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

Version 2024 | Introduction Type: New Item | [ ] Final Version | Date: 9/8/2025

PRODUCT INFORMATION

Company Name:	MILLA PHARMACEUTICALS INC			**Application:**	ANDA
Application Number for NDA/ANDA/BLA; PMA/510(k):	A211081				
Medical Device Class, if applicable:					
DUNS:	119319487				
Proprietary Name (If Applicable) and Established Name:					
Selling Unit NDC:	81284-0212-10	**Unit of Use NDC:**	81284-0212-00	**UPC:**	**381284212106**
UDI		**CVX Code:**		**MVX Code:**	
Description:	Phenylephrine 10mg/mL 5 mL x 10 vials				
Active Ingredient(s):	Phenylephrine				
URL for Additional Product Information:					
Address:	1310 Highway 96E			**Address 2:**	**Suite 104A**
City:	White Bear Lake	**State:**	MN	**Zip: #**	55110
Key Contact:	Siddharth Nirmal	**Email:**	siddharth.nirmal@aforallpharma.com		
Phone Number:	+1 302 946 0117	**Fax:**			
Product Therapeutic Classification:					

ADDITIONAL PRODUCT INFORMATION

The product is?		**Is the Product…**	Direct-Ship Only
a legend device?	No	**Is the Product…**	Unit of Use
if yes, enter class #		**Orphan Drug Status**	
a product kit?	No		
if yes, list NDCs of component parts		**FDA Approval Status**	
reverse numbered?	No		
co-licensed?	No	**Allergens Present**	
latex-free?	Yes		
preservative-free?	Yes		
correctional institution block?	No		
opioid?	No		
Cannabinoid?	No	Country of Origin	India
If Unit Dose, is item bar coded to unit dose for hospital scanning?	Yes	Is this product covered under the Trade Agreements Act (TAA)?	No
If Unit Dose, indicate NDC here:			

PRODUCT DESCRIPTION INFORMATION

Size:	5mL
Strength:	10mg/mL
Dosage Form:	Injectable
Product Shape:	NA
Product Color:	NA
Product Imprint:	NA

FOR GENERIC DRUG PRODUCTS

[ ] Authorized Generic *If Authorized Generic, other section fields are not applicable

I. Orange Book Rating: AP1

II. Generic Equivalent to What Brand?: Biorphen

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer?	Yes	**GLN:**	0381284000000
Is product exempt from DSCSA?	No		
If yes, select exemption:		**GCP:**	
Other exemption - Write in:			
Is product repackaged?	No	**If yes, was original product purchased**	
Is product sold by manufacturer's exclusive distributor?	Yes	**direct from mfr?**	
Has FDA granted waiver/exception/exemption for product?	No	**Provide source manufacturer for repackaged product**	
If yes, attach documentation from FDA.			

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					381284212007
x	Box/Carton/Bundle/Inner Pack		1		00381284212106	
x	Case		72		20381284212100	
x	Pallet		2592			

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: DL-QA GPI Pharma

Number:

Group E-mail: qa@gpipharma.ie

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? Yes

e. Shelf life: 24 **Months**

Initial shelf life at launch (if different): **Months**

ORDER INFORMATION

Unit of Sale

[ ]	Bottle
x	Box/Carton
[ ]	Ampule
[ ]	Glass
[ ]	Tube
[ ]	Vial Liquid Sgl
[ ]	Vial Liquid Multi
[ ]	Vial Powder Sql
[ ]	Vial Power Multi
[ ]	Other: Write In

What is the NDC selling unit? 1 box of 10 vials

(Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity? Yes

If Yes, how many of which package type?

12	Each
	Inner/Carton/Pack
	Case

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? 1 box of 10 vials

(Write-in, e.g. 1 Vial)

HCPCS J-Code:

Rx billing unit to pharmacy:

	Each
	Gram
x	Milliliter

ITEM AND PACKING INFORMATION

	Weight Lbs.	Dimensions (US msmts.) Depth	Width	Height	Volume (Cube)	Saleable # Pieces
Item/Each:	0.032739	0.874	0.874	1.76	1.3444218	0.1
Box/Carton/Bundle/ Inner Pack:	0.36826	4.528	1.89	2.008	17.184303	1
Case:	28.66006	14.921	12.795	9.646	1841.5583	72
Pallet:	1093.49152	48	40	43.701	83905.92	2592

COST INFORMATION

Regular Cost

Invoice Cost (WAC) ($) $90.00

As of date: 6/24/2022

WHOLESALER USE ONLY:

Vendor #:

Whsl. Code #:

Fineline Code:

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

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?	Yes
d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.)	Yes
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?	Yes
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?	Yes
Is the product restricted for air shipment? If so, indicate restriction:	

- ☐ 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	x Contact Hazard

Does the product have an Aerosol class? If yes, 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?	
Website URL:	
Med Guide Required	
Limited Distribution Requirement	
Comments / Details: (For example, iPledge program?)	

REMS:

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:

Registry Program Contact Name:		Phone:	
Comments			

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:	

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:	773-541-3317
Is product returnable for credit:	Yes
URL/Link to returns policy:	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

Purchase orders may be accepted by:

a. EDI
b. Autofax — Fax Number:
c. Fax — Fax Number:
d. Phone only — Phone No.:
e. Supplier Web Site only — Site Address:

Minimum Order Quantity:
Supplier's Customer Service Number:
Contracted 3PL company / contact #: Name:
Phone:

Standard Order Receipt and Processing

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:

Expedited freight fees billed with each order:
Drop Ship service fee billed with each order:
Drop Ship miscellaneous fees billed:
Comments:

Overnight and Priority Overnight PO Processing

Overnight receipt available:
PO Receipt cut off time:
Days of week overnight is available:
Monday
Tuesday
Wednesday
Thursday
Friday

Priority Overnight receipt available:
PO Receipt Cut off time:

Saturday Overnight receipt available:
PO Receipt Cut off time:

Order receipt method: Phone: Phone #:
Fax: Fax #:
EDI:
Overnight Fees apply:
Other fees apply:

Class of Trade Restriction:

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:

Other Data Information Required to Process PO:

Patient Procedure Date:
Physician Name:
Physician/Clinic Phone #
Physician State License #
Physician/Clinic DEA #:
Physician/Clinic Specialty:

Return Instructions

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?

Miscellaneous Notes:

ADDITIONAL INFORMATION

Is product order for scheduled patient procedure?
Is product order for restocking purposes?