



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

Version 2021

Introduction Type:  New Item

Final Version

Date:

## PRODUCT INFORMATION

Company Name: SOLA Pharmaceuticals Application: ANDA  
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): A218204  
 Medical Device Class, if applicable:  
 DUNS: 080121345  
 Proprietary Name (if Applicable) and Established Name: Ketorolac Tromethamine Ophthalmic Solution 0.5% 10mL  
 Selling Unit NDC: 70512-790-10 Unit of Use NDC: UPC: 370512790103  
 UDI: CVX Code: MVX Code:  
 Description: Ketorolac Tromethamine Solution/Drops; Ophthalmic 0.5%  
 Active Ingredient(s): Ketorolac Tromethamine  
 URL for Additional Product Information:  
 Address: 655 Highlandia Dr. Address 2:  
 City: Baton Rouge State: LA Zip: 70810  
 Key Contact: Email: info@solameds.us  
 Phone Number: 866-747-7365 Fax: 800-754-9550  
 Product Therapeutic Classification: Nonsteroidal Anti-inflammatory Drug (NSAID)

## 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?  No  
 Is this product to be shipped to customers on dry ice?  No  
 b. Contact for temperature excursion questions:  
 Name:  
 Number: 866-747-7365  
 Group E-mail: info@solameds.us  
 c. Special regulations for product in any states?  
 Special returns requirements for this product?  No  
 d. Store product (unit of sale) upright?  Yes  
 Protect product (unit of sale) from light?  Yes  
 e. Shelf life:  
 Initial shelf life at launch (if different):  Months

## ADDITIONAL PRODUCT INFORMATION

The product is a legend device?  No  
 if yes, enter class # a product kit?  No  
 if yes, list NDCs of component parts reverse numbered?  No  
 co-licensed?  No  
 latex-free?  Yes  
 preservative-free?  Yes  
 correctional institution block?  No  
 opioid?  No  
 Cannabinoid?  No  
 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 of Use   
 Orphan Drug Status   
 FDA Approval Status   
 Allergens Present   
 Country of Origin: India  
 Is this product covered under the Trade Agreements Act (TAA)?  No

## PRODUCT DESCRIPTION INFORMATION

Size: 10mL  
 Strength: 0.5%  
 Dosage Form: Solution/Drops  
 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 Power Multi  
 Other: Write In  
 What is the NDC selling unit?  
  
 (Write-in, e.g. 1 Box of 10 Vials)  
 Minimum order quantity?  Yes  
 If Yes, how many of which package type?  
 Each  
 Inner/ Carton/ Pack  
 Case

## FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating:   
 II. Generic Equivalent to What Brand?: ACULAR®  
 Authorized Generic \*If Authorized Generic, other section fields are not applicable

## 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?  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?  No  
 If yes, attach documentation from FDA.  
 GLN: 037051200004  
 GCP: 0370512  
 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:	0.0613	1.4567	1.378	2.7953	5.6110968	1
Box/ Carton/ Bundle/ Inner Pack:					0	
Case:	3.3819	9.0551	5.7087	6.1024	315.45044	48
Pallet:	638.742	48	40	47.44	91084.8	8640

## 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		00370512790103	00370512790103
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	48		50370512790108	
<input type="checkbox"/> Pallet				

## COST INFORMATION

Regular Cost  
 Invoice Cost (WAC) (\$)   
 As of date: 6/10/2024  
 Vendor #:  
 Whsl. Code #:  
 Finline 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?  No
- b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
  - Is the product a CA Prop 65 carcinogen?  No
  - Is the product a CA Prop 65 reproductive toxicant?  No
  - Does the product label bear a CA Prop 65 warning?  No

- c. Contact Hazard?  No
- d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.)  No
- e. Does the product contain DEHP?  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
- e. Inhalation Hazard?  No

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?  No

Is the product restricted for air shipment? If so, indicate restriction:

- Passenger  No
- Cargo  No
- Passenger & Cargo  No

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 Provision (listed in Column 7 of 49 CFR 172.101); SP#

### ADD'L STORAGE INFORMATION

Is the Product...

- Controlled Substance?  No  Yes      Controlled Substance Code
- Controlled by State(s)?  No  Yes      Listed Chemical (List I or II)   No
- ARCOS Reportable?  No  Yes      If yes, indicate which:
- Schedule No.       Is it a scheduled listed chemical product?:  No  Yes

### CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices  Yes  No
- Restricted to retail pharmacy only:  No  Yes
- Restricted to hospital, clinics, and physician offices only:  No  Yes
- Restricted from US territories? (explain in comments)  No  Yes

Comments:

### SDS Hazard Classification

- Organic  Corrosive
- Inorganic  Oxidizer
- Steroid/Androgen  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  Yes  
If Yes, is it managed with a pharmacy registry?  No  Yes  
Website URL:

Med Guide Required  No  Yes  
Limited Distribution Requirement  No  Yes  
Comments / Details: (For example, iPledge program?)

**REMS:**  No  Yes  
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:**  No  Yes  
Registry Program Contact Name:  Phone:   
Comments

### RETURN INSTRUCTIONS

Contact tel. # if product received damaged:  866-747-7365

Is product returnable for credit:  Yes  No

URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states?  No  Yes

If so, which states? Other requirements? Comments:

### MISCELLANEOUS NOTES and/or Image of Product Barcode:



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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"><li>a. EDI <input type="checkbox"/></li><li>b. Autofax <input type="checkbox"/></li><li>c. Fax <input type="checkbox"/></li><li>d. Phone only <input type="checkbox"/></li><li>e. Supplier Web Site only <input type="checkbox"/></li></ul> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #:</p> <table border="0"><tr><td>Name:</td><td><input type="text"/></td></tr><tr><td>Phone:</td><td><input type="text"/></td></tr></table>	Name:	<input type="text"/>	Phone:	<input type="text"/>	<p><b>Purchase order daily receipt cut off time by supplier</b></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>																		
Name:	<input type="text"/>																						
Phone:	<input type="text"/>																						
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><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <table border="0"><tr><td><input type="checkbox"/></td><td>Monday</td></tr><tr><td><input type="checkbox"/></td><td>Tuesday</td></tr><tr><td><input type="checkbox"/></td><td>Wednesday</td></tr><tr><td><input type="checkbox"/></td><td>Thursday</td></tr><tr><td><input type="checkbox"/></td><td>Friday</td></tr></table> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method:</p> <table border="0"><tr><td>Phone:</td><td><input type="text"/></td><td>Phone #:</td><td><input type="text"/></td></tr><tr><td>Fax:</td><td><input type="text"/></td><td>Fax #:</td><td><input type="text"/></td></tr><tr><td>EDI:</td><td><input type="text"/></td><td></td><td></td></tr></table> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	Phone:	<input type="text"/>	Phone #:	<input type="text"/>	Fax:	<input type="text"/>	Fax #:	<input type="text"/>	EDI:	<input type="text"/>		
<input type="checkbox"/>	Monday																						
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Phone:	<input type="text"/>	Phone #:	<input type="text"/>																				
Fax:	<input type="text"/>	Fax #:	<input type="text"/>																				
EDI:	<input type="text"/>																						
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><b>ADDITIONAL INFORMATION</b></p> <p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>																						