

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

Version 2020				Introduction Type:	New Item		Final Version			Date:	5/17/	/2023
	SPECIAL HANDLING AND STORAGE REQUIREMENTS*											
Company Name:				Application:	ANDA	a. Temperature – Indicate the USP temperature range for this product.						
Application Number for NDA/AN		)(med device):	Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F)									
DUNS:	081468959		Othe	er Temperature Range I	Requirement							
Proprietary Name (If Applicable) a Selling Unit NDC:	72578-081-05	Sucralfate Tablets, USP 1 gram Unit of Use NDC:		UPC: 37257	3081058	Note	(write in)					
UDI	N/A	CVX Code:		MVX Code: N/A								
Description:	White to off-white, capsule s	shaped, biconvex, scored, uncoated tal	plets, debossed with "6" ar	nd "75" on either side of score	and plain on other side.		is product to be shipped				No No	
Active Ingredient(s):	Is this product to be shipped to customers on dry ice? <u>No</u> b. Contact for temperature excursion questions:											
URL for Additional Product Information: www.vionausa.com							ie:	estions.	Customer S	ervice		
Address:	20 Commerce Drive			Address 2: Suite 3		Number:			888-304-5022			
City:	Cranford			State:         NJ         Zip:         07016           Email:         Curbanski@vionausa.com		Group E-mail:			customerservice@vionausa.com			
Key Contact: Phone Number:	Chris Urbanski 908-956-0600		Fax		c. Special regulations for product in any states?			No				
Product Therapeutic Classificatio		r									No	•
Product Therapeutic Classification: Antiulcer No												•
	ADDITIONAL PRO	DDUCT INFORMATION		PRODUCT DESCR	RIPTION INFORMATION	d. Store product (unit of sale) upright? Yes						
The product is?		Is the Product	Direct-Ship Only				ect product (unit of s	ale) from light?			No	
a legend device?	No	Is the Product	Neither	Size:	500 ct	e. Shelf life:					24	Months
if yes, enter class # a product kit?	No	Orphan Drug Status				Initia	al shelf life at launch (	if different):				Months
if yes, list NDCs of	NU	FDA Approval Status		Strength:	1 gram			ORDER INFOR	MATION			
component parts				Dosage Form:	Tablets							
reverse numbered?	No	—		Doolgoronni	rabioto		of Sale			NDC selling	unit?	
co-licensed? latex-free?	No Yes	Allergens Present					Bottle Box/Carton		1 Bottle of 5	.g. 1 Box of 1	) Vials)	
preservative-free?	Yes	—		Product Shape:	Capsule		Ampule		(111110 111, 0	.g. 1 Dox of 1	5 viais)	
correctional institution block?	No			Product Color:	White to off-white		Glass		Minimum o	rder quantity	?	Yes
opioid?	No		<u> </u>	i foddol obior.	white to on-white		Tube					
Cannabinoid? If Unit Dose, is item bar coded to u	No No	Country of Origin	India	Product Imprint:	"6" and "75"		Vial Liquid Sgl Vial Liquid Multi		If Yoo how	many of whi	oh pookogo	6/002
scanning?	init dose for nospital	Is this product covered u	nder the				Vial Powder Sql		6	Each	сп раскауе	ryper
If Unit Dose, indicate NDC here:		Trade Agreements Act (1					Vial Power Multi			Inner/Carton	/Pack	
							Other: Write In		1	Case		
		FOR GENERIC DRUG PR	ODUCTS									
				Authorized Generic *If Auth	norized Generic, other section		PH		R / BILL UNIT			
I. Orange Book Rating:	AB				ire not applicable	Rec. sell unit to cu	stomer?		Rx billing u	init to pharm	acv:	
II. Generic Equivalent to What Bra		9				1	Bottle	Ι	x	Each		
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION						(Write-in, e.g. 1 Via	l)			Gram Milliliter		
	DRU	SO SUFFET CHAIN SECONTT ACT (	DSCSA) INFORMATION							Willinter		
Does supplier meet DSCSA defini	ition of manufacturer?	Yes	GLN:	0372578000004		1	ITEN	I AND PACKING I	NFORMATIO	N		
Is product exempt from DSCSA?		No				]						
If yes, select exemption:							Weight Lbs.		ions (US msr	,	Volume	# Pieces:
Other exemption - Write in: Is product repackaged?		No	If Yes was o	riginal product purchased	_	Item/Each:		Depth	Width	Height	(Cube)	
Is product sold by manufacturer's	s exclusive distributor?	No	direct from r				1.47	3.52	3.52	6.41		1
Has FDA granted waiver/exceptio	n/exemption for product?	No	If yes, attach	documentation from FDA.		Box/Carton/Bundle	2/					
		GTIN AND HIBCC PRODUCT I	FORMATION			Inner Pack:		-				
		GTIN AND HIBCC PRODUCT II				Case:	10.6	12.1	8.5	8.8		6
Saleable Unit of Measure	Quantity	HIBCC		TIN-14	Unit of Use GTIN-14	Pallet:	696.27	48	40	41		384
X Item/Each	1		00	0372578081058			030.27	40	40	41		504
Box/Carton/Bundle/Inner Pack	6			0372578081056			COST INFORMATION			WHOLESAL		<b>v</b>
x Pallet	384			372578081053		Ň				WHOLESAL		
						Regular Cost			Vendor #:			
