

					Introduction	Type: New Item		Final Version			Date:	12/9/	
			PRODUCT INFORMAT	TION				SPECIAL HAND	LING AND STOR	AGE REQUIF	REMENTS*		
Company Name:	Eugia US LLC (f/	k/a Auromedics I	Pharma LLC)		Applica	tion: ANDA	a. Temperatu	re - Indicate the USP tempe	rature range for t	his product.			
Application Number for NDA/AN				212824					Controlled Room -		and 25 C (68	3° – 77° F)	
Medical Device Class, if applicat			•					,					
DUNS:	968961354							Other Temperature Range F	Requirement	Store at 20°	to 25°C (68°	to 77°F) [see	USP
Proprietary Name (If Applicable) a	and Established N	ame:						(write in)		Controlled R	toom Temper	ature].	
Selling Unit NDC:	55150-329-01		Unit of Use NDC:	55150-32		355150329014		Notes					
UDI			CVX Code:		MVX Code:								
Description:	medroxyPROGES	STERone Acetat	e Injectable Suspension, USP 15	0 mg per mL				Is this product to be shipped	to customers on ic	ce?		No	1
Active Ingredient(s):								Is this product to be shipped	I to customers on d	lry ice?		No	
							b. Contact fo	r temperature excursion que	estions:				
URL for Additional Product Inform		eugiaus.com						Name:		Kevin Cagne			
Address: City:	279 Princeton-Hig East Windsor	Jilislowii Road		State	Address 2: e: NJ	Zip: 08520		Number: Group E-mail:		732.839.940	DEugiaUS.c	om	
Key Contact:	Lust Willuson			Ema		ice@eugiaus.com		Group E-mail.		KCagnetti	vLugiaU3.C	<u>UIII</u>	
Phone Number:	888-238-7880			Fax	CUSCOTTICISCIA	iceta-cugiaus.com	c. Special reg	gulations for product in any	states?			No	1
Product Therapeutic Classificatio	on:	Antineoplastic	s, Hormones, Progestins					Special returns requirements				No	
•			-										.1
	ADDITI	ONAL PRODUC	T INFORMATION		PRODUCT	DESCRIPTION INFORMATION	d. Store prod	luct (unit of sale) upright?				No	1
The product is?			Is the Product	Direct-Ship Only				Protect product (unit of sa	ale) from liaht?				Ī
a legend device?		No	Is the Product	Neither	0:	Single-Dose Vial	e. Shelf life:		.,			24	Months
if yes, enter class #			Orphan Drug Status		Size:	_		Initial shelf life at launch (i	if different):				Months
a product kit?		No			Strength:	150 mg per mL							
if yes, list NDCs of			FDA Approval Status		. J.				ORDER INFORM	ATION			
component parts		I.			Dosage For	m: liquid				14/14 !- 41	NDO III	140	
reverse numbered? co-licensed?		No No	Allermana Dresent					Unit of Sale Bottle		55150-329-0	NDC selling	unit?	
latex-free?		Yes	Allergens Present		1	Single-Dose Vial		x Box/Carton			g. 1 Box of 1	η Vials)	
preservative-free?		Yes			Product Sh	ape:		Ampule		(**************************************	g. I box of I	o vidio)	
correctional institution block?		No			Burndan On			Glass		Minimum o	rder quantity	/?	Yes
opioid?		No			Product Co	ior:		Tube					
Cannabinoid?		No	Country of Origin		Product Im	orint.		Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for							Vial Liquid Multi		If Yes, how	many of wh	ich package	type?
hospital scanning?													
			Is this product covered u		1			Vial Powder Sql			Each	(D.)	
If Unit Dose, indicate NDC here:			Is this product covered u Trade Agreements Act (Vial Power Multi			Inner/Carton	/Pack	
If Unit Dose, Indicate NDC here:			Trade Agreements Act (TAA)?						1		/Pack	
If Unit Dose, Indicate NDC here:				TAA)?				Vial Power Multi		1	Inner/Carton	/Pack	
If Unit Dose, indicate NDC here:			Trade Agreements Act (TAA)?	Authorized Generic	*If Authorized Generic, other		Vial Power Multi Other: Write In	ARMACY ORDER		Inner/Carton	/Pack	
	AD		Trade Agreements Act (TAA)?	Authorized Generic	*If Authorized Generic, other section fields are not applicab	le Rec sell unit	Vial Power Multi Other: Write In	ARMACY ORDER	/ BILL UNIT	Inner/Carton Case		
I. Orange Book Rating:	AP	Depo-Provera	Trade Agreements Act (** FOR GENERIC DRUG PRO	TAA)?	Authorized Generic		le Rec. sell unit	Vial Power Multi Other: Write In PHA to customer?	ARMACY ORDER	/ BILL UNIT Rx billing u	Inner/Carton Case		
		Depo-Provera	Trade Agreements Act (TAA)?	Authorized Generic		Rec. sell ulli	Vial Power Multi Other: Write In PHA to customer? 1 vial	ARMACY ORDER	/ BILL UNIT	Inner/Carton Case		
I. Orange Book Rating:			Trade Agreements Act (** FOR GENERIC DRUG PRO	DDUCTS	Authorized Generic		Rec. sell unit	Vial Power Multi Other: Write In PHA to customer? 1 vial	ARMACY ORDER	/ BILL UNIT Rx billing u	Inner/Carton Case nit to pharm		
I. Orange Book Rating: II. Generic Equivalent to What Bra	and?:	DRUG SU	FOR GENERIC DRUG PRO	DSCSA) INFORMATION	Authorized Generic		Rec. sell ulli	Vial Power Multi Other: Write In PHA to customer? 1 vial .1 Vial)		/ BILL UNIT Rx billing u x	Inner/Carton Case nit to pharm Each Gram Milliliter		
I. Orange Book Rating: II. Generic Equivalent to What Bra	and?:	DRUG SU	Trade Agreements Act (FOR GENERIC DRUG PRO Injectable Suspension PPLY CHAIN SECURITY ACT (II Yes	DDUCTS	Authorized Generic		Rec. sell ulli	Vial Power Multi Other: Write In PHA to customer? 1 vial .1 Vial)	ARMACY ORDER	/ BILL UNIT Rx billing u x	Inner/Carton Case nit to pharm Each Gram Milliliter		
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I. Orange Book Rating: II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio	and?: ition of manufacto s exclusive distrib	DRUG SU urer? utor? uroduct?	Trade Agreements Act (FOR GENERIC DRUG PRO Injectable Suspension PPLY CHAIN SECURITY ACT (I Yes No No	DSCSA) INFORMATION GLN: GCP: If yes, w: purchase Provide:	as original product	section fields are not applicab	(Write-in, e.g	Vial Power Multi Other: Write In PHA Ito customer? 1 vial .1 Vial) ITEM Weight Lbs. 0.0616 3undle/ 2.306 10.411	AND PACKING IN Dimensic Depth 1.42	Rx billing u x x IFORMATION Ons (US msn Width 1.26	inner/Carton Case nit to pharm Each Gram Milliliter Ints.) Height 2.36	Volume (Cube) 4.222512 270.75705 1612.4039	1 36 144
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Version 2021

