



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

Version 2024

Introduction Type: ☐ New Item

☐ Final Version

Date: 11/13/2024

PRODUCT INFORMATION			
Company Name:		MILLA PHARMACEUTICALS INC	
Application Number for NDA/ANDA/BLA; PMA/510(k):		A214805	
Medical Device Class, if applicable:			
DUNS:		119319487	
Proprietary Name (If Applicable) and Established Name:		Sodium Acetate Injection	
Selling Unit NDC:		Unit of Use NDC:	71357-0007-01
UDI		CVX Code:	
		UPC:	
		MVX Code:	
Description:			
Sodium Acetate Injection 2mEq/mL 50mL Vial			
Active Ingredient(s):			
URL for Additional Product Information:			
Address:		1310 Highway 96E	
City:		White Bear Lake	
Key Contact:		Siddharth Nirmal	
Phone Number:		+1 302 946 0117	
Product Therapeutic Classification:			
State:		MN	
Address 2:		Suite 104A	
Email:		siddharth.nirmal@aforallpharma.com	
Fax:			
Zip:		# 55110	

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?		Is the Product...	Direct-Ship Only
a legend device?	No	Is the Product...	Neither
if yes, enter class #		Orphan Drug Status	
a product kit?		FDA Approval Status	
if yes, list NDCs of component parts		Allergens Present	
reverse numbered?	No	Country of Origin	Italy
co-licensed?	No	Is this product covered under the Trade Agreements Act (TAA)?	Yes
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:			
Size:	50mL	Product Shape:	Vial
Strength:	2mEq	Product Color:	Clear
Dosage Form:	Injectable	Product Imprint:	NA

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AP
II. Generic Equivalent to What Brand?:	Sodium Acetate - NDA018893
	<input type="checkbox"/> Authorized Generic
	*If Authorized Generic, other section fields are not applicable

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?	
Is product sold by manufacturer's exclusive distributor?	Yes
Has FDA granted waiver/exception/exemption for product?	No
If yes, attach documentation from FDA.	
GLN:	0371357000006
GCP:	
If yes, was original product purchased direct from mfr?	
Provide source manufacturer for repackaged product	

GTIN AND HIBCC PRODUCT INFORMATION					
Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
Item/Each					
Box/Carton/Bundle/Inner Pack					
X Case	N	1		00371357007104	
Pallet					

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
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	
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:	Sarah Hughes
Number:	
Group E-mail:	sarah.hughes@aforallpharma.com
c. Special regulations for product in any states?	No
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:	48 Months
Initial shelf life at launch (if different):	Months

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Bottle	1 case of 10 vials
<input type="checkbox"/> 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 Powder Multi	
X Other: Write In	
Case	
Minimum order quantity?	Yes
If Yes, how many of which package type?	
	Each
	Inner/Carton/Pack
X	Case

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
1 case of 10 vials	X Each
(Write-in, e.g. 1 Vial)	Gram
HCPJCS J-Code:	Milliliter

ITEM AND PACKING INFORMATION						
	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:					0	
Box/Carton/Bundle/Inner Pack:					0	
Case:	3.1	13.3	5.75	3.86	295.1935	1
Pallet:					0	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$181.66	Whsl. Code #:	
As of date:		Fineline 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?

No

(If yes, attach SDS with special instructions.)

e. Does the product contain DEHP?

No

Is this product regulated for shipment by DOT?

No

(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?

No

(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:

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#

### ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance?

No

Controlled Substance Code

Controlled by State(s)?

No

Listed Chemical (List I or II)

No

ARCOS Reportable?

No

If yes, indicate which:

Schedule No.

Is it a scheduled listed chemical product?:

No

### CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices

Yes

Restricted to retail pharmacy only:

No

Restricted to hospital, clinics, and physician offices only:

No

Restricted from US territories? (explain in comments)

No

Comments:

### SDS Hazard Classification

☐ Organic

☐ Inorganic

☐ Steroid/Androgen

☐ Corrosive

☐ Oxidizer

☐ 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

If Yes, is it managed with a pharmacy registry?

Website URL:

Med Guide Required

No

Limited Distribution Requirement

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

NCPDP#:

by Supplier:

NPI #:

Comments

Registry:

No

Registry Program Contact Name:

Phone:

Comments

### RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

+1 773 541 3317

Is product returnable for credit:

Yes

URL/Link to returns policy:

[www.millapharmaceuticals.com](http://www.millapharmaceuticals.com)

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:

Release DATE



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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> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p>	<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>
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: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <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: <input type="text"/></p> <p>Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
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="text"/></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:	ADDITIONAL INFORMATION
<input type="text"/>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>