

Version 2021						Introduction	Туре:	New Item		Final Version			Date:	01.11	.2023
	PRODUCT INFORMATION							SPECIAL HANDLING AND STORAGE REQUIREMENTS*							
Company Name:	Company Name: Eugia US LLC (fik/a AuroMedics Pharma LLC) Application: ANDA							ANDA	a. Temperature –	a. Temperature – Indicate the USP temperature range for this product.					
Application Number for NDA/AN				21	1817					mperature Range	Controlled Room) and 25 C (6	8° – 77° F)	
Medical Device Class, if applicat			•												
DUNS:	968961354								Ot	ner Temperature Range F	Requirement				
Proprietary Name (If Applicable) a	1	ame: T	Testosterone Cypionate Injection							(write in)					
Selling Unit NDC:	55150-276-01		Unit of Use NDC:		55150-276-01	UPC:	355150276011		No	tes					
UDI			CVX Code:			MVX Code:									
Description:	Testosterone Cyp	ionate Injection,	, USP 1,000 mg per 10 mL (100 n	ng/mL)						his product to be shipped				No	
		T	O minute laisette						Ist	his product to be shipped	to customers on c	try ice?		No	
Active Ingredient(s):		lestosterone	Cypionate Injection						b Contact for ter	nperature excursion que	estions.				
URL for Additional Product Inform	nation:	Eugiaus.com								me:	estions.	Kevin Cagne	etti		
Address:	279 Princeton-Hig					Address 2:				mber:		732.839.940			
City:	East Windsor				State:	NJ	Zip: 08520		Gr	oup E-mail:		kcagnetti(@EugiaUS.d	<u>com</u>	
Key Contact:					Email:										
Phone Number:	888-238-7880				Fax:	732-355-9449			c. Special regulat	ions for product in any	states?			No	
Product Therapeutic Classification	n:	Androgens							Sp	ecial returns requirement	s for this product?			No	
						DDADUAT	DECODIDEICH								
	ADDITIC	JNAL PRODUC	CT INFORMATION			PRODUCT	DESCRIPTION I	FORMATION		unit of sale) upright?					
The product is?			Is the Product	Direct-Ship	Only					otect product (unit of sa	ale) from light?				
a legend device?		No	Is the Product	Neither		Size:	1 Vial		e. Shelf life:	d-1-1-16 16- · · · · · · ·				24	Months
if yes, enter class # a product kit?		No	Orphan Drug Status				1.000 m	g per 10 mL (100	Ini	tial shelf life at launch (if different):				Months
if yes, list NDCs of		No	FDA Approval Status			Strength:	mg/mL)	g per 10 mL (100			ORDER INFORM	ATION			
component parts															
reverse numbered?		No				Dosage For	m: Injection	(Liquid)	Un	it of Sale		What is the	NDC selling	g unit?	
co-licensed?		No	Allergens Present							Bottle		1 Box of 1 V	/ial (55150-2	76-01)	
latex-free?		Yes				Product Sha	ape: Vial Pac	<		x Box/Carton		(Write-in, e	.g. 1 Box of 1	0 Vials)	
preservative-free?		Yes								Ampule					
correctional institution block?		No				Product Co	lor:			Glass		Minimum o	rder quantit	y?	Yes
opioid? Cannabinoid?		No No	Country of Origin	India						Tube Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	init dose for	NO	Country of Origin	India		Product Imp	print:			Vial Liquid Multi		If Yes. how	many of wh	ich package	type?
