



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

Version 2021 Introduction Type:  New Item  Final Version Date:

| PRODUCT INFORMATION   |   |
|---|---|
| Company Name:   | Eugia US LLC (f/k/a AuroMedics Pharma LLC)                    |
| Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): | 217401  |
| Medical Device Class, if applicable:                                |   |
| DUNS:   | 968961354   |
| Proprietary Name (If Applicable) and Established Name:              | Vancomycin Hydrochloride for Injection, USP 1.25 g/vial(10's) |
| Selling Unit NDC:   | 55150-0471-10   |
| Unit of Use NDC:  | 55150-0471-01   |
| UPC:  | 355150471102  |
| UDI   |   |
| CVX Code:   |   |
| MVX Code:   |   |
| Description:  | Vancomycin Hydrochloride for Injection, USP 1.25 g/vial(10's) |
| Active Ingredient(s):   | Vancomycin Hydrochloride                                      |
| URL for Additional Product Information:                             | eugiaus.com   |
| Address:  | 279 Princeton-Hightstown Road                                 |
| City:   | East Windsor  |
| Key Contact:  |   |
| Phone Number:   | 888-238-7880  |
| Product Therapeutic Classification:                                 | Anti bacterial  |

| SPECIAL HANDLING AND STORAGE REQUIREMENTS*                            |  |
|---|--|
| a. Temperature – Indicate the USP temperature range for this product. | Temperature Range <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/> |
| Other Temperature Range Requirement (write in)                        |  |
| Notes   |  |
| Is this product to be shipped to customers on ice?                    | <input type="checkbox"/> No  |
| Is this product to be shipped to customers on dry ice?                | <input type="checkbox"/> No  |
| b. Contact for temperature excursion questions:                       | Name: <input type="text" value="Kevin Cagnetti"/>  |
|   | Number: <input type="text" value="732.839.9400 ex 8009"/>  |
|   | Group E-mail: <input type="text" value="kcagnetti@EugiaUS.com"/>                                   |
| c. Special regulations for product in any states?                     | <input type="checkbox"/> No  |
| Special returns requirements for this product?                        | <input type="checkbox"/> No  |
| d. Store product (unit of sale) upright?                              | <input type="checkbox"/> No  |
| Protect product (unit of sale) from light?                            | <input type="checkbox"/> No  |
| e. Shelf life:  | <input type="text" value="24"/> Months   |
| Initial shelf life at launch (if different):                          | <input type="text" value=""/> Months   |

| ADDITIONAL PRODUCT INFORMATION  |                               | PRODUCT DESCRIPTION INFORMATION                               |   |
|---|-------------------------------|---|---|
| The product is a legend device? if yes, enter class #                 | <input type="checkbox"/> No   | Is the Product... Direct-Ship Only                            | <input type="checkbox"/>                              |
| a product kit? if yes, list NDCs of component parts reverse numbered? | <input type="checkbox"/> No   | Is the Product... Orphan Drug Status                          | <input type="checkbox"/> Neither                      |
| co-licensed?  | <input type="checkbox"/> No   | FDA Approval Status   | <input type="text" value=""/>                         |
| latex-free?   | <input type="checkbox"/> No   | Allergens Present   | <input type="text" value=""/>                         |
| preservative-free?  | <input type="checkbox"/> Yes  | Country of Origin   | <input type="text" value="India"/>                    |
| correctional institution block? opioid?                               | <input type="checkbox"/> No   | Is this product covered under the Trade Agreements Act (TAA)? | <input type="checkbox"/> No                           |
| Cannabinoid?  | <input type="checkbox"/> No   |   |   |
| If Unit Dose, is item bar coded to unit dose for hospital scanning?   | <input type="checkbox"/>      |   |   |
| If Unit Dose, indicate NDC here:                                      | <input type="text" value=""/> |   |   |
|   |                               | Size:   | <input type="text" value="10 x 30 mL Single Dose V"/> |
|   |                               | Strength:   | <input type="text" value="1.25 g/vial"/>              |
|   |                               | Dosage Form:  | <input type="text" value="Powder"/>                   |
|   |                               | Product Shape:  | <input type="text" value=""/>                         |
|   |                               | Product Color:  | <input type="text" value=""/>                         |
|   |                               | Product Imprint:  | <input type="text" value=""/>                         |

| ORDER INFORMATION                          |  |
|--|--|
| Unit of Sale                               | What is the NDC selling unit?                        |
| <input checked="" type="checkbox"/> Bottle | <input type="text" value="1 box of 10 vials"/>       |
| <input type="checkbox"/> x Box/Carton      | (Write-in, e.g. 1 Box of 10 Vials)                   |
| <input type="checkbox"/> Ampule            | Minimum order quantity? <input type="checkbox"/> Yes |
| <input type="checkbox"/> Glass             |  |
| <input type="checkbox"/> Tube              |  |
| <input type="checkbox"/> Vial Liquid Sgl   |  |
| <input type="checkbox"/> Vial Liquid Multi | If Yes, how many of which package type?              |
| <input type="checkbox"/> Vial Powder Sgl   | <input type="checkbox"/> Each                        |
| <input type="checkbox"/> Vial Power Multi  | <input type="checkbox"/> Inner/ Carton/ Pack         |
| <input type="checkbox"/> Other: Write In   | <input type="text" value="1"/> Case                  |

| 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="VANCOMYCIN HYDROCHLORIDE"/>   |

| PHARMACY ORDER / BILL UNIT          |  |
|-------------------------------------|--|
| Rec. sell unit to customer?         | Rx billing unit to pharmacy:             |
| <input type="text" value="1 vial"/> | <input checked="" type="checkbox"/> Each |
| (Write-in, e.g. 1 Vial)             | <input type="checkbox"/> Gram            |
|                                     | <input type="checkbox"/> Milliliter      |

| DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION   |                               |
|--|-------------------------------|
| Does supplier meet DSCSA definition of manufacturer?   | <input type="checkbox"/> Yes  |
| Is product exempt from DSCSA?  | <input type="checkbox"/> No   |
| If yes, select exemption: Other exemption - Write in:  | <input type="text" value=""/> |
| Is product repackaged?   | <input type="checkbox"/> No   |
| Is product sold by manufacturer's exclusive distributor?                                       | <input type="checkbox"/> No   |
| Has FDA granted waiver/exception/exemption for product? If yes, attach documentation from FDA. | <input type="text" value=""/> |
| GLN:   | <input type="text" value=""/> |
| GCP:   | <input type="text" value=""/> |
| If yes, was original product purchased direct from mfr?  | <input type="checkbox"/>      |
| Provide source manufacturer for repackaged product   | <input type="text" value=""/> |

| ITEM AND PACKING INFORMATION     |             |                        |               |                   |           |         |
|----------------------------------|-------------|------------------------|---------------|-------------------|-----------|---------|
| Item/Each:                       | Weight Lbs. | Dimensions (US msmts.) | Volume (Cube) | Saleable # Pieces |           |         |
|                                  |             | Depth                  | Width         | Height            |           |         |
| Item/Each:                       | 0.7494      | 6.5                    | 2.68          | 3.15              | 54.873    | 10      |
| Box/ Carton/ Bundle/ Inner Pack: |             |                        |               |                   |           |         |
| Case:                            | 8.969       | 14.763                 | 7.677         | 7.874             | 892.404   | 100     |
| Pallet:                          | 840.26      | 48                     | 40            | 52.24             | 100300.80 | 9000.00 |

| 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            | 10                |       | 00355150471102 |                     |
| <input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack |                   |       |                |                     |
| <input type="checkbox"/> Case                            | 100               |       | 50355150471107 |                     |
| <input type="checkbox"/> Pallet                          | 9000              |       | 70355150471101 |                     |

| COST INFORMATION        |                                       | WHOLESALE USE ONLY: |                               |
|-------------------------|---------------------------------------|---------------------|-------------------------------|
| Regular Cost            | <input type="text" value=""/>         | Vendor #:           | <input type="text" value=""/> |
| Invoice Cost (WAC) (\$) | <input type="text" value="\$201.00"/> | Whsl. Code #:       | <input type="text" value=""/> |
| As of date:             | <input type="text" value="8/3/2023"/> | Fineline Code:      | <input type="text" value=""/> |

