



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

Version 2021

Introduction Type: New Item

Final Version

Date: 06.11.2023

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*			
Company Name: Eugia US LLC (f/k/a AuroMedics Pharma LLC)		Application: ANDA		a. Temperature – Indicate the USP temperature range for this product.			
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 216732				Temperature Range: <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>			
Medical Device Class, if applicable:				Other Temperature Range Requirement (write in): <input type="text"/>			
DUNS: 968961354				Notes: <input type="text"/>			
Proprietary Name (If Applicable) and Established Name: Mitomycin For Injection, USP				Is this product to be shipped to customers on ice? <input type="text" value="No"/>			
Selling Unit NDC: 55150-450-01		Unit of Use NDC: 55150-450-01		Is this product to be shipped to customers on dry ice? <input type="text" value="No"/>			
UDI:		CVX Code:		b. Contact for temperature excursion questions:			
Description: Mitomycin For Injection, USP 5 mg per Vial		MVX Code:		Name: Eugia US Customer Service			
Active Ingredient(s): Mitomycin				Number: 888-238-7880			
URL for Additional Product Information: https://eugiaus.com/products/? sft_alphabet=m				Group E-mail: CustomerService@EugiaUS.com			
Address: 279 Princeton-Hightstown Road		Address 2:		c. Special regulations for product in any states? <input type="text" value="No"/>			
City: East Windsor		State: NJ		Special returns requirements for this product? <input type="text" value="No"/>			
Key Contact:		Zip: 08520		d. Store product (unit of sale) upright? <input type="text" value="No"/>			
Phone Number: 888-238-7880		Email:		Protect product (unit of sale) from light? <input type="text" value="Yes"/>			
Product Therapeutic Classification: Antitumor antibiotic		Fax: 732-355-9449		e. Shelf life: <input type="text" value="24"/> Months			
				Initial shelf life at launch (if different): <input type="text"/>			
ADDITIONAL PRODUCT INFORMATION			PRODUCT DESCRIPTION INFORMATION				
The product is? a legend device? <input type="text" value="No"/>			Is the Product... Direct-Ship Only <input type="text"/>				
if yes, enter class #			Is the Product... Unit Dose <input type="text"/>				
if yes, list NDCs of component parts reverse numbered? <input type="text"/>			Orphan Drug Status <input type="text"/>				
co-licensed? <input type="text" value="No"/>			FDA Approval Status <input type="text"/>				
latex-free? <input type="text" value="Yes"/>			Allergens Present <input type="text" value="N/A"/>				
preservative-free? <input type="text" value="Yes"/>			Country of Origin <input type="text" value="India"/>				
correctional institution block? <input type="text" value="No"/>			Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="No"/>				
opioid? <input type="text" value="No"/>			Size: <input type="text" value="1 Vial"/>				
Cannabinoid? <input type="text" value="No"/>			Strength: <input type="text" value="5 mg per Vial"/>				
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="text" value="Yes"/>			Dosage Form: <input type="text" value="Lyo powder for injection"/>				
If Unit Dose, indicate NDC here: <input type="text" value="55150-450-01"/>			Product Shape: <input type="text" value="Vial Pack"/>				
			Product Color: <input type="text" value="Grey to bluish purple"/>				
			Product Imprint: <input type="text" value="N/A"/>				
FOR GENERIC DRUG PRODUCTS							
I. Orange Book Rating: <input type="text" value="AP"/> <input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable							
II. Generic Equivalent to What Brand?: <input type="text" value="Mutamycin"/>							
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION							
Does supplier meet DSCSA definition of manufacturer? <input type="text" value="Yes"/>							
Is product exempt from DSCSA? <input type="text" value="No"/>							
If yes, select exemption: <input type="text"/>							
Other exemption - Write in: <input type="text"/>							
Is product repackaged? <input type="text" value="No"/>							
Is product sold by manufacturer's exclusive distributor? <input type="text" value="No"/>							
Has FDA granted waiver/exception/exemption for product? <input type="text" value="No"/>							
If yes, attach documentation from FDA. <input type="text"/>							
GTIN AND HIBCC PRODUCT INFORMATION							
Saleable Unit of Measure		Saleable Quantity		HIBCC			
<input checked="" type="checkbox"/> Item/Each		<input type="text" value="1"/>		<input type="text"/>			
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack		<input type="text" value="12"/>		<input type="text"/>			
<input type="checkbox"/> Case		<input type="text" value="48"/>		<input type="text"/>			
<input type="checkbox"/> Pallet		<input type="text" value="3840"/>		<input type="text"/>			
				GTIN-14			
				<input type="text" value="00355150450015"/>			
				<input type="text" value="30355150450016"/>			
				<input type="text" value="50355150450010"/>			
				<input type="text" value="70355150450014"/>			
				Unit of Use GTIN-14 <input type="text"/>			
ORDER INFORMATION			PHARMACY ORDER / BILL UNIT				
Unit of Sale			What is the NDC selling unit?				
<input type="checkbox"/> Bottle			<input type="text" value="1 Box of 1 Vial (55150-450-01)"/>				
<input checked="" type="checkbox"/> Box/Carton			(Write-in, e.g. 1 Box of 10 Vials)				
<input type="checkbox"/> Ampule			Minimum order quantity? <input type="text" value="Yes"/>				
<input type="checkbox"/> Glass							
<input type="checkbox"/> Tube			If Yes, how many of which package type?				
<input type="checkbox"/> Vial Liquid Sgl			<input type="text" value="1"/> Each				
<input type="checkbox"/> Vial Liquid Multi			<input type="text"/>				
<input type="checkbox"/> Vial Powder Sgl			<input type="text"/>				
<input type="checkbox"/> Vial Powder Multi			<input type="text"/>				
<input type="checkbox"/> Other: Write In			<input type="text"/>				
			<input type="text"/>				
ITEM AND PACKING INFORMATION							
	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces	
		Depth	Width	Height			
Item/Each:	0.0836	1.85	1.69	3.38	10.56757	1	
Box/Carton/Bundle/Inner Pack:	1.2442	11.42	3.62	4.01	165.775	12	
Case:	6.1358	12.08	7.95	9.13	876.80868	48	
Pallet:	523.904	48	40	53.14	102028.8	3840	
COST INFORMATION			WHOLESALE USE ONLY:				
Regular Cost <input type="text"/>			Vendor #: <input type="text"/>				
Invoice Cost (WAC) (\$) <input type="text" value="\$150.00"/>			Whsl. Code #: <input type="text"/>				
As of date: <input type="text" value="11/13/2023"/>			Fineline Code: <input type="text"/>				
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.							
*Please provide any additional information on page 2.		See new p. 3 for Designated Drop Ship Only.		Signature: <input type="text" value="Narender Chamala"/>			



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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
<p>Purchase orders may be accepted by:</p> <ul style="list-style-type: none"> a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> c. Fax <input type="checkbox"/> d. Phone only <input type="checkbox"/> e. Supplier Web Site only <input type="checkbox"/> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #:</p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="text"/></p> <p>Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input type="text"/></p>	
Other Data Information Required to Process PO:	Return Instructions
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>
Miscellaneous Notes:	
<p><input type="text"/></p>	
	ADDITIONAL INFORMATION
	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>



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PRODUCT INFORMATION

Company Name: Eugia US LLC (f/k/a AuroMedics Pharma LLC) **Application:** ANDA

Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 216732

Medical Device Class, if applicable:

DUNS: 968961354

Proprietary Name (If Applicable) and Established Name: Mitomycin For Injection, USP

Selling Unit NDC: 55150-451-01 **Unit of Use NDC:** 55150-451-01 **UPC:** 355150451012

UDI

CVX Code: **MVX Code:**

Description: Mitomycin For Injection, USP 20 mg per Vial

Active Ingredient(s): Mitomycin

URL for Additional Product Information: https://eugiaus.com/products/?_sft_alphabet=m

Address: 279 Princeton-Hightstown Road **Address 2:**

City: East Windsor **State:** NJ **Zip:** 08520

Key Contact: **Email:**

Phone Number: 888-238-7880 **Fax:** 732-355-9449

Product Therapeutic Classification: Antitumor antibiotic

SPECIAL HANDLING AND STORAGE REQUIREMENTS*

a. Temperature – Indicate the USP temperature range for this product.

Temperature Range:

Other Temperature Range Requirement (write in):

Notes:

Is this product to be shipped to customers on ice?

Is this product to be shipped to customers on dry ice?

b. Contact for temperature excursion questions:

Name: Eugia US Customer Service

Number: 888-238-7880

Group E-mail: CustomerService@EugiaUS.com

c. Special regulations for product in any states?

Special returns requirements for this product?

d. Store product (unit of sale) upright?

Protect product (unit of sale) from light?

e. Shelf life: Months

Initial shelf life at launch (if different): Months

ADDITIONAL PRODUCT INFORMATION

The product is?

a legend device?

if yes, enter class #

a product kit?

if yes, list NDCs of component parts reverse numbered?

co-licensed?

latex-free?

preservative-free?

correctional institution block?

opioid?

Cannabinoid?

If Unit Dose, is item bar coded to unit dose for hospital scanning?

If Unit Dose, indicate NDC here:

Is the Product... Direct-Ship Only

Is the Product... Unit Dose

Orphan Drug Status

FDA Approval Status

Allergens Present

Country of Origin

Is this product covered under the Trade Agreements Act (TAA)?

PRODUCT DESCRIPTION INFORMATION

Size:

Strength:

Dosage Form:

Product Shape:

Product Color:

Product Imprint:

ORDER INFORMATION

Unit of Sale

Bottle

Box/Carton

Ampule

Glass

Tube

Vial Liquid Sgl

Vial Liquid Multi

Vial Powder Sgl

Vial Powder Multi

Other: Write In

What is the NDC selling unit? (Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity?

