

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

Version 2021						Introduction 1	Type: New Item		Final Version			Date:	2/7/2	2024		
			PRODUCT INFORMAT	ION					SPECIAL HAN	DLING AND STOR	AGE REQUI	REMENTS*				
Company Name: SOLA Pharmaceuticals Application:									a. Temperature – Indicate the USP temperature range for this product.							
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):  Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F)																
Medical Device Class, if applical																
DUNS:	080121345								Other Temperature Range I	Requirement						
Proprietary Name (If Applicable) a Selling Unit NDC:	70512-812-30	ime: Lido	ocaine 4% Patch Unit of Use NDC:			UPC:	370512812300		(write in) Notes		Avoid storin	a product in a	direct sunlight:	protoot		
UDI	70312-012-30		CVX Code:			MVX Code:	370512612300		votes			n excessive n		protect		
Description:	Lidocaine 4% Pate	ch 30ct							s this product to be shipped	d to customers on i			No			
Description: Lidocaine 4% Patch, 30ct									s this product to be shipped				No			
Active Ingredient(s): Lidocaine 4%											,					
URL for Additional Product Inform		emperature excursion qu Name:	estions:													
Address:	655 Highlandia Dr.				Address 2:								6-747-7365			
City:	Baton Rouge					State: LA Zip: 70810			Group E-mail:			info@solameds.us				
Key Contact:	_				Email: info@solameds.us											
Phone Number:	866-747-7365				<b>Fax:</b> 800-754-9550				lations for product in any				No			
Product Therapeutic Classificatio	n:	Topical Anesthetic						S	Special returns requirement	s for this product?			No			
	ADDITIO	ONAL PRODUCT	INFORMATION			PRODUCT	DESCRIPTION INFORMATION	d Store produc	t (unit of sale) upright?				No			
The product is?			Is the Product	Direct-Ship Or	nly				Protect product (unit of sa	ale) from light?			No			
a legend device?		No	Is the Product	O	,	8:	30 patches	e. Shelf life:	. Stock product (unit 0) Sc	,			24	Months		
if yes, enter class #			Orphan Drug Status			Size:			nitial shelf life at launch (	if different):				Months		
a product kit?		No			-	Strength:	4%							'		
if yes, list NDCs of component parts			FDA Approval Status				Taninal match			ORDER INFORM	IATION					
reverse numbered?		No				Dosage Fori	n: Topical patch		Jnit of Sale		What is the	NDC selling	unit?			
co-licensed?		No	Allergens Present						Bottle		1 box of 30					
latex-free?		Yes				Product Sha	ne: Rectangle		x Box/Carton		(Write-in, e	.g. 1 Box of 1	0 Vials)			
preservative-free?		Yes				1 roduct one			Ampule							
correctional institution block? opioid?		No No				Product Col	or: White	-	Glass Tube		Minimum o	rder quantity	/?	Yes		
Cannabinoid?		No	Country of Origin	China				-       -	Vial Liquid Sgl							
If Unit Dose, is item bar coded to u	unit dose for	140	Country of Origin	Omma		Product Imp	rint:		Vial Liquid Multi		If Yes, how	many of wh	ich package 1	ype?		
hospital scanning?		No	Is this product covered ur						Vial Powder Sql			Each				
If Unit Dose, indicate NDC here:			Trade Agreements Act (T.	AA)?	No				Vial Power Multi			Inner/Cartor	n/Pack			
			Other: Write In			Case										
			FOR GENERIC DRUG PRO	DUCTS												
				[	Aut	thorized Generic	*If Authorized Generic, other	PHARMACY ORDER / BILL UNIT								
I. Orange Book Rating:					section fields are not applicable			Rec. sell unit to	Rec. sell unit to customer?			Rx billing unit to pharmacy:				
II. Generic Equivalent to What Brand?:									1 box			x Each				
		DRUG SUP	PPLY CHAIN SECURITY ACT (	SCSA) INFOR	MATION			(Write-in, e.g. 1	Vial)			Gram Milliliter				
		2.10000										_ willinger				
Does supplier meet DSCSA defini	tion of manufactur	rer?	Yes		GLN:	0370512000004			ITEN	I AND PACKING II	NFORMATIO	N				
· ·	s product exempt from DSCSA?										ar-					
If yes, select exemption:		Other exemption	: (Write in) OTC exemption		GCP:	0370512			Weight Lbs.		ons (US msr	•	Volume	Saleable #		
Other exemption - Write in: Is product repackaged?			No No		If you was or	iginal product pur	rhasod	Item/Each:		Depth	Width	Height	(Cube)	Pieces		
Is product sold by manufacturer's	exclusive distribu	itor?	No		direct from m								0			
Has FDA granted waiver/exceptio		oduct?	No	] ,	Provide source	ce manufacturer fo	or repackaged product	Box/Carton/Bur	ndle/ 1.25	2.5	7	5.75	100.625	1		
If yes, attach documentation from	m FDA.							Inner Pack: Case:				****				
		G	GTIN AND HIBCC PRODUCT IN	FORMATION				Case.	31.05	16.5	15	12	2970	24		
								Pallet:	775.2	40.5	37.5	52.5	79734.375	576		
Saleable Unit of Measure	S	aleable Quantity	HIBCC		GTIN	N-14	Unit of Use GTIN-14	_[[						-		
X Box/Carton/Bundle/Inner Pack		1			0037	70512812300			COST INFORMATION			WHOLESALER USE ONLY:				
X Case		24				70512812305										
Pallet	_							Regular Cost			Vendor #:					
								Invoice Cost (W	/AC) (\$)	\$32.66	Whsl. Code					
	-							As of date:	2/5/2024		Fineline Co	de:				
	-							As of date:	21012024							
	_															
			Attach copy of SAFETY DA	TA SHEET (SDS	S) or non hazai		INSERT, LABEL AND PHOTO	OF PRODUCT PACKAG	GING and BARCODE.							
*Please provide any additional inf	ormation on page	2				See new n 3 for	Designated Drop Ship Only	9	Signature:							