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

For Designated Drop Ship Only Products, Please Use Page 3

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



Version 2021

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

Order Method t	or Designated Drop Ship Product	Standard Order Receipt and Processi	ng
Purchase orders may be accepted by: a. EDI		Purchase order daily receipt cut off time by supplier Cut off time:	
b. Autofax	Fax Number:	out on unio.	
c. Fax	Fax Number:	Shipping lead time of PO:	Days
d. Phone only	Phone No.:		
e. Supplier Web Site only	Site Address:	Ships same day for next day receipt:	
Minimum Order Quantity:		Ships for second day receipt:	
Supplier's Customer Service Number:		Ships regular ground for 3-10 days receipt:	
Contracted 3PL company / contact #:	Name:		
	Phone:		
Expedited Freight Cha	rges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Proce	essing
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:		Days of week overnight is available:	Monday
Comments:			Tuesday
			Wednesday
			Thursday
			Friday
		Priority Overnight receipt available:	
Clas	ss of Trade Restriction:	PO Receipt Cut off time:	
No restriction: Select YES if sold to retail ph	armacy, hospitals, clinics and physician offices	Saturday Overnight receipt available:	
Restricted to retail pharmacy only:		PO Receipt Cut off time:	
Restricted to hospital, clinics, and physician		Order receipt method: Phone #:	
Restricted from US territories? (explain in co	omments)	Fax:	
Comments:		EDI:	
		Overnight Fees apply: Other fees apply:	
		,	
	ormation Required to Process PO:	Return Instructions	
Patient Procedure Date:		Contact # if product is received damaged:	
Physician Name:		Is product returnable for credit:	
Physician/Clinic Phone # Physician State License #		URL/Link to returns policy:	
Physician/Clinic DEA #:		Special regulations or returns requirements for this product in certa	nin states?
Physician/Clinic Specialty:		If so, which states? Other requirements? Comments?	
	liscellaneous Notes:		
		ADDITIONAL INFORMATION	
		Is product order for scheduled patient procedure?	
		Is product order for restocking purposes?	