If Yes, how many of which package type?

Each

Inner/ Carton/Pack

Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: Authorized Generic *If Authorized Generic, other section fields are not applicable

II. Generic Equivalent to What Brand?:

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? (Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy:

Each

Gram

Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer?

Is product exempt from DSCSA?

If yes, select exemption:

Other exemption - Write in:

Is product repackaged?

Is product sold by manufacturer's exclusive distributor?

Has FDA granted waiver/exception/exemption for product?

If yes, attach documentation from FDA.

GLN:

GCP:

If yes, was original product purchased direct from mfr?

Provide source manufacturer for repackaged product

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.17209	2.2	2.2	4.37	21.1508	1
Box/Carton/Bundle/Inner Pack:	2.47398	11.49	4.8	4.8	264.7296	12
Case:	11.62392	12.28	10.7	10.9	1432.2164	48
Pallet:	590.988	48	40	50.59	97132.8	2304

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	1		00355150451012	
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack	12		30355150451013	
<input type="checkbox"/> Case	48		50355150451017	
<input type="checkbox"/> Pallet	2304		70355150451011	

COST INFORMATION

Regular Cost

Invoice Cost (WAC) (\$)

As of date:

WHOLESALE USE ONLY:

Vendor #:

Whsl. Code #:

Fineline Code:



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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

- a. Cytotoxic? Yes
- b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 - Is the product a CA Prop 65 carcinogen? Yes
 - Is the product a CA Prop 65 reproductive toxicant? No
 - Does the product label bear a CA Prop 65 warning? No
- c. Contact Hazard? Yes
- d. Does this product require special clean-up instructions? Yes
(If yes, attach SDS with special instructions.)
- e. Does the product contain DEHP? No

- Is this product regulated for shipment by DOT? 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?

- 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?

- Is the product restricted for air shipment? If so, indicate restriction: No
- Passenger
 - Cargo
 - Passenger & Cargo

- Is this a reportable quantity? Yes
RQ Threshold: 10 lbs. (4.54 kg)
- 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 Provision (listed in Column 7 of 49 CFR 172.101);
SP#

ADD'L STORAGE INFORMATION

- Is the Product...
- 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:
 - Schedule No. Is it a scheduled listed chemical product?: No

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
- Restricted to hospital, clinics, and physician offices only: No
- Restricted from US territories? (explain in comments) No

Comments:

SDS Hazard Classification

- Organic
- Inorganic
- Steroid/Androgen
- Corrosive
- Oxidizer
- Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No

NFPA Storage Level:

Is the product a NIOSH hazardous drug? No

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?

Website URL:

Med Guide Required

Limited Distribution Requirement

Comments / Details: (For example, iPledge program?)

REMS: No

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name: DEA #:

Site Enrollment Number assigned by Supplier: NCPDP#:

NPI #:

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit: Yes

URL/Link to returns policy: <https://eugiaus.com/policies/return-policy/>

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:



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Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
<p>Purchase orders may be accepted by:</p> <ul style="list-style-type: none"> a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> c. Fax <input type="checkbox"/> d. Phone only <input type="checkbox"/> e. Supplier Web Site only <input type="checkbox"/> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #:</p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="text"/></p> <p>Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input type="text"/></p>	
Other Data Information Required to Process PO:	Return Instructions
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>
Miscellaneous Notes:	
<p><input type="text"/></p>	
	ADDITIONAL INFORMATION
	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>



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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

- a. Cytotoxic? Yes
- b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 - Is the product a CA Prop 65 carcinogen? Yes
 - Is the product a CA Prop 65 reproductive toxicant? No
 - Does the product label bear a CA Prop 65 warning? No
- c. Contact Hazard? Yes
- d. Does this product require special clean-up instructions? Yes
(If yes, attach SDS with special instructions.)
- e. Does the product contain DEHP? No

- Is this product regulated for shipment by DOT? 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?

- 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?

- Is the product restricted for air shipment? If so, indicate restriction: Yes
- Passenger
 - Cargo
 - Passenger & Cargo

- Is this a reportable quantity? Yes
RQ Threshold: 10 lbs. (4.54 kg)
- 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 Provision (listed in Column 7 of 49 CFR 172.101);
SP#

ADD'L STORAGE INFORMATION

- Is the Product...
- 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:
 - Schedule No. Is it a scheduled listed chemical product?:

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
- Restricted to hospital, clinics, and physician offices only: No
- Restricted from US territories? (explain in comments) No

Comments:

SDS Hazard Classification

- Organic
- Inorganic
- Steroid/Androgen
- Corrosive
- Oxidizer
- Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No

NFPA Storage Level:

Is the product a NIOSH hazardous drug? No

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?

Website URL:

Med Guide Required No

Limited Distribution Requirement

Comments / Details: (For example, iPledge program?)

REMS: No

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name: DEA #:

Site Enrollment Number assigned by Supplier: NCPDP#:

NPI #:

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit: Yes

URL/Link to returns policy: <https://eugiaus.com/policies/return-policy/>

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