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:

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For Designated Drop Ship Only Products, Please Use Page 3

| MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION   |   |                                  |                                    |                                    |                                   |   |   |
|---|---|----------------------------------|------------------------------------|------------------------------------|-----------------------------------|---|---|
| <p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant?<br/>           Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No<br/>           Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No<br/>           Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions?<br/>           (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT?<br/>           (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by IATA?<br/>           (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/> No</p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger<br/> <input type="checkbox"/> Cargo<br/> <input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/> No<br/>           RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit?<br/> <input type="checkbox"/> (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity<br/> <input type="checkbox"/> Consumer Commodity, ORM-D<br/> <input type="checkbox"/> Small Quantity (49 CFR 173.4)<br/> <input type="checkbox"/> Special Permit; DOT-SP<br/> <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);<br/>           SP# <input type="text"/></p> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>SDS Hazard Classification</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p>Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/> No</p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? <input type="checkbox"/> No<br/>           If yes, indicate which: <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>Hazardous Waste Identification</b></p> <p>EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>REMS or REGISTRY RESTRICTIONS</b></p> <p>Is there a REMS on this product? <input type="checkbox"/> No<br/>           If Yes, is it managed with a pharmacy registry? <input type="text"/><br/>           Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No<br/>           Limited Distribution Requirement <input type="checkbox"/> No<br/>           Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p><b>REMS:</b> <input type="checkbox"/> No</p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="checkbox"/> No<br/>           Wholesale distributor support: <input type="checkbox"/> No<br/>           Provider Name: <input type="text"/> DEA #: <input type="text"/><br/>           Site Enrollment Number assigned by Supplier: <input type="text"/> NCPDP#: <input type="text"/><br/>           NPI #: <input type="text"/></p> <p>Comments <input type="text"/></p> <p><b>Registry:</b> <input type="checkbox"/> No<br/>           Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/><br/>           Comments <input type="text"/></p> </div> | <input type="checkbox"/> Organic | <input type="checkbox"/> Corrosive | <input type="checkbox"/> Inorganic | <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Steroid/Androgen | <input type="checkbox"/> Contact Hazard |
| <input type="checkbox"/> Organic  | <input type="checkbox"/> Corrosive  |                                  |                                    |                                    |                                   |   |   |
| <input type="checkbox"/> Inorganic  | <input type="checkbox"/> Oxidizer   |                                  |                                    |                                    |                                   |   |   |
| <input type="checkbox"/> Steroid/Androgen   | <input type="checkbox"/> Contact Hazard   |                                  |                                    |                                    |                                   |   |   |
| ADD'L STORAGE INFORMATION   |   |                                  |                                    |                                    |                                   |   |   |
| <p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> No      Controlled Substance Code <input type="text"/></p> <p>Controlled by State(s)? <input type="checkbox"/> No      Listed Chemical (List I or II) <input type="checkbox"/> No</p> <p>ARCOS Reportable? <input type="checkbox"/> No      If yes, indicate which: <input type="text"/></p> <p>Schedule No. <input type="text"/>      Is it a scheduled listed chemical product?: <input type="checkbox"/> No</p>   | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>RETURN INSTRUCTIONS</b></p> <p>Contact tel. # if product received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</p> <p>URL/Link to returns policy: <input type="text"/><br/> <a href="https://eugiaus.com/policies/return-policy/">https://eugiaus.com/policies/return-policy/</a></p> <p>Special regulations or returns requirements for this product in certain states? <input type="text"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p> </div>  |                                  |                                    |                                    |                                   |   |   |
| CLASS OF TRADE RESTRICTION:   |   |                                  |                                    |                                    |                                   |   |   |
| <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> No</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>   | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>MISCELLANEOUS NOTES and/or Image of Product Barcode:</b></p> <p style="height: 40px; border: 1px solid black;"></p> </div>  |                                  |                                    |                                    |                                   |   |   |



