

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

Version 2020				Introduction Type:]	Final Version			Date:	6/27	/23		
		PRODUCT INFORMATION					SPECIAL HAN	DLING AND STO	RAGE REQUI	REMENTS*				
Company Name:	Oliva Therapeutics, LLC	a. Temperature – Indicate the USP temperature range for this product. Temperature Range												
Application Number for NDA/AN		med device):	5-268			-	=		_					
DUNS:	118637856	Discoile Tableta LIOD 405 as as (0.405 as a)					Temperature Range F	Requirement		trolled room t				
Proprietary Name (If Applicable) a Selling Unit NDC:	82685-201-01	Digoxin Tablets, USP 125mcg (0.125mg) Unit of Use NDC:		UPC: 3-826	8520101-0	Notes	(write in)		Dispense in	a dry place				
UDI	02000-201-01	CVX Code:		MVX Code:	5520101-0	Notes			defined in th		esisianii conii	alliel as		
Description:	Digoxin Tablets, USP, 125 mg	cg (0.125 mg), Scored I.D. Imprint JSP-544 (yellow)				Is this	product to be shipped	to customers on			No			
Active Ingredient(s):	Is this product to be shipped to customers on dry ice? No b. Contact for temperature excursion questions:													
URL for Additional Product Inform	nation:					b. Contact for tempor		estions:	1					
Address:	45 N Broad St, Ste 504			Address 2:		Numi			877-200-608	38 option 1				
City:	Ridgewood State: NJ				07450	Grou	·							
Key Contact:			Email:											
Phone Number:	201-735-8618		Fax:	201-735-8614		c. Special regulation	ns for product in any	states?			No	-		
Product Therapeutic Classificatio	n: Antiarrhytl	hmics				Speci	al returns requirement	s for this product?			No			
	ADDITIONAL PROD	DUCT INFORMATION		PRODUCT DESC	RIPTION INFORMATION	d. Store product (ur	· · -				No			
The product is?		Is the Product Direct-Ship	Only				ct product (unit of sa	ale) from light?			Yes	1		
a legend device?	No	Is the Product		Size:	100	e. Shelf life:	abalf life at laumab /	if different).			24	Months Months		
if yes, enter class # a product kit?	No	Orphan Drug Status			125mcg (0.125mg)	Initial	shelf life at launch (ii different):				Wonths		
if yes, list NDCs of	INU	FDA Approval Status		Strength:	123111cg (0.123111g)			ORDER INFOR	MATION					
component parts		. Dirippioral dialad		D	Tablets									
reverse numbered?	No			Dosage Form:		Unit o	of Sale		What is the	NDC selling	unit?			
co-licensed?	No	Allergens Present				х	Bottle		1 Bottle of 1	00 Tablets				
latex-free?	Yes	_		Product Shape:	Round		Box/Carton		(Write-in, e.	.g. 1 Box of 1	0 Vials)			
preservative-free?	Yes			•	V 11		Ampule					.,		
correctional institution block? opioid?	No No			Product Color:	Yellow		Glass Tube		Minimum o	rder quantity	/?	Yes		
Cannabinoid?	No	Country of Origin USA			Scored I.D. Imprint JSP-		Vial Liquid Sgl							
If Unit Dose, is item bar coded to u				Product Imprint:	544		Vial Liquid Multi		If Yes, how	many of whi	ch package	type?		
scanning?	·	Is this product covered under the					Vial Powder Sql		24	Each				
If Unit Dose, indicate NDC here:		Trade Agreements Act (TAA)?	Yes				Vial Power Multi			Inner/Cartor	/Pack			
							Other: Write In			Case				
		FOR GENERIC DRUG PRODUCTS				4								
Authorized Generic *1f Authorized Generic, other section							PHARMACY ORDER / BILL UNIT							
I. Orange Book Rating:	AB				are not applicable	Rec. sell unit to cus	tomer?		Rx billing u	nit to pharm	acv:			
II. Generic Equivalent to What Bra)				Rec. sell unit to customer? Rx billing unit to pharmacy: Each								
							(Write-in, e.g. 1 Vial) Gram							
					Milliliter									
Does supplier meet DSCSA defini	tion of manufacturer?	Yes G	LN:				ITEN	AND PACKING	INFORMATIO	N				
Is product exempt from DSCSA?		No												
If yes, select exemption:							Weight Lbs.	Dimens	ions (US msn	nts.)	Volume	# Pieces:		
Other exemption - Write in:							Weight Lbs.	Depth	Width	Height	(Cube)	# I ICCCS.		
Is product repackaged?				nal product purchased		Item/Each:	22.68gm	1.5"	1.5"	3"		1		
Is product sold by manufacturer's			rect from mfr			Bay/Carten/Bundle/								
Has FDA granted waiver/exception	n/exemption for product?	110 11	yes, attach do	cumentation from FDA.		Box/Carton/Bundle/ Inner Pack:								
		GTIN AND HIBCC PRODUCT INFORMATION				Case:	4.75.0	0.751	0.0051	4.075		0.4		
						111	1.75 lbs	9.75"	6.625"	4.875"		24		
Saleable Unit of Measure	Quantity	HIBCC	GTIN		Unit of Use GTIN-14	Pallet:	628 lbs	46"	39.75"	63.5"		336		
X Item/Each	1		00382	2685201010			020 ID3	10	55.75	55.5		550		
Box/Carton/Bundle/Inner Pack							COST INFORMATION WHOLESALER USE ONLY:							
X Case	Case 24 50382685201015 Pallet						OST INFORMATION			WHOLESAL	EK USE UNL	.1.		
Fallet			-			Regular Cost			Vendor #:					
						Invoice Cost (WAC)	(\$)	\$23.67	Whsl. Code	#:				
]	· ·	, 10101	Fineline Co					
						As of date:	6/27/23	•						
		-				11			1					
		Attach copy of SAFETY DATA SHEET (S	DS) or non haz					TN	icha	1-	-	 		
*Please provide any additional inf	ormation on page 2.			See new p. 3 for Design	nated Drop Ship Only.	Signa	iture:	111	wille	will	uniis	nuen		



