

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

Version 2021						Introduction T	ype: New Iter	n		Final Version			Date:	4/16	5/2022
PRODUCT INFORMATION										SPECIAL HANI	DLING AND STO	RAGE REQUI	REMENTS*		
Company Name: AuroMedics Pharma LLC Application: ANDA									a. Temperatu	re - Indicate the USP temp	erature range for	this product	t.		
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 214632									Temperature Range Cold – between 2 and 8 C (36° – 46° F)						
Medical Device Class, if applica		. , , ,													
DUNS:	968961354								'	Other Temperature Range	Requirement	Store powde	er at 25°C (7	7°F). Excursion	ons
Proprietary Name (If Applicable)		lame: P	emetrexed for Injection							(write in)		permitted to	15 to 30°C	(59 to 86 °F)	
Selling Unit NDC:	5150-381-01		Unit of Use NDC:		55150-381-01		355150381012			Notes					
UDI			CVX Code:			MVX Code:									
Description: Pemetrexed for Injection USP 100 mg/vial (SDV) (Mono Pack)										Is this product to be shippe	d to customers on	ice?		No	1
									Is this product to be shipped to customers on dry ice?						
Active Ingredient(s): Pemetrexed															
										r temperature excursion qu Name:	iestions:	· · · ·	11:		
	RL for Additional Product Information: 279 Princeton-Hightstown Road				Address 2:					Kevin Cagnetti 732.839.9400 ex 8009					
City:	East Windsor				State: NJ Zip: 08520				Number: Group E-mail:					lousa com	
Key Contact:	East Willusor State. No Zi						2.ip. 00020		Group E-mail: Kcagnetti@Aurobindousa.com						
Phone Number:						732-355-9449			c. Special re	gulations for product in any	states?			No	1
Product Therapeutic Classification: folate analog metabo			netabolic inhibitor	bolic inhibitor						Special returns requirements for this product?			? No		
			•				1								
	ADDITIO	ONAL PRODUC	T INFORMATION			PRODUCT D	ESCRIPTION INFORMA	TION	d. Store prod	uct (unit of sale) upright?				No	1
The product is?			Is the Product	Direct-Ship	Only					Protect product (unit of sa	ale) from light?			No	ĺ
a legend device?		No	Is the Product	Neither	,	.	1 x 10R Vial		e. Shelf life:		3			24	Months
if yes, enter class #			Orphan Drug Status			Size:				Initial shelf life at launch (if different):				Months
a product kit?		No				Strength:	100 mg/vial								
if yes, list NDCs of FDA Approval Status						- Carongani					ORDER INFORI	MATION			
component parts		N				Dosage Forn	Powder			Unit of Oalo		\A/bat ia tha	NDC callin		
reverse numbered? co-licensed?		No No	Allergens Present							Unit of Sale Bottle		1 box of 1 v	NDC selling	gunitr	
latex-free?		Yes	Allergens Fresent				Vial Pack			x Box/Carton			.g. 1 Box of	10 Vials)	
preservative-free?		Yes				Product Sha	pe:			Ampule		(**************************************	.g. 1 Dox 01	io vialo,	
correctional institution block?	•	No				Draduat Cale				Glass		Minimum o	rder quantit	y?	Yes
opioid?		No				Product Cold	or:			Tube					
Cannabinoid?		No	Country of Origin	India		Product Imp	rint:			Vial Liquid Sgl					
If Unit Dose, is item bar coded to unit dose for					110000011111				Vial Liquid Multi		If Yes, how		nich package	type?	
hospital scanning? Is this product covered for Unit Dose, indicate NDC here: Trade Agreements Active Machine in the Indicate NDC here:								Vial Powder Sql			Each Inner/Carton/Pack				
If Unit Dose, indicate NDC here: Trade Agreements Act (TAA)? No										Vial Power Multi Other: Write In		1	Case	n/Pack	
			FOR GENERIC DRUG PRO	DUCTS						Other. Write in			Case		
			I OK GENERIC BROG FRO	00013											
Authorized Generic *If Authorized Generic, other										PH	ARMACY ORDER	R / BILL UNIT			
I. Orange Book Rating: AP section fields are r						section fields are not ap	plicable	Rec. sell unit to customer? Rx billing unit to pharmacy:							
II. Generic Equivalent to What Brand?: ALIMTA									1 Single-Dose Vial			x Each			
									(Write-in, e.g		1		Gram		
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION									Milliliter						
Does supplier meet DSCSA defin		urer?	Yes	_	GLN:					ITEM	AND PACKING I	NFORMATIO	N		
Is product exempt from DSCSA?			No												
If yes, select exemption:					GCP:					Weight Lbs.		ions (US msr	•	Volume	Saleable #
Other exemption - Write in:			No		16	riarimal mundrust			Item/Each:		Depth	Width	Height	(Cube)	Pieces
Is product repackaged? Is product sold by manufacturer's	'e avalueiva dietrib	uitor?	No			riginal product irect from mfr?			item/Each:	0.04	1.811	1.653	3.346	10.02	1
Has FDA granted waiver/exception			140		•		or repackaged product		Box/Carton/E	Bundle/					
If yes, attach documentation fro							gen product		Inner Pack:						
1									Case:	4.085	12.007	7.87	9.055	856.09	48
			GTIN AND HIBCC PRODUCT IN	IFORMATION						4.000	12.007	7.07	9.055	000.09	40
									Pallet:	359.8	48	40	54.21	104083.2	3840
Saleable Unit of Measure	S	aleable Quantity	y HIBCC			N-14	Unit of Use GTI			00010		.,	V		00.0
	x							COST INFORMATION							
Box/Carton/Bundle/Inner Pack Case 48 50355				55150381017	5150381017			COST INFORMATION				WHOLESALER USE ONLY:			
Pallet 3072					5150381017			Regular Cost			Vendor #:				
					1 1	70000100001011						Whsl. Code	#:		
												Fineline Co			
									As of date:						
												1			
•			Attach copy of SAFETY DATA												