



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

Version 2020

Introduction Type: Pre-Launch Change Post-Launch Change

Final Version

Date: 7/21/2022

PRODUCT INFORMATION	
Company Name:	Viona Pharmaceuticals Inc.
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	210198
DUNS:	081468959
Proprietary Name (if Applicable) and Established Name:	Desonide Cream 0.05%
Selling Unit NDC:	72578-086-02
Unit of Use NDC:	
UPC:	372578086022
CVX Code:	
MXV Code:	
Description:	White to off white cream
Active Ingredient(s):	Desonide
URL for Additional Product Information:	www.vionausa.com
Address:	20 Commerce Drive
City:	Cranford
State:	NJ
Zip:	07016
Phone Number:	908-956-0600
Product Therapeutic Classification:	Anti-inflammatory & anti-pruritic

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:	Customer Service
Number:	888-304-5022
Group E-mail:	customerservice@vionausa.com
c. Special regulations for product in any states?	
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	No
e. Shelf life:	
Initial shelf life at launch (if different):	24 Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device?	No	Is the Product... Direct-Ship Only	
if yes, enter class # a product kit?	No	Is the Product... Neither	
if yes, list NDCs of component parts reverse numbered?	No	Orphan Drug Status	
co-licensed?	No	FDA Approval Status	
latex-free?	Yes	Allergens Present	
preservative-free?	No	Country of Origin	Italy
correctional institution block?	No	Is this product covered under the Trade Agreements Act (TAA)?	Yes
opioid?	No		
Cannabinoid?	No		
If Unit Dose, is item bar coded to unit dose for hospital scanning?	No		
If Unit Dose, indicate NDC here:			
Size:	60g	Strength:	0.05%
Dosage Form:	Cream	Product Shape:	N/A
Product Color:	White to Off-White	Product Imprint:	N/A

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Bottle	1 Tube of 60g
<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 checked="" 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	48 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?:	Desowen
<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:
(Write-in, e.g. 1 Vial)	<input checked="" type="checkbox"/> Each
	<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.	Depth	Width	Height	Volume (Cube)	# Pieces:
Box/ Carton/ Bundle/ Inner Pack:	0.14	1.12	1.12	7.09		1
Case:	11.7	13.78	8.27	8.07		48
Pallet:	561.6	47.24	39.37	47.24		2304

GTIN AND HIBCC PRODUCT INFORMATION				
Saleable Unit of Measure	Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	1		00372578086022	
<input checked="" type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack	48		40372578086020	
<input checked="" type="checkbox"/> Case	2304		50372578086027	
<input checked="" type="checkbox"/> Pallet				

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)		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?
 (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?

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#

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?:

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:

SDS Hazard Classification

Organic Corrosive

Inorganic Oxidizer

Steroid/Androgen Contact Hazard

Aerosol Class; Identify 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 No

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: PCPDP#:

NPI #:

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 888-304-5022

Is product returnable for credit: Yes

URL/Link to returns policy: www.vionausa.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:

