



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

Version 2020

Introduction Type:  New Item

Final Version

Date:

| PRODUCT INFORMATION   |  |
|---|--|
| Company Name:   | Viona Pharmaceuticals Inc.   |
| Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): | 205206   |
| DUNS:   | 081468959  |
| Proprietary Name (if Applicable) and Established Name:              | Desoximetasone Ointment, USP 0.25%   |
| Selling Unit NDC:   | 72578-095-03   |
| UDI:  | N/A  |
| Unit of Use NDC:  |  |
| UPC:  | 372578095031   |
| CVX Code:   |  |
| MXV Code:   | N/A  |
| Description:  | Desoximetasone Ointment, USP 0.25% is supplied as a white to off-white color ointment. Each gram of Desoximetasone Ointment, USP 0.25% contains 2.5 mg desoximetasone in an ointment base. |
| Active Ingredient(s):   | Desoximetasone, USP  |
| URL for Additional Product Information:                             | <a href="http://www.vionausa.com">www.vionausa.com</a>   |
| Address:  | 20 Commerce Drive  |
| City:   | Cranford   |
| Phone Contact:  | Chris Urbanski   |
| Phone Number:   | 908-956-0600   |
| Product Therapeutic Classification:                                 | Anti-inflammatory and Anti-Pruritic  |

| 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:   | Vionacs@eversana.com                                |
| 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?                            | No  |
| e. Shelf life:  | 24 Months   |
| Initial shelf life at launch (if different):                          | Months  |

| 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?                                     | Yes                |   |       |
| opioid?   | No                 |   |       |
| Cannabinoid?  | No                 |   |       |
| If Unit Dose, is item bar coded to unit dose for hospital scanning? |                    |   |       |
| If Unit Dose, indicate NDC here:                                    |                    |   |       |
| Size:   | 100g               | Strength:   | 0.25% |
| Dosage Form:  | Ointment           | Product Shape:  | -     |
| Product Color:  | White to off-white | Product Imprint:  | -     |

| ORDER INFORMATION                          |   |
|--|---|
| Unit of Sale                               | What is the NDC selling unit?           |
| <input type="checkbox"/> Bottle            | 1 Tube of 100g                          |
| <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   | 16 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?:      | Topicort  |
| <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 Tube                      | x Each                       |
| (Write-in, e.g. 1 Vial)     | Gram                         |
|                             | 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:                       | 0.25        | 1.5                    | 1.5   | 6.89   | 15.5025       | 1         |
| Box/ Carton/ Bundle/ Inner Pack: |             |                        |       |        |               |           |
| Case:                            | 6.34        | 9.06                   | 6.89  | 7.48   | 466.92703     | 16        |
| Pallet:                          | 693         | 47.24                  | 39.37 | 47.24  | 87858.785     | 1664      |

| GTIN AND HIBCC PRODUCT INFORMATION                       |          |       |                |                     |
|--|----------|-------|----------------|---------------------|
| Saleable Unit of Measure                                 | Quantity | HIBCC | GTIN-14        | Unit of Use GTIN-14 |
| <input checked="" type="checkbox"/> Rem/Each             | 1        |       | 00372578095031 |                     |
| <input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack |          |       |                |                     |
| <input checked="" type="checkbox"/> Case                 | 16       |       | 40372578095039 |                     |
| <input checked="" type="checkbox"/> Pallet               | 1664     |       | 50372578095036 |                     |

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

\*Please provide any additional information on page 2.

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.

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?  No
  - 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?  
(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?  
(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:

- 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)
- 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
- Inorganic
- Steroid/Androgen
- Corrosive
- Oxidizer
- 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  No
- 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](http://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:



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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"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <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:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><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: 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="checkbox"/></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>  |  |