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

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:<br>a. EDI <input type="checkbox"/><br>b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/><br>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/><br>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/><br>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/><br>Minimum Order Quantity: <input type="text"/><br>Supplier's Customer Service Number: <input type="text"/><br>Contracted 3PL company / contact #: <input type="text"/><br>Name: <input type="text"/><br>Phone: <input type="text"/> | <b>Purchase order daily receipt cut off time by supplier</b><br>Cut off time: <input type="text"/><br>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days<br>Ships same day for next day receipt: <input type="checkbox"/><br>Ships for second day receipt: <input type="checkbox"/><br>Ships regular ground for 3-10 days receipt: <input type="checkbox"/>   |
| Expedited Freight Charges or Other Designated Drop Ship Fees:  | Overnight and Priority Overnight PO Processing  |
| Expedited freight fees billed with each order: <input type="text"/><br>Drop Ship service fee billed with each order: <input type="text"/><br>Drop Ship miscellaneous fees billed: <input type="text"/><br>Comments: <input type="text"/>   | <b>Overnight receipt available:</b> <input type="checkbox"/><br>PO Receipt cut off time: <input type="text"/><br>Days of week overnight is available:<br><input type="checkbox"/> Monday<br><input type="checkbox"/> Tuesday<br><input type="checkbox"/> Wednesday<br><input type="checkbox"/> Thursday<br><input type="checkbox"/> Friday<br><b>Priority Overnight receipt available:</b> <input type="checkbox"/><br>PO Receipt Cut off time: <input type="text"/><br><b>Saturday Overnight receipt available:</b> <input type="checkbox"/><br>PO Receipt Cut off time: <input type="text"/><br>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/><br>Fax: <input type="text"/> Fax #: <input type="text"/><br>EDI: <input type="text"/><br>Overnight Fees apply: <input type="checkbox"/><br>Other fees apply: <input type="checkbox"/> |
| Class of Trade Restriction:  |   |
| No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/><br>Restricted to retail pharmacy only: <input type="checkbox"/><br>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/><br>Restricted from US territories? (explain in comments) <input type="checkbox"/><br>Comments: <input type="text"/>  |   |
| Other Data Information Required to Process PO:   | Return Instructions   |
| Patient Procedure Date: <input type="text"/><br>Physician Name: <input type="text"/><br>Physician/Clinic Phone #: <input type="text"/><br>Physician State License #: <input type="text"/><br>Physician/Clinic DEA #: <input type="text"/><br>Physician/Clinic Specialty: <input type="text"/>  | Contact # if product is received damaged: <input type="text"/><br>Is product returnable for credit: <input type="checkbox"/><br>URL/Link to returns policy: <input type="text"/><br>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/><br>If so, which states? Other requirements? Comments? <input type="text"/>   |
| Miscellaneous Notes:   |   |
|  | <b>ADDITIONAL INFORMATION</b><br>Is product order for scheduled patient procedure? <input type="checkbox"/><br>Is product order for restocking purposes? <input type="checkbox"/>   |



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

Version 2021 Introduction Type:  New Item  Final Version Date:

**PRODUCT INFORMATION** **SPECIAL HANDLING AND STORAGE REQUIREMENTS\***

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): 217401  
 Medical Device Class, if applicable:   
 DUNS: 968961354  
 Proprietary Name (If Applicable) and Established Name:   
 Selling Unit NDC: 55150-0472-10 Unit of Use NDC: 55150-0472-01 UPC: 355150472109  
 UDI  CVX Code:  MVX Code:   
 Description: Vancomycin Hydrochloride for Injection, USP 1.5 g/vial(10's)  
 Active Ingredient(s): Vancomycin Hydrochloride  
 URL for Additional Product Information: eugiaus.com  
 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: Anti bacterial

