



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

Version 2020

Introduction Type: Pre-Launch Change Post-Launch Change

Final Version

Date: 8/9/2022

PRODUCT INFORMATION	
Company Name:	Viona Pharmaceuticals Inc.
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	206560
DUNS:	081468959
Proprietary Name (if Applicable) and Established Name:	Metronidazole Tablets, USP 250 mg
Selling Unit NDC:	72578-007-05
UDI	N/A
Unit of Use NDC:	
UPC:	372578007058
CVX Code:	
MXV Code:	N/A
Description:	White to off-white, round, biconvex, film coated tablets debossed with '850' on one side and plain on other side.
Active Ingredient(s):	Metronidazole, USP
URL for Additional Product Information:	www.vionausa.com
Address:	20 Commerce Drive
City:	Cranford
Key Contact:	Chris Urbanski
Phone Number:	908-956-0600
Product Therapeutic Classification:	

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	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:	Customer Service
Number:	888-304-5022
Group E-mail:	customerservice@vionausa.com
c. Special regulations for product in any states?	No
Special returns requirements for this product?	
d. Store product (unit of sale) upright?	Yes
Protect product (unit of sale) from light?	Yes
e. Shelf life:	24 Months
Initial shelf life at launch (if different):	

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device?	No	Is the Product... Direct-Ship Only	
if yes, enter class #		Is the Product... Neither	
if yes, list NDCs of component parts		Orphan Drug Status	
reverse numbered?	No	FDA Approval Status	
co-licensed?	No	Allergens Present	
latex-free?	Yes	Country of Origin	India
preservative-free?	Yes	Is this product covered under the Trade Agreements Act (TAA)?	No
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:	500 count	Strength:	250 mg
Dosage Form:	Tablets	Product Shape:	Round, Biconvex
Product Color:	White to Off-White	Product Imprint:	"850"

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> 1 Bottle	1 Bottle of 500 Tablets
<input type="checkbox"/> Box/ Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	Minimum order quantity? Yes
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Sgl	12 Each
<input type="checkbox"/> Vial Power Multi	Inner/ Carton/ Pack
<input type="checkbox"/> Other: Write In	1 Case

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

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
1 Bottle	<input checked="" type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
	<input type="checkbox"/> 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:	GLN: 0372578000004
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

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Width	Height		
Item/Each:	0.55	2.64	2.64	4.97		1
Box/ Carton/ Bundle/ Inner Pack:						
Case:	7.09	10.75	8.11	5.98		12
Pallet:	728.79	47.24	47.24	49.21		1,080

GTIN AND HIBCC PRODUCT INFORMATION				
Saleable Unit of Measure	Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
Item/Each	1		00372578007058	
Box/ Carton/ Bundle/ Inner Pack				
Case	12		40372578007056	
Pallet	1,080		50372578007053	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$88.00	Whsl. Code #:	
As of date:		Fineline Code:	

Version 2020

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION																					
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? No</p> <p>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</p> <p>c. Contact Hazard? No</p> <p>d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) No</p> <p>e. Does the product contain DEHP? No</p> <p>Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) No</p> <p>a. UN/Identification Number <input style="width: 100%;" type="text"/></p> <p>b. Proper Shipping Name <input style="width: 100%;" type="text"/></p> <p>c. DOT Hazard Class <input style="width: 100%;" type="text"/></p> <p>d. Packing Group <input style="width: 100%;" type="text"/></p> <p>e. Inhalation Hazard? No</p> <p>Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) No</p> <p>a. UN/Identification Number <input style="width: 100%;" type="text"/></p> <p>b. Proper Shipping Name <input style="width: 100%;" type="text"/></p> <p>c. DOT Hazard Class <input style="width: 100%;" type="text"/></p> <p>d. Packing Group <input style="width: 100%;" type="text"/></p> <p>e. Inhalation Hazard? <input style="width: 100%;" type="text"/></p> <p>Is the product restricted for air shipment? If so, indicate restriction:</p> <p><input type="checkbox"/> Passenger</p> <p><input type="checkbox"/> Cargo</p> <p><input type="checkbox"/> Passenger & Cargo</p> <p>Is this a reportable quantity? No RQ Threshold: <input style="width: 100%;" type="text"/></p> <p>Is this a marine pollutant? No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity</p> <p><input type="checkbox"/> Consumer Commodity, ORM-D</p> <p><input type="checkbox"/> Small Quantity (49 CFR 173.4)</p> <p><input type="checkbox"/> Special Permit; DOT-SP</p> <p><input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); SP# <input style="width: 100%;" type="text"/></p>	<div style="background-color: #003366; color: white; padding: 2px; text-align: center; font-weight: bold;">SDS Hazard Classification</div> <table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Organic <input type="checkbox"/> Inorganic <input type="checkbox"/> Steroid/Androgen <input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 50%;" type="text"/> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Corrosive <input type="checkbox"/> Oxidizer <input type="checkbox"/> Contact Hazard Is the product a NIOSH hazardous drug? No If yes, indicate which: <input style="width: 100%;" type="text"/> </td> </tr> </table> <div style="background-color: #003366; color: white; padding: 2px; text-align: center; font-weight: bold;">Hazardous Waste Identification</div> <table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 60%;">EPA Hazardous Waste Code: <input style="width: 90%;" type="text"/></td> <td style="width: 40%;">Waste Characteristics <input style="width: 90%;" type="text"/></td> </tr> </table> <div style="background-color: #003366; color: white; padding: 2px; text-align: center; font-weight: bold;">REMS or REGISTRY RESTRICTIONS</div> <p>Is there a REMS on this product? No</p> <p>If Yes, is it managed with a pharmacy registry? Website URL: <input style="width: 100%;" type="text"/></p> <p>Med Guide Required No</p> <p>Limited Distribution Requirement No</p> <p>Comments / Details: (For example, iPledge program?) <input style="width: 100%;" type="text"/></p> <p>REMS:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">REMS Program Manager Name: <input style="width: 90%;" type="text"/></td> <td style="width: 40%;">Phone: <input style="width: 90%;" type="text"/></td> </tr> <tr> <td colspan="2">Supplier Manages REMS registry exclusively: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2">Wholesale distributor support: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Provider Name: <input style="width: 90%;" type="text"/></td> <td>DEA #: <input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Site Enrollment Number assigned by Supplier: <input style="width: 90%;" type="text"/></td> <td>PCPDP#: <input style="width: 90%;" type="text"/></td> </tr> <tr> <td colspan="2">NPI #: <input style="width: 90%;" type="text"/></td> </tr> </table> <p>Comments <input style="width: 100%;" type="text"/></p> <p>Registry:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Registry Program Contact Name: <input style="width: 90%;" type="text"/></td> <td style="width: 40%;">Phone: <input style="width: 90%;" type="text"/></td> </tr> <tr> <td colspan="2">Comments <input style="width: 100%;" type="text"/></td> </tr> </table>	<input type="checkbox"/> Organic <input type="checkbox"/> Inorganic <input type="checkbox"/> Steroid/Androgen <input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 50%;" type="text"/>	<input type="checkbox"/> Corrosive <input type="checkbox"/> Oxidizer <input type="checkbox"/> Contact Hazard Is the product a NIOSH hazardous drug? 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Comments <input style="width: 100%;" type="text"/>																					
ADD'L STORAGE INFORMATION																					
<p>Is the Product...</p> <p>Controlled Substance? No Controlled Substance Code <input style="width: 100%;" type="text"/></p> <p>Controlled by State(s)? No Listed Chemical (List I or II) <input style="width: 100%;" type="text"/></p> <p>ARCOS Reportable? No If yes, indicate which: <input style="width: 100%;" type="text"/></p> <p>Schedule No. <input style="width: 100%;" type="text"/> Is it a scheduled listed chemical product?: <input style="width: 100%;" type="text"/></p>																					
CLASS OF TRADE RESTRICTION:																					
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input style="width: 100%;" type="text"/></p> <p>Restricted to retail pharmacy only: <input style="width: 100%;" type="text"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input style="width: 100%;" type="text"/></p> <p>Restricted from US territories? (explain in comments) <input style="width: 100%;" type="text"/></p> <p>Comments: <input style="width: 100%;" type="text"/></p>																					
RETURN INSTRUCTIONS																					
<p>Contact tel. # if product received damaged: <input style="width: 100%;" type="text" value="888-304-5022"/></p> <p>Is product returnable for credit: Yes</p> <p>URL/Link to returns policy: <input style="width: 100%;" type="text" value="www.vionausa.com"/></p> <p>Special regulations or returns requirements for this product in certain states? <input style="width: 100%;" type="text"/></p> <p>If so, which states? Other requirements? Comments? <input style="width: 100%;" type="text"/></p>																					
MISCELLANEOUS NOTES and/or Image of Product Barcode:																					
<input style="width: 100%; height: 100%;" type="text"/>																					



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

Version 2020

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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. EDI</td> <td style="width: 20%;"><input type="text"/></td> <td style="width: 20%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>b. Autofax</td> <td><input type="text"/></td> <td>Fax Number:</td> <td><input type="text"/></td> </tr> <tr> <td>c. Fax</td> <td><input type="text"/></td> <td>Fax Number:</td> <td><input type="text"/></td> </tr> <tr> <td>d. Phone only</td> <td><input type="text"/></td> <td>Phone No.:</td> <td><input type="text"/></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td><input type="text"/></td> <td>Site Address:</td> <td><input type="text"/></td> </tr> </table> <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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td><input type="text"/></td> </tr> <tr> <td>Phone:</td> <td><input type="text"/></td> </tr> </table>	a. EDI	<input type="text"/>			b. Autofax	<input type="text"/>	Fax Number:	<input type="text"/>	c. Fax	<input type="text"/>	Fax Number:	<input type="text"/>	d. Phone only	<input type="text"/>	Phone No.:	<input type="text"/>	e. Supplier Web Site only	<input type="text"/>	Site Address:	<input type="text"/>	Name:	<input type="text"/>	Phone:	<input type="text"/>	<p>Purchase order daily receipt cut off time by supplier</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="text"/></p> <p>Ships for second day receipt: <input type="text"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="text"/></p>
a. EDI	<input type="text"/>																								
b. Autofax	<input type="text"/>	Fax Number:	<input type="text"/>																						
c. Fax	<input type="text"/>	Fax Number:	<input type="text"/>																						
d. Phone only	<input type="text"/>	Phone No.:	<input type="text"/>																						
e. Supplier Web Site only	<input type="text"/>	Site Address:	<input type="text"/>																						
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 style="width: 100%; height: 80px;" type="text"/></p>	<p>Overnight receipt available: <input type="text"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <table style="width: 100%; border-collapse: collapse;"> <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>Priority Overnight receipt available: <input type="text"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="text"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: 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="text"/></p> <p>Other fees apply: <input type="text"/></p>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday														
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Other Data Information Required to Process PO:	ADDITIONAL INFORMATION																								
<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>Is product order for scheduled patient procedure? <input type="text"/></p> <p>Is product order for restocking purposes? <input type="text"/></p>																								
Miscellaneous Notes:																									
<input style="width: 100%; height: 100%;" type="text"/>																									