						Introduction Ty	pe: New Item		Final Version			Date:	12/9/	
			PRODUCT INFORMAT	ION					SPECIAL HAND	LING AND STORA	AGE REQUI	REMENTS*		
Company Name:	Auromedics Phar	ma LLC				Application	n: ANDA	a. Temperature	- Indicate the USP tempe	rature range for th	his product.			
Application Number for NDA/AN			ce):	21	12824					Controlled Room -		and 25 C (68	8° – 77° F)	
Medical Device Class, if applical		() (·						,					
DUNS:	968961354							_	Other Temperature Range F	Requirement	Store at 20°	to 25°C (68°	to 77°F) [see	USP
Proprietary Name (If Applicable) a	and Established N	ame:							(write in)		Controlled F	oom Temper	ature].	
Selling Unit NDC:	55150-329-25		Unit of Use NDC:		55150-329-25		55150329250		Notes					
UDI			CVX Code:			MVX Code:								
Description:	medroxyPROGES	STERone Acetate Inje	ctable Suspension, USP 15	0 mg per mL 2	5 's				s this product to be shipped	to customers on ic	ce?		No	
									s this product to be shipped	to customers on d	ry ice?		No	
Active Ingredient(s):								11						
UDI for Additional Decide to be form								_	emperature excursion que		K i O	. 44!		
URL for Additional Product Inform Address:	279 Princeton-Hig	eugiaus.com				Address 2:		_	Name: Number:		Kevin Cagn 732.839.940			
City:	East Windsor	, noto mi i toda			State:		Zip: 08520	_	Group E-mail:			EugiaUS.c	om	
Key Contact:					Email:	customerservice								
Phone Number:	888-238-7880				Fax:			c. Special regu	lations for product in any	states?			No	
Product Therapeutic Classificatio	on:	Antineoplastics, Hor	mones, Progestins						Special returns requirement	s for this product?			No	
					_									
	ADDITIO	ONAL PRODUCT INF	ORMATION			PRODUCT DE	SCRIPTION INFORMATION	d. Store produc	ct (unit of sale) upright?				No	
The product is?			Is the Product	Direct-Ship	Only				Protect product (unit of sa	le) from light?				
a legend device?		No	Is the Product	Neither		Size:	Single-Dose Vial	e. Shelf life:					24	Months
if yes, enter class #		T	Orphan Drug Status				450		Initial shelf life at launch (i	f different):				Months
a product kit? if yes, list NDCs of		No	EDA Ammenial Status			Strength:	150 mg per mL			ORDER INFORM	ATION			
component parts			FDA Approval Status				liquid			ORDER IN ORM	ATION			
reverse numbered?		No				Dosage Form:	quiu		Unit of Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present					'll [Bottle		55150-329-2			
latex-free?		Yes				Product Shape	Single-Dose Vial		x Box/Carton		(Write-in, e	g. 1 Box of 1	0 Vials)	
preservative-free?		Yes				1 Todact Onap	,·		Ampule					
correctional institution block?		No				Product Color	:		Glass		Minimum o	rder quantity	?	Yes
opioid? Cannabinoid?		No	Country of Origin					-	Tube Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for	No	Country of Origin			Product Impri	nt:		Vial Liquid Sgi Vial Liquid Multi		If Yes how	many of wh	ch nackage	tyne?
hospital scanning?	unit dosc for		Is this product covered u	nder the				'II	Vial Powder Sql		100,	Each	on puonago	.,,,,,,
If Unit Dose, indicate NDC here:			Trade Agreements Act (Vial Power Multi			Inner/Carton	/Pack	
									Other: Write In		1	Case		
			FOR GENERIC DRUG PRO	DDUCTS					Other: Write In		1	Case		
			FOR GENERIC DRUG PRO	DDUCTS								Case		
			FOR GENERIC DRUG PRO	DDUCTS	Aut		If Authorized Generic, other		PH.	RMACY ORDER /		Case		
I. Orange Book Rating:	AP			DDUCTS	Aut		If Authorized Generic, other rection fields are not applicable	Rec. sell unit to	PHA o customer?	RMACY ORDER /	BILL UNIT	nit to pharm	acy:	
I. Orange Book Rating: II. Generic Equivalent to What Bra		Depo-Provera Inject		DDUCTS	Auf				PHA o customer? 1 vial	RMACY ORDER /	BILL UNIT	nit to pharm Each	асу:	
		Depo-Provera Inject	table Suspension					Rec. sell unit to	PHA o customer? 1 vial	RMACY ORDER /	Rx billing u	nit to pharm Each Gram	асу:	
		Depo-Provera Inject							PHA o customer? 1 vial	RMACY ORDER /	BILL UNIT	nit to pharm Each	acy:	
	and?:	Depo-Provera Inject	table Suspension						PHA o customer? 1 vial Vial)	RMACY ORDER /	Rx billing u	nit to pharm Each Gram Milliliter	acy:	
II. Generic Equivalent to What Bra	and?:	Depo-Provera Inject	able Suspension CHAIN SECURITY ACT (I		RMATION				PHA o customer? 1 vial Vial)		Rx billing u	nit to pharm Each Gram Milliliter	acy:	
II. Generic Equivalent to What Bra	and?:	Depo-Provera Inject	table Suspension CHAIN SECURITY ACT (I		RMATION				PHA customer? 1 vial Vial)	AND PACKING IN	Rx billing u	nit to pharm Each Gram Milliliter	acy:	Saleable#
II. Generic Equivalent to What Braden	and?:	Depo-Provera Inject	table Suspension CHAIN SECURITY ACT (I Yes No		RMATION GLN: GCP:	•		(Write-in, e.g. 1	PHA o customer? 1 vial Vial)	AND PACKING IN	Rx billing u	nit to pharm Each Gram Milliliter		Saleable # Pieces