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

#### Version 2021 For Designated Drop Ship Only Products, Please Use Page 3 MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION Is this product (check all that apply): SDS Hazard Classification No a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? No Organic Corrosive Is the product a CA Prop 65 reproductive toxicant? Inorganic Oxidizer No Does the product label bear a CA Prop 65 warning? Steroid/Androgen No Contact Hazard c. Contact Hazard? Does the product have an Aerosol class? If yes, No No identify NFPA Storage Level: d. Does this product require special clean-up instructions? No (If yes, attach SDS with special instructions.) NFPA Storage Level: e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No Is the product a NIOSH hazardous drug? No (if yes, answer a-e below and provide SDS) If yes, indicate which: a. UN/Identification Number b. Proper Shipping Name Hazardous Waste Identification c. DOT Hazard Class d. Packing Group EPA Hazardous Waste Code: Waste Characteristics e. Inhalation Hazard? No Is this product regulated for shipment by IATA? No (if yes, answer a-e below and provide SDS) **REMS or REGISTRY RESTRICTIONS** a. UN/Identification Number b. Proper Shipping Name Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? c. DOT Hazard Class No d. Packing Group Website URL: e. Inhalation Hazard? No Is the product restricted for air shipment? If so, indicate restriction: Med Guide Required No No Passenger Limited Distribution Requirement No Comments / Details: (For example, iPledge program?) Cargo Passenger & Cargo Is this a reportable quantity? REMS: No Phone: RQ Threshold: REMS Program Manager Name: Is this a marine pollutant? Supplier Manages REMS registry exclusively: Wholesale distributor support: Is this product shipped utilizing an authorized DOT exception or Special Permit? Provider Name: (if yes, identify method below) DEA #: Limited Quantity Site Enrollment Number assigned NCPDP# Consumer Commodity, ORM-D by Supplier: NPI#: Small Quantity (49 CFR 173.4) Special Permit: DOT-SP Comments Special Provision (listed in Column 7 of 49 CFR 172.101); SP# Registry: Phone: Registry Program Contact Name: ADD'L STORAGE INFORMATION Comments Is the Product RETURN INSTRUCTIONS Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No 866-747-7365 ARCOS Reportable? No If yes, indicate which: Contact tel. # if product received damaged: Schedule No. Is it a scheduled listed chemical product?: No Is product returnable for credit: CLASS OF TRADE RESTRICTION: URL/Link to returns policy: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes Restricted to retail pharmacy only: No Special regulations or returns requirements for this product in certain states? Restricted to hospital, clinics, and physician offices only: No No Restricted from US territories? (explain in comments) If so, which states? Other requirements? Comments? No Comments:

MISCELLANEOUS NOTES and/or Image of Product Barcode



## **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:  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:	PO Receipt Cut off time:						
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:	Saturday Overnight receipt available:  PO Receipt Cut off time:  Phone: Fax: EDI:  Overnight Fees apply: Other fees apply:						
Other Data Information Required to Process PO:	Return Instructions						
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:  Miscellaneous Notes:	Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy:  Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?						
	ADDITIONAL INFORMATION						
	Is product order for scheduled patient procedure? Is product order for restocking purposes?						