipped utilizing an authorized DOT exception or Special Permit?	Supplier Manages REMS registry exclusively: Wholesale distributor support:
No (if yes, identify method below)	Provider Name: DEA #:
Limited Quantity	Site Enrollment Number assigned NCPDP#:
Consumer Commodity, ORM-D	by Supplier: NPI #:
Small Quantity (49 CFR 173.4)	ву опружения
Special Permit; DOT-SP	Comments
Special Provision (listed in Column 7 of 49 CFR 172.101);	
SP#	Registry:
<u> </u>	Registry Program Contact Name: Phone:
ADD'L STORAGE INFORMATION	Registry Program Contact Name: Phone.
	Comments
Is the Product	RETURN INSTRUCTIONS
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:	Contact tel. # if product received damaged:
Schedule No. Is it a scheduled listed chemical product?:	
	Is product returnable for credit:
CLASS OF TRADE RESTRICTION:	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:	Special regulations or returns requirements for this
Restricted to hospital, clinics, and physician offices only:	product in certain states?
Restricted from US territories? (explain in comments)	If so, which states? Other requirements? Comments?
Comments:	
MISCELLANIC	DUS NOTES and/or Image of Product Barcode:
	NOTES and/or linage or Froduct Barcode.



Version 2024

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 Sumber: Phone No.:	Shipping lead time of PO: Hours Days
e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Phone:	Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Charges 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:	Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday
	Priority Overnight receipt available:
Class of Trade Restriction:	PO Receipt Cut off time:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # 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 restocking purposes?