II. Generic Equivalent to What Brade Does supplier meet DSCSA definits product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged?	and?: ition of manufactu	Depo-Provera Inject DRUG SUPPLY	table Suspension CHAIN SECURITY ACT (I Yes No		GLN: GCP: If yes, was or	iginal product			PHA customer? 1 vial Vial)	AND PACKING IN Dimensic	Rx billing u x x FORMATIO	nit to pharm Each Gram Milliliter	Volume	
Does supplier meet DSCSA definits product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: iition of manufactu	Depo-Provera Inject DRUG SUPPLY Irer?	table Suspension CHAIN SECURITY ACT (I Yes No No		GLN: GCP: If yes, was or purchased di	iginal product	ection fields are not applicable	(Write-in, e.g. 1	PHA D customer? 1 vial Vial) ITEM Weight Lbs. 0.616	AND PACKING IN Dimensic Depth	Rx billing u x x FORMATIO	nit to pharm Each Gram Milliliter	Volume (Cube)	Pieces
II. Generic Equivalent to What Bradenia II. Generic Equivalent to What Bradenia II. General III. General II. General II. General III. General III. General II. General III.	and?: iition of manufactu s exclusive distrib on/exemption for p	Depo-Provera Inject DRUG SUPPLY Irer?	table Suspension CHAIN SECURITY ACT (I Yes No		GLN: GCP: If yes, was or purchased di	iginal product		(Write-in, e.g. 1	PHA D customer? 1 vial Vial) ITEM Weight Lbs. 0.616	AND PACKING IN Dimensic Depth	Rx billing u x x FORMATIO	nit to pharm Each Gram Milliliter	Volume (Cube)	Pieces
Does supplier meet DSCSA definits product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: iition of manufactu s exclusive distrib on/exemption for p	Depo-Provera Inject DRUG SUPPLY Irer?	table Suspension CHAIN SECURITY ACT (I Yes No No		GLN: GCP: If yes, was or purchased di	iginal product	ection fields are not applicable	(Write-in, e.g. 1	PHA D customer? 1 vial Vial) ITEM Weight Lbs. 0.616 ndle/ 2.552	AND PACKING IN Dimensic Depth 3.54 7.6	Rx billing u x x FORMATIO ons (US msr Width 3.54 3.98	nit to pharm Each Gram Milliliter hts.) Height 1.97 4.72	Volume (Cube) 24.687252 142.77056	Pieces 1 4
II. Generic Equivalent to What Bradenia II. Generic Equivalent to What Bradenia II. General III. General II. General II. General III. General III. General II. General III.	and?: iition of manufactu s exclusive distrib on/exemption for p	Depo-Provera inject DRUG SUPPLY irer? utor? roduct?	table Suspension CHAIN SECURITY ACT (I Yes No No	DSCSA) INFO	GLN: GCP: If yes, was or purchased di	iginal product	ection fields are not applicable	(Write-in, e.g. 1	PHA Docustomer? 1 vial Vial) ITEM Weight Lbs. 0.616	AND PACKING IN Dimensic Depth 3.54	Rx billing u x x FORMATION ons (US msn Width 3.54	nit to pharm Each Gram Milliliter Ints.) Height 1.97	Volume (Cube) 24.687252	Pieces 1
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II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro	and?: iition of manufactu s exclusive distrib on/exemption for p om FDA.	Depo-Provera Inject DRUG SUPPLY Iter? utor? roduct? GTIN Saleable Quantity	table Suspension CHAIN SECURITY ACT (II Yes No No No No No	DSCSA) INFO	RMATION GLN: GCP: If yes, was or purchased di Provide sour	iginal product rect from mfr? ce manufacturer for	ection fields are not applicable	(Write-in, e.g. 1 Item/Each: Box/Carton/Bu Inner Pack: Case:	PH/ D customer? 1 vial Vial) ITEM Weight Lbs. 0.616 ndle/ 2.552 26.951	AND PACKING IN Dimensic Depth 3.54 7.6	Rx billing u x x FORMATIO ons (US msr Width 3.54 3.98	nit to pharm Each Gram Milliliter htts.) Height 1.97 4.72 7.48	Volume (Cube) 24.687252 142.77056 1253.3018	Pieces 1 4 4
II. Generic Equivalent to What Bra Does supplier meet DSCSA definition for the product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception for yes, attach documentation from Saleable Unit of Measure	and?: iition of manufactu s exclusive distrib on/exemption for p om FDA.	Depo-Provera Inject DRUG SUPPLY sirer? utor? roduct? GTIN Saleable Quantity	AND HIBCC PRODUCT IN	DSCSA) INFO	GLN: GCP: If yes, was or purchased di Provide sour	iginal product rect from mfr? se manufacturer for	repackaged product	(Write-in, e.g. 1 Item/Each: Box/Carton/Bu Inner Pack: Case:	PHA D customer? 1 vial Vial) ITEM Weight Lbs. 0.616 2.552 26.951 Sea:498.600 Air:731.365	AND PACKING IN Dimensic Depth 3.54 7.6 18.504	Rx billing u x x FORMATIO ons (US msr Width 3.54 3.98 9.055	nit to pharm Each Gram Milliliter htts.) Height 1.97 4.72 7.48 Sea:39.64 Air:56.96	Volume (Cube) 24.687252 142.77056 1253.3018 Jea. 76108.8 Air:109363	Pieces 1 4 4 Sea:640 Air:960
