

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

Version 2021

Introduction Type:  New Item

Final Version

Date: 8/30/2022

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

Company Name: SOLA Pharmaceuticals Application:

Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):

Medical Device Class, if applicable:

DUNS: 080121345

Proprietary Name (if Applicable) and Established Name: Lidocaine 4% Patch

Selling Unit NDC: 70512-014-30 Unit of Use NDC: 70512-014-30 UPC: 070512014307

UDI:  CVX Code:  MVX Code:

Description: Lidocaine 4% Patch, 30ct

Active Ingredient(s): Lidocaine 4%

URL for Additional Product Information:

Address: 655 Highlandia Dr. State: LA Address 2:

City: Baton Rouge Zip: 70810

Key Contact:  Email: info@solameds.us

Phone Number: 866-747-7365 Fax: 800-754-9550

Product Therapeutic Classification: Topical Anesthetic

a. Temperature - Indicate the USP temperature range for this product.

Temperature Range:  (Controlled Room - between 20 and 25 C (68° - 77° F))

Other Temperature Range Requirement (write in):

Notes: Avoid storing product in direct sunlight; protect product from excessive moisture.

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?  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: 24 Months

Initial shelf life at launch (if different):  Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is? a legend device? <input type="checkbox"/> No	Is the Product... Is the Product... Orphan Drug Status <input type="checkbox"/>	Direct-Ship Only Unit of Use <input type="text"/>	Size: 30 patches
if yes, enter class # <input type="text"/>	FDA Approval Status <input type="text"/>		Strength: 4%
if yes, list NDCs of component parts reverse numbered? <input type="text"/>	Allergens Present <input type="text"/>		Dosage Form: Topical patch
co-licensed? <input type="checkbox"/> No	Country of Origin USA <input type="text"/>		Product Shape: Rectangle
latex-free? <input type="checkbox"/> Yes	Is this product covered under the Trade Agreements Act (TAA)? <input type="checkbox"/>		Product Color: White
preservative-free? <input type="checkbox"/> Yes			Product Imprint: <input type="text"/>
correctional institution block? <input type="checkbox"/> No			
opioid? <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"/>			

**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? 1 box of 30 patches (Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity?  Yes

If Yes, how many of which package type? 24 Each, Inner/ Carton/Pack, Case

**FOR GENERIC DRUG PRODUCTS**

I. Orange Book Rating:

II. Generic Equivalent to What Brand?:

Authorized Generic \*If Authorized Generic, other section fields are not applicable

**PHARMACY ORDER / BILL UNIT**

Rec. sell unit to customer?  1 box, (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?  Yes

If yes, select exemption: Other exemption - Write in:

Other exemption - Write in: OTC exemption

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: 370512000004

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.) Depth	Width	Height	Volume (Cube)	Saleable # Pieces
Box/Carton/Bundle/Inner Pack:	0.41	1	6.5	5.75	37.375	1
Case:	9.65	13.5	7.5	12.5	1265.625	24
Pallet:	607.95	40.5	37.5	52.5	79734.375	1512

**GTIN AND HIBCC PRODUCT INFORMATION**

Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
Item/Each	1		00370512014308	
<input checked="" type="checkbox"/> Box/Carton/Bundle/Inner Pack	24		50370512014303	
<input checked="" type="checkbox"/> Case				
<input type="checkbox"/> Pallet				

**COST INFORMATION**

Regular Cost

Invoice Cost (WAC) (\$) \$166.54

As of date:

**WHOLESALE USE ONLY:**

Vendor #:

Whst. Code #:

Fineline Code:

\*Please provide any additional information on page 2. Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE. 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

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)  No

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)  No

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:  No

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

### SDS Hazard Classification

Organic  Corrosive  
 Inorganic  Oxidizer  
 Steroid/Androgen  Contact Hazard

Does the product have an Aerosol class? If yes,  No  
 identify NFPA Storage Level:  
 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  
 If Yes, is it managed with a pharmacy registry?  No  
 Website URL:

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

**REMS:**  No

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

Registry Program Contact Name:  Phone:

Comments

### RETURN INSTRUCTIONS

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

Is product returnable for credit:  No  
 URL/Link to returns policy:

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