hospital scanning?			Is this product covered u	nder the						Vial Powder Sql			Each		
If Unit Dose, indicate NDC here:			Trade Agreements Act (FAA)?	No					Vial Power Multi			Inner/Cartor	n/Pack	
										Other: Write In		1	Case		
			FOR GENERIC DRUG PRO	ODUCTS											
					A	thorized Generic	*If Authorized C	anaria athar		BU	ARMACY ORDER				
	10			_	Au	unonzeu Generic	*If Authorized G section fields ar	e not applicable	Dec. cell with the		ANMAGT ORDER				
I. Orange Book Rating: II. Generic Equivalent to What Bra	AO	Dono® Tosto	sterone* (testosterone cypionate i	ningtion LISD)					Rec. sell unit to c	1 Vial	1	X billing u	Init to pharm	nacy:	
II. Generic Equivalent to what Bra	inu : .	Depus-Testos	sterone (testosterone cypionate i	ijecilon, USF)	by FFIZER INC				(Write-in, e.g. 1 V				Gram		
		DRUG SU	JPPLY CHAIN SECURITY ACT (I	DSCSA) INFO	RMATION				(, e.g			x	Milliliter		
													-		
Does supplier meet DSCSA definit	tion of manufactu	irer?	Yes		GLN:					ITEM	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:			No		16 years	ininal and dead			Hem/Easter		Depth	Width	Height	(Cube)	Pieces
Is product repackaged? Is product sold by manufacturer's	exclusive distributed	utor?	No	-		iginal product rect from mfr?			Item/Each:	0.09899	1.61	1.53	2.4	5.91192	1
Has FDA granted waiver/exception			No	-		ce manufacturer f	for repackaged r	roduct	Box/Carton/Bund	le/				107	15
If yes, attach documentation from									Inner Pack:	1.37518	10.11	3.3	3.22	107.42886	12
									Case:	6.60302	11.02	7.48	7.87	648.72095	48
			GTIN AND HIBCC PRODUCT IN	IFORMATION						0.00002	11.02	1.40	1.01	040.72000	40
Onlandski sljuži of Manavara					0.7				Pallet:	825.387	48	40	47.24	90700.8	5760
Saleable Unit of Measure	S	Saleable Quantit	ty HIBCC			N-14 55150276011	Unit of	Use GTIN-14							
x Box/Carton/Bundle/Inner Pack		1				55150276012	_			COST INFORMATION			WHOLESAL	ER USE ONL	Y:
X Case		48				55150276016	-								
X Pallet		5760				55150276010			Regular Cost			Vendor #:			
	_						_		Invoice Cost (WA	C) (\$)	\$41.40	Whsl. Code			
	-				_		_		II	11/0/0000		Fineline Co	de:		
	-				_		-		As of date:	11/3/2023					
₽			Attach copy of SAFETY DA		S) or non bazor							I			
*Please provide any additional inf	ormation on page	2	Allacit copy of SAFETY DA	IN SHEET (SD	o non nazar		r Designated Dr			nd and BARCODE.			Narende	r Chamala	
i isase provide any additional lift	onnation on page					See new p. 310	- Designated Dro	shouth out?	310	jiature.			radi en del	Unamala	

Version 2021 For D	esignated Drop Ship Only Products, Please Use Page 3
MATER	IAL HAZARD CLASSIFICATION and TRANSPORTATION
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? c. Contact Hazard? d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP?	No SDS Hazard Classification No Organic No Inorganic No Steroid/Androgen Ocntact Hazard Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No No
Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group	No Is the product a NIOSH hazardous drug? No If yes, indicate which: Hazardous Waste Identification
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) 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: Passenger	No REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL: No No Med Guide Required Limited Distribution Reguirement No
Cargo Passenger & Cargo Is this a reportable quantity? No RQ Threshold: 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 Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101);	Comments / Details: (For example, iPledge program?) No REMS: No REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: DEA #: Provider Name: DEA #: Site Enrollment Number assigned NCPDP#: by Supplier: NPI #:
SP#	Registry:
ADD'L STORAGE INFORMATION	Registry Program Contact Name: Phone: Comments Phone:
Controlled Substance? Yes Controlled Substance Code CIII	RETURN INSTRUCTIONS
Controlled by State(s)? Yes Listed Chemical (List I or II) ARCOS Reportable? No If yes, indicate which: Schedule No. 3 Is it a scheduled listed chemical product?: CLASS OF TRADE RESTRICTION:	No Contact tel. # if product received damaged: Is product returnable for credit: URL/Link to returns policy:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	https://eugiaus.com/policies/return-policy/
NO restriction: Select YES if solid 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:	Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?
	ELLANEOUS 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: Image: Comparison of the
	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: Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date:	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 scheduled patient procedure? Is product order for restocking purposes?



Version 2021	sion 2021 Introduction Type: New Item]	Final Version			Date:	01.11	.2023			
	PRODUCT INFORMATION								SPECIAL HAND	DLING AND STOR	AGE REQUI	REMENTS*			
Company Name:	Company Name: Eugia US LLC (t/k/a AuroMedics Pharma LLC) Application: ANDA							ANDA	a. Temperature	e - Indicate the USP tempe	erature range for t	his product.			
Application Number for NDA/AN	DA/BLA (drug); P	MA/510(k)(med	d device):	2	11817					Temperature Range	Controlled Room		and 25 C (6	8° – 77° F)	
Medical Device Class, if applicat	ole:														
DUNS:	968961354									Other Temperature Range F	Requirement				
Proprietary Name (If Applicable) a		ame: 1	Testosterone Cypionate Injection							(write in)					
Selling Unit NDC:	55150-277-01		Unit of Use NDC:		55150-277-01	UPC:	3551502	277018	-	Notes					
UDI			CVX Code:			MVX Code:									
Description:	Testosterone Cyp	ionate Injection	n, USP 200 mg per mL							Is this product to be shipped				No	
Active Ingredient(s):		Testosterone	Cypionate Injection						-	Is this product to be shipped	to customers on o	ary ice?		No	
Active ingredient(s).		1031031010110	Cypionale injection						b. Contact for	temperature excursion que	estions:				
URL for Additional Product Inform	nation:	Eugiaus.com								Name:		Kevin Cagne	etti		
Address:	279 Princeton-Hig	htstown Road				Address 2:				Number:		732.839.940			
City:	East Windsor				State:	NJ	Zip:	08520		Group E-mail:		kcagnetti(@EugiaUS.o	<u>com</u>	
Key Contact:	000 000 7000				Email: Fax:	700.055.0440									
Phone Number:	888-238-7880	Androgono			Fax:	732-355-9449				lations for product in any				No	
Product Therapeutic Classification	n:	Androgens								Special returns requirement	s for this product?			No	
	ADDITIC	ONAL PRODUC	CT INFORMATION			PRODUCT	DESCRIP	TION INFORMATION	d. Store produ	ct (unit of sale) upright?					
The product is?			Is the Product	Direct-Ship	Only					Protect product (unit of sa	ale) from light?				
a legend device?		No	Is the Product	Neither	y				e. Shelf life:					24	Months
if yes, enter class #			Orphan Drug Status			Size:	1	Vial		Initial shelf life at launch (if different):				Months
a product kit?		No				Strength:	2	200 mg per mL							
if yes, list NDCs of			FDA Approval Status			on engin.	2				ORDER INFORM	IATION			
component parts						Dosage For	rm: Ir	njection (Liquid)							
reverse numbered?		No	Allermone Present			_				Unit of Sale Bottle		1 Box of 1 V	NDC selling	-	
co-licensed? latex-free?		No Yes	Allergens Present							x Box/Carton			.g. 1 Box of 1		
preservative-free?		Yes				Product Sha	ape: V	/ial Pack		Ampule		(11110 111, 0	.g. i Dox oi i	o vicio)	
correctional institution block?		No				Product Co	lor			Glass		Minimum o	rder quantit	y?	Yes
opioid?		No				riouuci co				Tube					
Cannabinoid?		No	Country of Origin	India		Product Imp	print:			Vial Liquid Sgl					
If Unit Dose, is item bar coded to u hospital scanning?	init dose for		Is this product covered u	under the						Vial Liquid Multi Vial Powder Sql		If Yes, how	many of wh Each	ich package	type?