II. Generic Equivalent to What Bra Does supplier meet DSCSA definits product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro Saleable Unit of Measure X tem/Each Box/Carton/Bundle/Inner Pack	and?: iition of manufactu s exclusive distrib on/exemption for p om FDA.	Depo-Provera Inject DRUG SUPPLY urer? utor? roduct? GTIN Saleable Quantity 1 4	AND HIBCC PRODUCT IN	DSCSA) INFO	GLN: GCP: If yes, was or purchased di Provide sourn GTII 0033	iginal product rect from mfr? ce manufacturer for N-14 55150329250 55150329251	repackaged product	(Write-in, e.g. 1 Item/Each: Box/Carton/Bu Inner Pack: Case:	PH/ D customer? 1 vial Vial) Weight Lbs. 0.616 ndle/ 2.552 26.951 Sea:498.600	AND PACKING IN Dimensic Depth 3.54 7.6 18.504	Rx billing u x x FORMATIO ons (US msr Width 3.54 3.98 9.055	nit to pharm Each Gram Milliliter hts.) Height 1.97 4.72 7.48 Sea:39.64	Volume (Cube) 24.687252 142.77056 1253.3018 Jea. 76108.8 Air:109363	Pieces 1 4 4 Sea:640 Air:960
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II. Generic Equivalent to What Bra Does supplier meet DSCSA definits product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro Saleable Unit of Measure X tem/Each Box/Carton/Bundle/Inner Pack	and?: iition of manufactu s exclusive distrib on/exemption for p om FDA.	Depo-Provera Inject DRUG SUPPLY urer? utor? roduct? GTIN Saleable Quantity 1 4	AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION GLN: GCP: If yes, was or purchased di Provide sour	iginal product rect from mfr? ce manufacturer for N-14 55150329250 55150329251	repackaged product	(Write-in, e.g. 1 Item/Each: Box/Carton/Bu Inner Pack: Case:	PH/ D customer? 1 vial Vial) ITEM Weight Lbs. 0.616 ndle/ 2.552 26.951 Sea:498.600 Air:731.365 COST INFORMATION	AND PACKING IN Dimensic Depth 3.54 7.6 18.504 48	Rx billing u x x FORMATIO ons (US msr Width 3.54 3.98 9.055	nit to pharm Each Gram Milliliter htts.) Height 1.97 4.72 7.48 Sea:39.64 Air:56.96	Volume (Cube) 24.687252 142.77056 1253.3018 Jea. 76108.8 Air:109363	Pieces 1 4 4 Sea:640 Air:960
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro Saleable Unit of Measure X Item/Each Box/Carton/Bundle/Inner Pack Case Case	and?: iition of manufactu s exclusive distrib on/exemption for p om FDA.	Depo-Provera Inject DRUG SUPPLY Irer? GTIN Saleable Quantity 1 4 4	AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION GLN: GCP: If yes, was or purchased di Provide sour	iginal product rect from mfr? ce manufacturer for 8-14 8-15150329250 8-15150329251 8-15150329255	repackaged product	(Write-in, e.g. 1 Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet:	PH/ D customer? 1 vial Vial) ITEM Weight Lbs. 0.616 ndle/ 2.552 26.951 Sea:498.600 Air:731.365 COST INFORMATION	AND PACKING IN Dimensic Depth 3.54 7.6 18.504 48	RX billing u x x FORMATIO ons (US msr Width 3.54 3.98 9.055 40	nit to pharm Each Gram Milliliter htts.) Height 1.97 4.72 7.48 Sea:39.64 Air:56.96 WHOLESAL	Volume (Cube) 24.687252 142.77056 1253.3018 Jea. 76108.8 Air:109363	Pieces 1 4 4 Sea:640 Air:960
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro Saleable Unit of Measure X Item/Each Box/Carton/Bundle/Inner Pack Case Case	and?: iition of manufactu s exclusive distrib on/exemption for p om FDA.	Depo-Provera Inject DRUG SUPPLY Irer? GTIN Saleable Quantity 1 4 4	AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION GLN: GCP: If yes, was or purchased di Provide sour	iginal product rect from mfr? ce manufacturer for 8-14 8-15150329250 8-15150329251 8-15150329255	repackaged product	(Write-in, e.g. 1 Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet:	PH/ D customer? 1 vial Vial) ITEM Weight Lbs. 0.616 ndle/ 2.552 26.951 Sea:498.600 Air:731.365 COST INFORMATION	AND PACKING IN Dimensic Depth 3.54 7.6 18.504 48	RX billing u x x FORMATIO ons (US msr Width 3.54 3.98 9.055 40 Vendor #:	nit to pharm Each Gram Milliliter htts.) Height 1.97 4.72 7.48 Sea:39.64 Air:56.96 WHOLESAL	Volume (Cube) 24.687252 142.77056 1253.3018 Jea. 76108.8 Air:109363	Pieces 1 4 4 Sea:640 Air:960
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II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro Saleable Unit of Measure X Item/Each Box/Carton/Bundle/Inner Pack Case Case	and?: iition of manufactu s exclusive distrib on/exemption for p om FDA.	Depo-Provera Inject DRUG SUPPLY ster? GTIN Saleable Quantity 4 4 960	AND HIBCC	DSCSA) INFO	GLN: GCP: If yes, was or purchased di Provide sourd GTII 0038 3034 7038	Iginal product rect from mfr? ce manufacturer for s5150329250 55150329251 55150329259	repackaged product	Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet: Regular Cost Invoice Cost (V. As of date:	PHA Docustomer? 1 vial Vial) ITEM Weight Lbs. 0.616 2.552 26.951 Sea:498.600 Air:731.365 COST INFORMATION VAC) (\$)	AND PACKING IN Dimensic Depth 3.54 7.6 18.504 48	RX billing u x x FORMATIO ons (US msr Width 3.54 3.98 9.055 40 Vendor #:	nit to pharm Each Gram Milliliter htts.) Height 1.97 4.72 7.48 Sea:39.64 Air:56.96 WHOLESAL	Volume (Cube) 24.687252 142.77056 1253.3018 Jea. 76108.8 Air:109363	Pieces 1 4 4 Sea:640 Air:960