**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?  No  
 Is this product to be shipped to customers on dry ice?  No  
**b. Contact for temperature excursion questions:**  
 Name: Kevin Cagnetti  
 Number: 732.839.9400 ex 8009  
 Group E-mail: [kcagnetti@EugiaUS.com](mailto:kcagnetti@EugiaUS.com)  
**c. Special regulations for product in any states?**  No  
 Special returns requirements for this product?  No  
**d. Store product (unit of sale) upright?**  No  
 Protect product (unit of sale) from light?  No  
**e. Shelf life:**  Months  
 Initial shelf life at launch (if different):  Months

| ADDITIONAL PRODUCT INFORMATION   |   | PRODUCT DESCRIPTION INFORMATION                               |   |
|--|---|---|---|
| The product is a legend device? if yes, enter class #  | <input type="checkbox"/> No   | Is the Product... Direct-Ship Only                            | <input type="checkbox"/>                              |
| a product kit? if yes, list NDCs of component parts  | <input type="checkbox"/> No   | Is the Product... Orphan Drug Status                          | <input type="checkbox"/> Neither                      |
| reverse numbered? co-licensed? latex-free? preservative-free? correctional institution block? opioid? Cannabinoid? | <input type="checkbox"/> No<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> No<br><input type="checkbox"/> No | FDA Approval Status   | <input type="text"/>                                  |
| If Unit Dose, is item bar coded to unit dose for hospital scanning? If Unit Dose, indicate NDC here:               | <input type="checkbox"/>  | Allergens Present   | <input type="text"/>                                  |
|  |   | Country of Origin   | <input type="text" value="India"/>                    |
|  |   | Is this product covered under the Trade Agreements Act (TAA)? | <input type="checkbox"/> No                           |
|  |   | Size:   | <input type="text" value="10 x 30 mL Single Dose V"/> |
|  |   | Strength:   | <input type="text" value="1.5 g/vial"/>               |
|  |   | Dosage Form:  | <input type="text" value="Powder"/>                   |
|  |   | Product Shape:  | <input type="text"/>                                  |
|  |   | Product Color:  | <input type="text"/>                                  |
|  |   | Product Imprint:  | <input type="text"/>                                  |

**ORDER INFORMATION**

| Unit of Sale                                      | What is the NDC selling unit?                        |
|---|--|
| <input type="checkbox"/> Bottle                   | <input type="text" value="1 box of 10 vials"/>       |
| <input checked="" type="checkbox"/> x Box/ Carton | (Write-in, e.g. 1 Box of 10 Vials)                   |
| <input type="checkbox"/> Ampule                   |  |
| <input type="checkbox"/> Glass                    |  |
| <input type="checkbox"/> Tube                     |  |
| <input type="checkbox"/> Vial Liquid Sgl          |  |
| <input type="checkbox"/> Vial Liquid Multi        |  |
| <input type="checkbox"/> Vial Powder Sgl          |  |
| <input type="checkbox"/> Vial Power Multi         |  |
| <input type="checkbox"/> Other: Write In          |  |
|   | Minimum order quantity? <input type="checkbox"/> Yes |
|   | If Yes, how many of which package type?              |
|   | <input type="text"/> Each                            |
|   | <input type="text"/> Inner/ Carton/ Pack             |
|   | <input type="text" value="1"/> 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?         | Rx billing unit to pharmacy:               |
|-------------------------------------|--|
| <input type="text" value="1 vial"/> | <input checked="" type="checkbox"/> x Each |
| (Write-in, e.g. 1 Vial)             | <input type="checkbox"/> Gram              |
|                                     | <input type="checkbox"/> Milliliter        |

**DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION**

Does supplier meet DSCSA definition of manufacturer?  Yes  
 Is product exempt from DSCSA?  No  
 If yes, select exemption:   
 Other exemption - Write in:   
 Is product repackaged?  No  
 Is product sold by manufacturer's exclusive distributor?  No  
 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 |               |                   |
| Box/ Carton/ Bundle/ Inner Pack: |             |                        |       |        |               |                   |
| Case:                            | 9.295       | 14.763                 | 7.677 | 7.874  | 892.404       | 100               |
| Pallet:                          | 869.60      | 48                     | 40    | 52.24  | 100300.80     | 9000.00           |