If Unit Dose, indicate NDC here:			Trade Agreements Act (No					Vial Powder Sqr Vial Power Multi			Inner/Cartor	/Pack	
				,						Other: Write In		1	Case	in don	
			FOR GENERIC DRUG PR	ODUCTS					-				4		
					Au	thorized Generic		orized Generic, other		PH/	ARMACY ORDER	/ BILL UNIT			
I. Orange Book Rating:	AO						section	fields are not applicable	Rec. sell unit t	o customer?	_	Rx billing u	nit to pharm	nacy:	
II. Generic Equivalent to What Bra	ind?:	Depo®-Testo	sterone* (testosterone cypionate i	njection, USP)	by PFIZER INC					1 Vial]	X	Each		
		DDUC SI			DMATION				(Write-in, e.g.	l Vial)			Gram		
		DRUG SC	UPPLY CHAIN SECURITY ACT (DSCSA) INFO	RMATION							X	Milliliter		
Does supplier meet DSCSA defini	tion of manufactu	irer?	Yes		GLN:					ITEM	AND PACKING IN	FORMATIO	N		
Is product exempt from DSCSA?			No	-											
If yes, select exemption:					GCP:						Dimensi	ons (US msn	nts.)	Volume	Saleable #
Other exemption - Write in:										Weight Lbs.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No			iginal product			Item/Each:	0.07	1.61	1.53	2.4	5.91192	1
Is product sold by manufacturer's		-	No No	_	-	rect from mfr?			Box/Carton/Bu						
Has FDA granted waiver/exception If yes, attach documentation from		roduct?	NO		Provide sour	ce manufacturer f	for repact	kaged product	Inner Pack:	1.0273	10.11	3.3	3.22	107.42886	12
in yes, attach documentation nor	III FDA.								Case:						
			GTIN AND HIBCC PRODUCT I	NFORMATION						5.2115	11.02	7.48	7.87	648.72095	48
									Pallet:	658.405	48	40	47.24	90700.8	5760
Saleable Unit of Measure	S	aleable Quanti	ty HIBCC			N-14	_	Unit of Use GTIN-14		000.400	40	+0	47.24	00700.0	0100
x Item/Each		1				55150277018				COST INFORMATION		I		ER USE ONL	v
x Box/Carton/Bundle/Inner Pack X Case		12 48				55150277019 55150277013	-			COST INFORMATION			MOLESAL	ER USE UNL	
X Pallet		5760				55150277017	-		Regular Cost			Vendor #:			
									Invoice Cost (VAC) (\$)	\$19.00	Whsl. Code	e #:		
									11			Fineline Co	de:		
							_		As of date:	11/3/2023					
									11						
μ	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 inf	ormation an action		Attach copy of SAFETY DA	TA SHEET (SE	or non hazar								Normala	Chamala	
Flease provide any additional inf	ormation on page	· 2 .				See new p. 3 to	n Designa	ated Drop Ship Only.		Signature:			inarende	r Chamala	

Version 2021 Fo	or Designated	d Drop Ship Only Products, Please Use Page 3				
MAT	TERIAL HAZA	ARD CLASSIFICATION and TRANSPORTATION				
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? c. Contact Hazard? d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.)	No No No No Yes	Organic Inorganic Steroid/Androgen Inorganic Does the product have an Aerosol class? If yes, identify NFPA Storage Level: NFPA Storage Level:	DS Hazard Classification Corrosive Oxidizer Contact Hazard No			
e. Does the product contain DEHP? Is this product regulated for shipment by DOT? (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?	No No No	Is the product a NIOSH hazardous drug? If yes, indicate which: Haza EPA Hazardous Waste Code:	No rdous Waste Identification Waste Characteristics			
e. Initiation Hazard? Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class	No		r REGISTRY RESTRICTIONS			
d. Packing Group e. Inhalation Hazard? Is the product restricted for air shipment? If so, indicate restriction: Passenger Cargo	No No	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)	No			
Passenger & Cargo Is this a reportable quantity? No RQ Threshold: Is this a marine pollutant? No Is this product shipped utilizing an authorized DOT exception or Special Permit? No Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4)		REMS: REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier:	No Phone: DEA #: NCPDP#: NPI #: NPI #:			
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#		Comments Registry: Registry Program Contact Name: Comments	Phone:			
Is the Product Controlled Substance Code CIII			ETURN INSTRUCTIONS			
Controlled Substance? Yes Controlled Substance Code CIII Controlled by State(s)? Yes Listed Chemical (List I or II) III ARCOS Reportable? No If yes, indicate which: If yes, indicate which: If yes, indicate which: Schedule No. 3 Is it a scheduled listed chemical product?: Is it a schedule listed chemical product?:	No No	Contact tel. # if product received damaged: Is product returnable for credit: URL/Link to returns policy:	Yes			
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)		https://eugiaus.com/policies/return-policy/ Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?				
Comments:						
MIS	SCELLANEO	US 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: Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date:	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 scheduled patient procedure? Is product order for restocking purposes?