Version 2021

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

For Designated Drop Ship Only Products, Please Use Page 3

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



Version 2021

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

Order Method t	or Designated Drop Ship Product	Standard Order Receipt and Processi	ng
Purchase orders may be accepted by: a. EDI		Purchase order daily receipt cut off time by supplier Cut off time:	
b. Autofax	Fax Number:	out on unio.	
c. Fax	Fax Number:	Shipping lead time of PO:	Days
d. Phone only	Phone No.:		
e. Supplier Web Site only	Site Address:	Ships same day for next day receipt:	
Minimum Order Quantity:		Ships for second day receipt:	
Supplier's Customer Service Number:		Ships regular ground for 3-10 days receipt:	
Contracted 3PL company / contact #:	Name:		
	Phone:		
Expedited Freight Cha	rges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Proce	essing
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:		Days of week overnight is available:	Monday
Comments:			Tuesday
			Wednesday
			Thursday
			Friday
		Priority Overnight receipt available:	
Clas	ss of Trade Restriction:	PO Receipt Cut off time:	
No restriction: Select YES if sold to retail ph	armacy, hospitals, clinics and physician offices	Saturday Overnight receipt available:	
Restricted to retail pharmacy only:		PO Receipt Cut off time:	
Restricted to hospital, clinics, and physician		Order receipt method: Phone #:	
Restricted from US territories? (explain in co	omments)	Fax:	
Comments:		EDI:	
		Overnight Fees apply: Other fees apply:	
		,	
	ormation Required to Process PO:	Return Instructions	
Patient Procedure Date:		Contact # if product is received damaged:	
Physician Name:		Is product returnable for credit:	
Physician/Clinic Phone # Physician State License #		URL/Link to returns policy:	
Physician/Clinic DEA #:		Special regulations or returns requirements for this product in certa	nin states?
Physician/Clinic Specialty:		If so, which states? Other requirements? Comments?	
	liscellaneous Notes:		
		ADDITIONAL INFORMATION	
		Is product order for scheduled patient procedure?	
		Is product order for restocking purposes?	