Version 2024						Introduction Type:	New Item		Final Version			Date:	08.11.	2023
			PRODUCT INFORMAT	TION					SPECIAL HAN	DLING AND STOR	AGE REQUI	REMENTS*		
Company Name:	Eugia US LLC (f.	/k/a AuroMedics Pharn	na LLC)			Application:	ANDA	a. Temperature – I	Indicate the USP tempe	rature range for th	nis product.			
Application Number for NDA/AN						NDA 505(b) Type:			nperature Range	Controlled Room -		and 25 C (68	° – 77° F)	
Medical Device Class, if applical														
DUNS:	968961354							Oth	er Temperature Range F	Requirement	Store between	en 2° to 25°C	(36° to 77°F).	
Proprietary Name (If Applicable) a		lame:							(write in)		DO NOT FR	EEZE.		
Selling Unit NDC:	55150-351-03		Unit of Use NDC:		55150-351-01		50351039	Not	es					
UDI			CVX Code:			MVX Code:								
Description:	Icatibant Injection	n 30mg per 3mL (10mg	g/mL) Single-Dose prefilled S	Syringe (3's)				Is th	nis product to be shipped	to customers on ic	e?		No	
								ls th	nis product to be shipped	to customers on d	ry ice?		No	
Active Ingredient(s):		Icatibant												
									perature excursion que	estions:	F ' - 110 0			
URL for Additional Product Inform Address:	nation: 279 Princeton-Hi	https://eugiaus.o	com/products/		1	Address 2:		Nar	ne: mber:		Eugia US Cu 888-238-788		ce	
City:	East Windsor	ignisiown road			State:		08520		oup E-mail:		Customer		gial IS com	
Key Contact:	Luot Williado.				Email:	Lip.	00020	0.0	oup E main.		Customers	ici vice (w Lu	giaOJ.COIII	
Phone Number:	888-238-7880				Fax:	732-355-9449		c. Special regulati	ions for product in any	states?			No	
Product Therapeutic Classification	n:	Hematological Ager	nt					Spe	ecial returns requirement	s for this product?			No	
·					1				•	•				
	ADDIT	IONAL PRODUCT IN	FORMATION			PRODUCT DESCR	RIPTION INFORMATION	d. Store product (unit of sale) upright?				No	
The product is?			Is the Product	Direct-Ship C	Only			1 1	tect product (unit of sa	le) from liaht?			Yes	
a legend device?		No	Is the Product	Unit Dose		Size:	1 PFS	e. Shelf life:		,			24	Months
if yes, enter class #			Orphan Drug Status	Approved		Size:		Initi	ial shelf life at launch (i	f different):				Months
a product kit?		No				Strength:	30 mg per 3 mL (10							
if yes, list NDCs of			FDA Approval Status				mg/mL)			ORDER INFORM	IATION			
component parts reverse numbered?		lat.	Approved for Orphan Ind	ication		Dosage Form:	Solution	11-1	t of Sale		What is the	NDC colling	unit?	
co-licensed?		No No	Allergens Present					Uni	Bottle		55150-351-0		unitr	
latex-free?		Yes	Allergens Fresent				PFS		x Box/Carton			g. 1 Box of 10) Vials)	
preservative-free?		Yes				Product Shape:			Ampule		(g	,	
correctional institution block?						Product Color:	Clear		Glass		Minimum or	der quantity	?	Yes
opioid?		No				Product Color:			Tube					
Cannabinoid?		No	Country of Origin	India		Product Imprint:			Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for								Vial Liquid Multi		If Yes, how		ch package t	ype?
hospital scanning?		Yes	Is this product covered u	nder the	N.				Vial Powder Sql			Each	/D I	
If Unit Dose, indicate NDC here:		55150-351-01	Trade Agreements Act (T	AA)?	No				Vial Power Multi Other: Write In		1	Inner/Carton Case	Pack	
			FOR GENERIC DRUG PRO	DUIGTO					Other. Write in		1	Case		
			FOR GENERIC DRUG PRO	DDUCIS										
					Aut	horized Generic *If Au	thorized Generic, other		PH	ARMACY ORDER	/ BILL UNIT			
I Oranga Book Pating	AP				7.0		on fields are not applicable	Rec. sell unit to cu			Rx billing u	nit to pharms	ocv:	
I. Orange Book Rating: II. Generic Equivalent to What Brand?: Firazyr							1 PFS	1	X Dilling u	Each	icy.			
III Gonono Equitationi to Tinat Eta								(Write-in, e.g. 1 Via		I		Gram		
		DRUG SUPPL	Y CHAIN SECURITY ACT (DSCSA) INFO	RMATION			HCPCS J-Code:				Milliliter		
				_								'		
Does supplier meet DSCSA defini	tion of manufactu	ırer?	Yes	_	GLN:				ITEN	AND PACKING IN	IFORMATIO	N .		
Is product exempt from DSCSA?			No											
If yes, select exemption:					GCP:				Weight Lbs.		ons (US msn			Saleable #
Other exemption - Write in:			Na							Depth	Width	Height	(Cube)	Pieces
Is product repackaged? Is product sold by manufacturer's	ovoluoise diet-"	utor2	No No	-	If yes, was or direct from m	ginal product purchased		Item/Each:	0.331	4.53	1.97	7.48	66.752	3
Has FDA granted waiver/exception			140			e manufacturer for repa	ckaged product	Box/Carton/Bundl	ol.					
If yes, attach documentation from		nouuct:			r rovide sourc	e manuracturer for repa	ckageu product	Inner Pack:	1.551	8.7	5.16	8.31	373.053	12
,,								Case:	4.000	44 447	0.045	0.040	4000 774	0.4
								1	4.022	11.417	9.645	9.842	1083.771	24
		GTII	N AND HIBCC PRODUCT IN	IFORMATION									104083.2	1920
				IFORMATION				Pallet:	354 775	48	40	54 21		1020
Saleable Unit of Measure	RFID tag(Y/N)	Saleable	N AND HIBCC PRODUCT IN	IFORMATION	GTII	N-14	Unit of Use GTIN-14	Pallet:	354.775	48	40	54.21		
	RFID tag(Y/N)	Saleable Quantity		IFORMATION			Unit of Use GTIN-14	Pallet:	354.775	48	40	54.21		
x Item/Each	RFID tag(Y/N)	Saleable Quantity		IFORMATION	0035	55150351039	Unit of Use GTIN-14			48				γ·
X Item/Each X Box/Carton/Bundle/Inner Pack	RFID tag(Y/N)	Saleable Quantity 3 12		IFORMATION	0035 3035	55150351039 55150351030	Unit of Use GTIN-14		354.775 COST INFORMATION	48			ER USE ONL'	Y:
x Item/Each x Box/Carton/Bundle/Inner Pack x Case	RFID tag(Y/N)	Saleable Quantity		IFORMATION	0038 3038 5038	55150351039 55150351030 55150351034	Unit of Use GTIN-14			48				Y:
X Item/Each X Box/Carton/Bundle/Inner Pack	RFID tag(Y/N)	Saleable Quantity 3 12 24		IFORMATION	0038 3038 5038	55150351039 55150351030	Unit of Use GTIN-14		COST INFORMATION			WHOLESALI		Y:
x Item/Each x Box/Carton/Bundle/Inner Pack x Case	RFID tag(Y/N)	Saleable Quantity 3 12 24		IFORMATION	0038 3038 5038	55150351039 55150351030 55150351034	Unit of Use GTIN-14	Regular Cost Invoice Cost (WAC	COST INFORMATION		Vendor #:	WHOLESALI		f:
x Item/Each x Box/Carton/Bundle/Inner Pack x Case	RFID tag(Y/N)	Saleable Quantity 3 12 24		IFORMATION	0038 3038 5038	55150351039 55150351030 55150351034	Unit of Use GTIN-14	Regular Cost	COST INFORMATION		Vendor #: Whsl. Code	WHOLESALI		f:
x Item/Each x Box/Carton/Bundle/Inner Pack x Case	RFID tag(Y/N)	Saleable Quantity 3 12 24		IFORMATION	0038 3038 5038	55150351039 55150351030 55150351034	Unit of Use GTIN-14	Regular Cost Invoice Cost (WAC	COST INFORMATION		Vendor #: Whsl. Code	WHOLESALI		Y:
x Item/Each x Box/Carton/Bundle/Inner Pack case	RFID tag(Y/N)	Saleable Quantity 3 12 24	HIBCC		0038 3038 5038 7038	55150351039 56150351030 55150351034 55150351038	Unit of Use GTIN-14	Regular Cost Invoice Cost (WAC As of date:	COST INFORMATION C) (\$) 5/8/2025		Vendor #: Whsl. Code	WHOLESALI		r:



Version 2024

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZ	ARD CLASSIFICATION and TRANSPORTATION
Is this product (check all that apply):	
a. Cytotoxic?	SDS Hazard Classification
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	
Is the product a CA Prop 65 carcinogen?	Organic Corrosive
Is the product a CA Prop 65 reproductive toxicant?	Inorganic Oxidizer
Does the product label bear a CA Prop 65 warning?	Steroid/Androgen Contact Hazard
c. Contact Hazard?	Does the product have an Aerosol class? If yes, No
d. Does this product require special clean-up instructions?	identify NFPA Storage Level:
(If yes, attach SDS with special instructions.)	NFPA Storage Level:
e. Does the product contain DEHP?	
Is this product regulated for shipment by DOT?	Is the product a NIOSH hazardous drug?
(if yes, answer a-e below and provide SDS)	If yes, indicate which:
a. UN/Identification Number	ii yes, indicate which.
b. Proper Shipping Name	
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?	
(if yes, answer a-e below and provide SDS)	REMS or REGISTRY RESTRICTIONS
a. UN/Identification Number	KEIIIO O REGIONA REGIONO
b. Proper Shipping Name	Is there a REMS on this product?
c. DOT Hazard Class	If Yes, is it managed with a pharmacy registry?
d. Packing Group	Website URL:
e. Inhalation Hazard?	The state of the
Is the product restricted for air shipment? If so, indicate restriction:	Med Guide Required No
Passenger	Limited Distribution Requirement No
Cargo	Comments / Details: (For example, iPledge program?)
Passenger & Cargo	Comments / Details. (For example, in ledge program:)
	7
Is this a reportable quantity? No RQ Threshold:	REMS: No REMS Program Manager Name: Phone:
Is this a marine pollutant? No	Supplier Manages REMS registry exclusively:
Is this product shipped utilizing an authorized DOT exception or Special Permit?	Wholesale distributor support:
No (if yes, identify method below)	Provider Name: DEA #:
Limited Quantity	Site Enrollment Number assigned NCPDP#:
Consumer Commodity, ORM-D	by Supplier: NPI #:
Small Quantity (49 CFR 173.4)	у сърган
Special Permit; DOT-SP	Comments
Special Provision (listed in Column 7 of 49 CFR 172.101);	
SP# SP#	Registry:
	Registry Program Contact Name: Phone:
ADD'L STORAGE INFORMATION	Comments
Is the Product Controlled Substance Code	RETURN INSTRUCTIONS
Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No	RETORN INSTRUCTIONS
ARCOS Reportable? No If yes, indicate which:	Contact tel. # if product received damaged:
Schedule No. Is it a scheduled listed chemical product?:	
	Is product returnable for credit:
CLASS OF TRADE RESTRICTION:	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:	Special regulations or returns requirements for this
Restricted to hospital, clinics, and physician offices only:	product in certain states?
Restricted from US territories? (explain in comments)	If so, which states? Other requirements? Comments?
Comments:	
_ MOSELL ME	DUS NOTES and/or Image of Product Barcode:
MISCELLANEC	TOS NOTES and/or finage of Product Barcode:



Version 2024

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 Sumber: Phone No.:	Shipping lead time of PO: Hours Days
e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Phone:	Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Charges 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:	Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday
	Priority Overnight receipt available:
Class of Trade Restriction:	PO Receipt Cut off time:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # 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 restocking purposes?