Version 2021						Introduction 1	Туре:	New Item		Final Version			Date:	01.11	.2023
			PRODUCT INFORMAT	ION					SPECIAL HANDLING AND STORAGE REQUIREMENTS*						
Company Name:	Company Name: Eugia US LLC (t/k/a AuroMedics Pharma LLC) Application: ANDA						ANDA	a. Temperature – Indicate the USP temperature range for this product.							
Application Number for NDA/AN			•	21	1817					Temperature Range			and 25 C (68	8° – 77° F)	
Medical Device Class, if applical										1					
DUNS:	968961354									Other Temperature Range I	Requirement				
Proprietary Name (If Applicable) a	and Established Na	ame:	Testosterone Cypionate Injection							(write in)					
Selling Unit NDC:	55150-0278-01		Unit of Use NDC:		55150-0278-0	1 UPC:	3551502	278015		Notes					
UDI			CVX Code:			MVX Code:									
Description:	Testosterone Cypi	ionate Injection	, USP 2,000 mg per 10 mL (200 m	g/mL)						Is this product to be shipped	to customers on id	ce?		No	1
										Is this product to be shipped	to customers on d	ry ice?		No	1
Active Ingredient(s):		Testosterone	Cypionate Injection												
										temperature excursion qu					
URL for Additional Product Inform		Eugiaus.com				A.I.I 0				Name:		Kevin Cagn			
Address:	279 Princeton-Hig East Windsor	nisiown Road			State:	Address 2: NJ	Zip:	08520		Number: Group E-mail:		732.839.940	©EugiaUS.c	~ m	
City: Key Contact:	Last Windson				Email:	145	zip.	00320		Group E-mail.		KLagnetti	weugidus.c	0111	
Phone Number:	888-238-7880				Fax:	732-355-9449			c. Special requ	lations for product in any	states?			No	1
Product Therapeutic Classificatio		Androgens			-					Special returns requirement				No	1
										oposial lotario roquioriori	o for the product.				
	ADDITIC	ONAL PRODUC	CT INFORMATION			PRODUCT	DESCRIP	TION INFORMATION	d. Store produ	ct (unit of sale) upright?					
The product is?			Is the Product	Direct-Ship	Only					Protect product (unit of sa	ale) from light?				
a legend device?		No	Is the Product	Neither				1	e. Shelf life:		, itoin light:			24	Months
if yes, enter class #			Orphan Drug Status			Size:	1	Vial		Initial shelf life at launch (if different):				Months
a product kit?	1	No				Ctron oth .	2	2,000 mg per 10 mL (200							
if yes, list NDCs of			FDA Approval Status			Strength:	m	ng/mL)			ORDER INFORM	ATION			
component parts						Dosage Form	m: In	njection (Liquid)							
reverse numbered?		No						· · · · · · · · · · · · · · · · · · ·		Unit of Sale			NDC selling		
co-licensed?		No	Allergens Present							Bottle			ial (55150-27		
latex-free?		Yes				Product Sha	ape: V	/ial Pack		x Box/Carton		(Write-in, e	.g. 1 Box of 1	U Vials)	
preservative-free? correctional institution block?		Yes No					-			Ampule Glass		Minimum o	rder quantity	2	Yes
opioid?		No				Product Col	lor:			Tube		Winning	ruer quantity		163
Cannabinoid?		No	Country of Origin	India		Baseduard Inco				Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for		, ,			Product Imp	orint:			Vial Liquid Multi		If Yes, how	many of whi	ch package	type?