						Introduction Typ	: New Item		Final Version			Date:	12/9/	LULL
			PRODUCT INFORMAT	ION					SPECIAL HAND	LING AND STORA	AGE REQUIF	REMENTS*		
Company Name:	Fugia US LLC (f/l	k/a Auromedics Pharm	na LLC)			Application	: ANDA	a. Temperature	- Indicate the USP tempe	rature range for th	nis product.			
Application Number for NDA/AN				21	12844					Controlled Room -		and 25 C (68	° – 77° F)	
Medical Device Class, if applical		, , ,							,					
DUNS:	968961354							- I .	Other Temperature Range F	Requirement	Store at 20°	to 25°C (68°	to 77°F) [see	USP
Proprietary Name (If Applicable) a	and Established N	ame:							(write in)		Controlled R	oom Temper	ature].	
Selling Unit NDC:	55150-330-01		Unit of Use NDC:		55150-330-01		5150330010		Notes					
UDI			CVX Code:			MVX Code:								
Description:	medroxyPROGES	STERone Acetate Inje	ectable Suspension, USP 150	mg per 1mL	Single-Dose Pre	filled Syringe]	Is this product to be shipped	to customers on ic	e?		No	
								_	Is this product to be shipped	to customers on d	ry ice?		No	
Active Ingredient(s):								11						
UDI for Additional Decident inform								-	temperature excursion que		Karala Oana	. 44!		
URL for Additional Product Inform Address:	279 Princeton-Hig	eugiaus.com			П	Address 2:			Name: Number:		Kevin Cagne 732.839.940			
City:	East Windsor	jinoto III i toda			State:		ip: 08520	-	Group E-mail:			EugiaUS.c	nm	
Key Contact:					Email:	customerservice								
Phone Number:	888-238-7880				Fax:			c. Special regu	lations for product in any	states?			No	
Product Therapeutic Classificatio	n:	Antineoplastics, Hor	rmones, Progestins					- !	Special returns requirements	s for this product?			No	
					_			_						
	ADDITIO	ONAL PRODUCT INF	FORMATION			PRODUCT DES	CRIPTION INFORMATION	d. Store produc	ct (unit of sale) upright?				No	
The product is?			Is the Product	Direct-Ship	Only				Protect product (unit of sa	le) from light?				
a legend device?		No	Is the Product	Neither		Size:	Single-Dose Prefilled Syrin	e. Shelf life:					24	Months
if yes, enter class #			Orphan Drug Status			0.20.		'	Initial shelf life at launch (i	f different):				Months
a product kit?		No	FDA A			Strength:	150 mg per 1mL			ORDER INFORM	ATION			
if yes, list NDCs of component parts			FDA Approval Status				liquid			ORDER INFORM	ATION			
reverse numbered?		No				Dosage Form:	liquiu	11 ,	Unit of Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present						Bottle		55150-330-0			
latex-free?		Yes				Product Shape:	prefilled syringe		x Box/Carton		(Write-in, e.	g. 1 Box of 10) Vials)	
preservative-free?		Yes				Froduct Snape.			Ampule					
correctional institution block?		No				Product Color:			Glass		Minimum o	rder quantity	?	Yes
opioid?		No	Country of Origin						Tube					
Cannabinoid? If Unit Dose, is item bar coded to u	unit dose for	No	Country of Origin			Product Imprint	:		Vial Liquid Sgl Vial Liquid Multi		If Yes how	many of whi	ch nackano	tyne?
hospital scanning?	IIII dose ioi		Is this product covered u	nder the					Vial Powder Sql		11 103, 110	Each	on puckage	type.
If Unit Dose, indicate NDC here:			Trade Agreements Act (1						Vial Power Multi			Inner/Carton	Pack Pack	
			_						Other: Write In		1	Case		
			FOR GENERIC DRUG PRO	DUCTS										
I Owner Deeds Dedless					Aut		Authorized Generic, other		PHA	RMACY ORDER /	BILL UNIT			
I. Orange Book Rating:	AP				Aut		Authorized Generic, other ction fields are not applicable	Rec. sell unit to	customer?	ARMACY ORDER /		nit to pharm	асу:	
II. Generic Equivalent to What Bra		Depo-Provera Contr	raceptive Injection		Aut				o customer? 1 vial	ARMACY ORDER /		Each	acy:	
				DSCSA) INFO				Rec. sell unit to	o customer? 1 vial	ARMACY ORDER /	Rx billing u	Each Gram	acy:	
			traceptive Injection	DSCSA) INFO					o customer? 1 vial	RMACY ORDER /	Rx billing u	Each	acy:	
	and?:	DRUG SUPPLY		DSCSA) INFO					o customer? 1 vial Vial)	ARMACY ORDER I	Rx billing u x x	Each Gram Milliliter	acy:	
II. Generic Equivalent to What Bra	and?:	DRUG SUPPLY	Y CHAIN SECURITY ACT (E	DSCSA) INFO	RMATION				o customer? 1 vial Vial)		Rx billing u x x	Each Gram Milliliter	асу:	
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA?	and?:	DRUG SUPPLY	Y CHAIN SECURITY ACT (D	DSCSA) INFO	RMATION				o customer? 1 vial Vial)	AND PACKING IN	Rx billing u x x	Each Gram Milliliter		Saleable #