**GTIN AND HIBCC PRODUCT INFORMATION**

| Saleable Unit of Measure                        | Saleable Quantity | HIBCC | GTIN-14        | Unit of Use GTIN-14 |
|---|-------------------|-------|----------------|---------------------|
| <input checked="" type="checkbox"/> x Item/Each | 10                |       | 00355150472109 |                     |
| Box/ Carton/ Bundle/ Inner Pack                 |                   |       |                |                     |
| Case  | 100               |       | 50355150472104 |                     |
| Pallet  | 9000              |       | 70355150472108 |                     |

**COST INFORMATION** **WHOLESALE USE ONLY:**

Regular Cost   
 Invoice Cost (WAC) (\$)   
 As of date:   
 Vendor #:   
 Whsl. Code #:   
 Finline Code:

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For Designated Drop Ship Only Products, Please Use Page 3

| MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION   |   |                                  |                                    |                                    |                                   |   |   |
|---|---|----------------------------------|------------------------------------|------------------------------------|-----------------------------------|---|---|
| <p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant?<br/>           Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No<br/>           Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No<br/>           Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions?<br/>           (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT?<br/>           (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by IATA?<br/>           (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/> No</p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger<br/> <input type="checkbox"/> Cargo<br/> <input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/> No<br/>           RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit?<br/> <input type="checkbox"/> (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity<br/> <input type="checkbox"/> Consumer Commodity, ORM-D<br/> <input type="checkbox"/> Small Quantity (49 CFR 173.4)<br/> <input type="checkbox"/> Special Permit; DOT-SP<br/> <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);<br/>           SP# <input type="text"/></p> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>SDS Hazard Classification</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p>Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/> No</p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? <input type="checkbox"/> No<br/>           If yes, indicate which: <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>Hazardous Waste Identification</b></p> <p>EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>REMS or REGISTRY RESTRICTIONS</b></p> <p>Is there a REMS on this product? <input type="checkbox"/> No<br/>           If Yes, is it managed with a pharmacy registry? <input type="text"/><br/>           Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No<br/>           Limited Distribution Requirement <input type="checkbox"/> No<br/>           Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p><b>REMS:</b> <input type="checkbox"/> No</p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="checkbox"/> No<br/>           Wholesale distributor support: <input type="checkbox"/> No<br/>           Provider Name: <input type="text"/> DEA #: <input type="text"/><br/>           Site Enrollment Number assigned by Supplier: <input type="text"/> NCPDP#: <input type="text"/><br/>           NPI #: <input type="text"/></p> <p>Comments <input type="text"/></p> <p><b>Registry:</b> <input type="checkbox"/> No<br/>           Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/><br/>           Comments <input type="text"/></p> </div> | <input type="checkbox"/> Organic | <input type="checkbox"/> Corrosive | <input type="checkbox"/> Inorganic | <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Steroid/Androgen | <input type="checkbox"/> Contact Hazard |
| <input type="checkbox"/> Organic  | <input type="checkbox"/> Corrosive  |                                  |                                    |                                    |                                   |   |   |
| <input type="checkbox"/> Inorganic  | <input type="checkbox"/> Oxidizer   |                                  |                                    |                                    |                                   |   |   |
| <input type="checkbox"/> Steroid/Androgen   | <input type="checkbox"/> Contact Hazard   |                                  |                                    |                                    |                                   |   |   |
| ADD'L STORAGE INFORMATION   |   |                                  |                                    |                                    |                                   |   |   |
| <p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> No      Controlled Substance Code <input type="text"/></p> <p>Controlled by State(s)? <input type="checkbox"/> No      Listed Chemical (List I or II) <input type="checkbox"/> No</p> <p>ARCOS Reportable? <input type="checkbox"/> No      If yes, indicate which: <input type="text"/></p> <p>Schedule No. <input type="text"/>      Is it a scheduled listed chemical product?: <input type="checkbox"/> No</p>   | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>RETURN INSTRUCTIONS</b></p> <p>Contact tel. # if product received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</p> <p>URL/Link to returns policy: <input type="text"/><br/> <a href="https://eugiaus.com/policies/return-policy/">https://eugiaus.com/policies/return-policy/</a></p> <p>Special regulations or returns requirements for this product in certain states? <input type="text"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p> </div>  |                                  |                                    |                                    |                                   |   |   |
| CLASS OF TRADE RESTRICTION:   |   |                                  |                                    |                                    |                                   |   |   |
| <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> No</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>   | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>MISCELLANEOUS NOTES and/or Image of Product Barcode:</b></p> <p style="height: 40px; border: 1px solid black;"></p> </div>  |                                  |                                    |                                    |                                   |   |   |