hospital scanning?			Is this product covered un	nder the						Vial Powder Sql			Each		
If Unit Dose, indicate NDC here:			Trade Agreements Act (T	AA)?	No					Vial Power Multi			Inner/Carton	/Pack	
						Other: Write In		1	Case						
FOR GENERIC DRUG PRODUCTS															
				_	Au	horized Generic		orized Generic, other fields are not applicable			ARMACY ORDER				
I. Orange Book Rating: AO RX bining							nit to pharm	acy:							
II. Generic Equivalent to What Brand?: Depo®-Testosterone* (testosterone spionate injection, USP) by PFIZER INC 1 Vial X Each															
	DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION (Write-in, e.g. 1 Vial) Gram														
		5.0000							-			X	Inninter		
Does supplier meet DSCSA defini	ition of manufactu	rer?	Yes	7	GLN:					ITEM	AND PACKING IN	FORMATIO	N		
Is product exempt from DSCSA?			No	1											
If yes, select exemption:					GCP:						Dimensio	ons (US msn	nts.)	Volume	Saleable #
Other exemption - Write in:										Weight Lbs.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No			iginal product	[Item/Each:	0.1085	1.61	1.53	2.4	5.91192	1
Is product sold by manufacturer's		-	No		-	rect from mfr?					1.01	1.55	2.4	5.51152	'
Has FDA granted waiver/exceptio		roduct?	No		Provide sour	ce manufacturer f	for repack	kaged product	Box/Carton/Bu	indle/ 1.4893	10.11	3.3	3.22	107.42886	12
If yes, attach documentation fro	om FDA.								Inner Pack:						
			GTIN AND HIBCC PRODUCT IN	FORMATION					Case:	7.0595	11.02	7.48	7.87	648.72095	48
				I OKMATION					Pallet:	Sea: 738.975			Sea:39.37	Jea.1 JJJJU.	Sea:4800
Saleable Unit of Measure	s	aleable Quanti	ty HIBCC		GTI	N-14		Unit of Use GTIN-14	T unct.	Air: 880.165	48	40	Air: 47.24	4	
x Item/Each	0	1	,		003	55150278015			L						
X Box/Carton/Bundle/Inner Pack		12				55150278016	· ·			COST INFORMATION		1	WHOLESALE	ER USE ONL	Y:
X Case		48			503	55150278010									
X Pallet	_	5760			703	55150278014	_		Regular Cost			Vendor #:			
	_						-		Invoice Cost (NAC) (\$)	\$35.00	Whsl. Code			
	-				_		_		A	11/0/0000		Fineline Co	de:		
	-						-		As of date:	11/3/2023					
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 inf	formation on race	`	Attach copy of SAFETY DAT	A SHEET (SD	or non hazar			, LABEL AND PHOTO OF F ated Drop Ship Only.					Noronder	Chamala	
	ionnation on page	4.				See new p. 3 for	i Designa	ateu Drop Snip Only.		Signature:			Narender	Chamala	

Version 2021 Fo	or Designated	d Drop Ship Only Products, Please Use Page 3				
MAT	TERIAL HAZA	ARD CLASSIFICATION and TRANSPORTATION				
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? c. Contact Hazard? d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.)	No No No No Yes	Organic Inorganic Steroid/Androgen Inorganic Does the product have an Aerosol class? If yes, identify NFPA Storage Level: NFPA Storage Level:	DS Hazard Classification Corrosive Oxidizer Contact Hazard No			
e. Does the product contain DEHP? Is this product regulated for shipment by DOT? (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?	No No No	Is the product a NIOSH hazardous drug? If yes, indicate which: Haza EPA Hazardous Waste Code:	No rdous Waste Identification Waste Characteristics			
e. Initiation Hazard? Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class	No		r REGISTRY RESTRICTIONS			
d. Packing Group e. Inhalation Hazard? Is the product restricted for air shipment? If so, indicate restriction: Passenger Cargo	No No	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)	No			
Passenger & Cargo Is this a reportable quantity? No RQ Threshold: Is this a marine pollutant? No Is this product shipped utilizing an authorized DOT exception or Special Permit? No Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4)		REMS: REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier:	No Phone: DEA #: NCPDP#: NPI #: NPI #:			
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#		Comments Registry: Registry Program Contact Name: Comments	Phone:			
Is the Product Controlled Substance Code CIII			ETURN INSTRUCTIONS			
Controlled Substance? Yes Controlled Substance Code CIII Controlled by State(s)? Yes Listed Chemical (List I or II) III ARCOS Reportable? No If yes, indicate which: If yes, indicate which: If yes, indicate which: Schedule No. 3 Is it a scheduled listed chemical product?: Is it a schedule listed chemical product?:	No No	Contact tel. # if product received damaged: Is product returnable for credit: URL/Link to returns policy:	Yes			
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)		https://eugiaus.com/policies/return-policy/ Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?				
Comments:						
MIS	SCELLANEO	US 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: Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date:	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 scheduled patient procedure? Is product order for restocking purposes?