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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HA	ZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	SDS Hazard Classification					
Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? No	Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard					
c. Contact Hazard? d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP?	Aerosol Class; Identify NFPA Storage Level: Is the product a NIOSH hazardous drug? If yes, indicate which:					
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	Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics					
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	REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:					
d. Packing Group e. Inhalation Hazard? Is the product restricted for air shipment? If so, indicate restriction: Passenger Cargo Passenger & Cargo	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)					
Is this a reportable quantity? No RQ Threshold: Is this a marine pollutant? 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	REMS: REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier: Comments					
Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Registry: No Registry Program Contact Name: Phone:					
ADD'L STORAGE INFORMATION	Comments					
Is the Product Controlled Substance? Controlled by State(s)? ARCOS Reportable? Schedule No. No If yes, indicate which: Is it a scheduled listed chemical product?: CLASS OF TRADE RESTRICTION:	RETURN INSTRUCTIONS Contact tel. # if product received damaged: Is product returnable for credit: URL/Link to returns policy:					
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)	Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?					
Comments:						
MISCELLANE	OUS 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:	Purchase order daily receipt cut off time by supplier					
a. EDI	Cut off time:					
b. Autofax Fax Number:						
c. Fax Number:	Shipping lead time of PO: Hours Days					
d. Phone only						
e. Supplier Web Site only Site Address:	Ships same day for next day receipt:					
Minimum Order Quantity:	Ships for second day receipt:					
Supplier's Customer Service Number:	Ships regular ground for 3-10 days receipt:					
Contracted 3PL company / contact #: Name:						
Phone:						
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing					
Expedited freight fees billed with each order:	Overnight receipt available:					
Drop Ship service fee billed with each order:	PO Receipt cut off time:					
Drop Ship miscellaneous fees billed:	Days of week overnight is available: Monday					
Comments:	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	Saturday Overnight receipt available:					
Restricted to retail pharmacy only:	PO Receipt Cut off time:					
Restricted to hospital, clinics, and physician offices only:	Order receipt method: Phone: Phone #:					
Restricted from US territories? (explain in comments)	Fax: Fax #:					
Comments:	EDI:					
	Overnight Fees apply:					
	Other fees apply:					
Other Data Information Required to Process PO:	Return Instructions					
Patient Procedure Date:	Contact # if product is received damaged:					
Physician Name:	Is product returnable for credit:					
Physician/Clinic Phone #	URL/Link to returns policy:					
Physician State License #						
Physician/Clinic DEA #:	Special regulations or returns requirements for this product in certain states?					
Physician/Clinic Specialty:	If so, which states? Other requirements? Comments?					
Miscellaneous Notes:						
	ADDITIONAL INFORMATION					
	Is product order for scheduled patient procedure?					
	Is product order for restocking purposes?					