						Invoice Cost (WAC	;) (\$)	\$140.05	Whsl. Code			
	┥ ┝──					An of data:			Fineline Co	de:		
						As of date:			-			
		Attach copy of SAFETY DA	TA SHEET (SDS) or non	hazard letter, PACKAGE INSE	RT, LABEL AND PHOTO OF	PRODUCT PACKAGIN	G and BARCODE.		1			
*Please provide any additional inf	formation on page 2.		(, 51 1161	See new p. 3 for Desig			ature:					
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## **HDA** Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2020 For Designated Drop Ship Only Products, Please Use Page 3							
MATERIAL HAZ	ZARD 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? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? C. Contact Hazard? No	SDS Hazard Classification         Organic       Corrosive         Inorganic       Oxidizer         Steroid/Androgen       Contact Hazard         Aerosol Class; Identify NFPA Storage Level:						
d. Does this product require special clean-up instructions?       No         (If yes, attach SDS with special instructions.)       No         e. Does the product contain DEHP?       No         Is this product regulated for shipment by DOT?       No         (if yes, answer a-e below and provide SDS)       No	Is the product a NIOSH hazardous drug?						
a. UN/Identification Number     b. Proper Shipping Name     c. DOT Hazard Class     d. Packing Group     e. Inhalation Hazard?     No	Hazardous Waste Identification         EPA Hazardous Waste Code:       Waste Characteristics						
Is this product regulated for shipment by IATA? No	REMS or REGISTRY RESTRICTIONS						
(if yes, answer a-e below and provide SDS) a. UN/dentification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group	Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? Website URL:						
e. Inhalation Hazard?	Med Guide Required No						
Is the product restricted for air shipment? If so, indicate restriction:	Limited Distribution Requirement No						
Passenger Cargo Passenger & Cargo	Comments / Details: (For example, iPledge program?)						
Is this a reportable quantity? No RQ Threshold:	REMS:     Phone:       REMS Program Manager Name:     Phone:       Supplier Manages REMS registry exclusively:     Phone:       Wholesale distributor support:     Provider Name:       Provider Name:     DEA #:       Site Enrollment Number assigned     PCPDP#:       by Supplier:     NPI #:						
SP#	Registry:						
	Registry Program Contact Name: Phone:						
ADD'L STORAGE INFORMATION	Comments						
Is the Product							
Controlled Substance? No Controlled Substance Code	RETURN INSTRUCTIONS						
Controlled by State(s)?         No         Listed Chemical (List I or II)           ARCOS Reportable?         No         If yes, indicate which:	Contact tel. # if product received damaged: 888-304-5022						
Schedule No. Is it a scheduled listed chemical product?:							
CLASS OF TRADE RESTRICTION:	Is product returnable for credit: Yes URL/Link to returns policy:						
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	www.vionausa.com						
Restricted to retail pharmacy only:	Special regulations or returns requirements for this product in certain states?						
Restricted to hospital, clinics, and physician offices only:							
Restricted from US territories? (explain in comments)	If so, which states? Other requirements? Comments?						
Comments:							
MISCELLANE	DUS NOTES and/or Image of Product Barcode:						



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

Version 2020 FOR DESIGNATED DROP SHIP PRODUCT ONLY	Y - 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:         a. EDI         b. Autofax         c. Fax         d. Phone only         e. Supplier Web Site only         Supplier's Customer Service Number:         Contracted 3PL company / contact #:         Name:         Phone:	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:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:	Overnight receipt available:
Class of Trade Restriction:	Priority Overnight receipt available: PO Receipt Cut off time:
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:	Saturday Overnight receipt available:       PO Receipt Cut off time:         Order receipt method:       Phone:         Fax:       EDI:         Overnight Fees apply:       Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date:         Physician Name:         Physician/Clinic Phone #         Physician State License #         Physician/Clinic DEA #:         Physician/Clinic Specialty:	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?