II. Generic Equivalent to What Bra	and?:	DRUG SUPPLY	Y CHAIN SECURITY ACT (D	DSCSA) INFO	RMATION GLN:				o customer? 1 vial Vial)	AND PACKING IN	Rx billing u x x x FORMATION	Each Gram Milliliter		Saleable #
II. Generic Equivalent to What Brade Does supplier meet DSCSA definits product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged?	and?: ition of manufactu	DRUG SUPPLY	Y CHAIN SECURITY ACT (I	DSCSA) INFO	GLN: GCP: If yes, was or	se			o customer? 1 vial Vial) ITEM Weight Lbs.	AND PACKING IN Dimensic Depth	Rx billing u x x x FORMATION ons (US msn Width	Each Gram Milliliter nts.) Height	Volume (Cube)	
Does supplier meet DSCSA definits product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: iition of manufactu	DRUG SUPPLY	Y CHAIN SECURITY ACT (E Yes No No No	DSCSA) INFO	GLN: GCP: If yes, was or purchased di	iginal product	ction fields are not applicable	(Write-in, e.g. 1	vial Vial) ITEM Weight Lbs. 0.2136	AND PACKING IN Dimensic	Rx billing u x x FORMATION	Each Gram Milliliter	Volume	Pieces
II. Generic Equivalent to What Bradenia II. Generic Equivalent to What Bradenia II. General III. General II. General II. General III. General III. General II. General III.	and?: iition of manufactu s exclusive distrib on/exemption for p	DRUG SUPPLY	Y CHAIN SECURITY ACT (I	OSCSA) INFOI	GLN: GCP: If yes, was or purchased di	se	ction fields are not applicable	(Write-in, e.g. 1	vial Vial) ITEM Weight Lbs. 0.2136	AND PACKING IN Dimensic Depth	Rx billing u x x x FORMATION ons (US msn Width	Each Gram Milliliter nts.) Height	Volume (Cube)	Pieces
Does supplier meet DSCSA definits product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: iition of manufactu s exclusive distrib on/exemption for p	DRUG SUPPLY	Y CHAIN SECURITY ACT (E Yes No No No	OSCSA) INFOI	GLN: GCP: If yes, was or purchased di	iginal product	ction fields are not applicable	(Write-in, e.g. 1	O customer?	AND PACKING IN Dimensic Depth 7.28 6.93	x x x x x x x x x x x x x x x x x x x	Each Gram Milliliter hts.) Height 3.15 7.91	Volume (Cube) 36.00324 304.23047	Pieces 1 6
II. Generic Equivalent to What Bradenia II. Generic Equivalent to What Bradenia II. General III. General II. General II. General III. General III. General II. General III.	and?: iition of manufactu s exclusive distrib on/exemption for p	DRUG SUPPLY urer? utor? product?	Y CHAIN SECURITY ACT (E Yes No No No No		GLN: GCP: If yes, was or purchased di	iginal product	ction fields are not applicable	(Write-in, e.g. 1	vial Vial Vial) Weight Lbs.	AND PACKING IN Dimensic Depth 7.28	x x x x x x x x x x x x x x x x x x x	Each Gram Milliliter Ints.) Height 3.15	Volume (Cube) 36.00324	Pieces 1
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II. Generic Equivalent to What Bra Does supplier meet DSCSA definition for the product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception for yes, attach documentation from Saleable Unit of Measure	and?: iition of manufactu s exclusive distrib on/exemption for p om FDA.	DRUG SUPPLY urer? utor? grin GTIN Saleable Quantity	Y CHAIN SECURITY ACT (E Yes No No No No No No		GLN: GCP: If yes, was or purchased di Provide sour	iginal product rect from mfr? ce manufacturer for r	ction fields are not applicable	(Write-in, e.g. 1 Item/Each: Box/Carton/Bu Inner Pack: Case:	O customer? 1 vial Vial	AND PACKING IN Dimensic Depth 7.28 6.93 15.15	Rx billing u x x FORMATION ons (US msn Width 1.57 5.55 12.4	Each Gram Milliliter Mts.) Height 3.15 7.91 9.251 Sea:42.00 Air:51.25	Volume (Cube) 36.00324 304.23047 1737.8929 3ea. 80640.0 Air-98400	1 6 24 Sea:864 Air:1080
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Version 2021

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

For Designated Drop Ship Only Products, Please Use Page 3

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



Version 2021

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

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone:	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Charges or Other Designated 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 Restriction: 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:	PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: 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 State License # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes:	Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?
	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? Is product order for restocking purposes?