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

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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   |
|--|---|
| Purchase orders may be accepted by:<br>a. EDI <input type="checkbox"/><br>b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/><br>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/><br>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/><br>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/><br>Minimum Order Quantity: <input type="text"/><br>Supplier's Customer Service Number: <input type="text"/><br>Contracted 3PL company / contact #: <input type="text"/><br>Name: <input type="text"/><br>Phone: <input type="text"/> | <b>Purchase order daily receipt cut off time by supplier</b><br>Cut off time: <input type="text"/><br>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days<br>Ships same day for next day receipt: <input type="checkbox"/><br>Ships for second day receipt: <input type="checkbox"/><br>Ships regular ground for 3-10 days receipt: <input type="checkbox"/>   |
| Expedited Freight Charges or Other Designated Drop Ship Fees:  | Overnight and Priority Overnight PO Processing  |
| Expedited freight fees billed with each order: <input type="text"/><br>Drop Ship service fee billed with each order: <input type="text"/><br>Drop Ship miscellaneous fees billed: <input type="text"/><br>Comments: <input type="text"/>   | <b>Overnight receipt available:</b> <input type="checkbox"/><br>PO Receipt cut off time: <input type="text"/><br>Days of week overnight is available:<br><input type="checkbox"/> Monday<br><input type="checkbox"/> Tuesday<br><input type="checkbox"/> Wednesday<br><input type="checkbox"/> Thursday<br><input type="checkbox"/> Friday<br><b>Priority Overnight receipt available:</b> <input type="checkbox"/><br>PO Receipt Cut off time: <input type="text"/><br><b>Saturday Overnight receipt available:</b> <input type="checkbox"/><br>PO Receipt Cut off time: <input type="text"/><br>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/><br>Fax: <input type="text"/> Fax #: <input type="text"/><br>EDI: <input type="text"/><br>Overnight Fees apply: <input type="checkbox"/><br>Other fees apply: <input type="checkbox"/> |
| Class of Trade Restriction:  |   |
| No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/><br>Restricted to retail pharmacy only: <input type="checkbox"/><br>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/><br>Restricted from US territories? (explain in comments) <input type="checkbox"/><br>Comments: <input type="text"/>  |   |
| Other Data Information Required to Process PO:   | Return Instructions   |
| Patient Procedure Date: <input type="text"/><br>Physician Name: <input type="text"/><br>Physician/Clinic Phone #: <input type="text"/><br>Physician State License #: <input type="text"/><br>Physician/Clinic DEA #: <input type="text"/><br>Physician/Clinic Specialty: <input type="text"/>  | Contact # if product is received damaged: <input type="text"/><br>Is product returnable for credit: <input type="checkbox"/><br>URL/Link to returns policy: <input type="text"/><br>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/><br>If so, which states? Other requirements? Comments? <input type="text"/>   |
| Miscellaneous Notes:   |   |
|  | <b>ADDITIONAL INFORMATION</b><br>Is product order for scheduled patient procedure? <input type="checkbox"/><br>Is product order for restocking purposes? <input type="checkbox"/>   |