



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

Version 2020

Introduction Type:

Final Version

Date:

## PRODUCT INFORMATION

Company Name:  Application:

Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):

DUNS:

Proprietary Name (if Applicable) and Established Name:

Selling Unit NDC:  Unit of Use NDC:  UPC:

UDI:  CVX Code:  MVX Code:

Description:

Active Ingredient(s):

URL for Additional Product Information:

Address:  Address 2:

City:  State:  Zip:

Phone Contact:  Email:

Phone Number:  Fax:

Product Therapeutic Classification:

## SPECIAL HANDLING AND STORAGE REQUIREMENTS\*

a. Temperature – Indicate the USP temperature range for this product.  
 Temperature Range:   
 Other Temperature Range Requirement (write in):   
 Notes:   
 Is this product to be shipped to customers on ice?   
 Is this product to be shipped to customers on dry ice?

b. Contact for temperature excursion questions:  
 Name:   
 Number:   
 Group E-mail:

c. Special regulations for product in any states?  
 Special returns requirements for this product?

d. Store product (unit of sale) upright?  
 Protect product (unit of sale) from light?

e. Shelf life:  
 Initial shelf life at launch (if different):  Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? if yes, enter class #	<input type="text" value="No"/>	Is the Product... Is the Product... Orphan Drug Status	<input type="text" value="Direct-Ship Only"/> <input type="text" value="Neither"/>
if yes, list NDCs of component parts reverse numbered?	<input type="text" value="No"/>	FDA Approval Status	Size: <input type="text" value="100 ct"/>
co-licensed?	<input type="text" value="No"/>	Allergens Present	Strength: <input type="text" value="250 mg"/>
latex-free?	<input type="text" value="Yes"/>	Country of Origin	Dosage Form: <input type="text" value="Tablet"/>
preservative-free?	<input type="text" value="Yes"/>	<input type="text" value="India"/>	Product Shape: <input type="text" value="Round"/>
correctional institution block?	<input type="text" value="No"/>	Is this product covered under the Trade Agreements Act (TAA)?	Product Color: <input type="text" value="White to off-white"/>
opioid?	<input type="text" value="No"/>	<input type="text" value="No"/>	Product Imprint: <input type="text" value="'1239'"/>
Cannabinoid?	<input type="text" value="No"/>		
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text"/>		
If Unit Dose, indicate NDC here:	<input type="text"/>		

## ORDER INFORMATION

Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 Bottle of 100 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? <input type="text" value="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	<input type="text" value="24"/> Each
<input type="checkbox"/> Vial Power Multi	<input type="text"/> Inner/ Carton/Pack
<input type="checkbox"/> Other: Write In	<input type="text" value="1"/> Case

## FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating:   Authorized Generic \*If Authorized Generic, other section fields are not applicable

II. Generic Equivalent to What Brand?:

## PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text" value="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?  GLN:

Is product exempt from DSCSA?

If yes, select exemption:  
 Other exemption - Write in:

Is product repackaged?

Is product sold by manufacturer's exclusive distributor?

Has FDA granted waiver/exception/exemption for product?

If Yes, was original product purchased direct from mfr?

If yes, attach documentation from FDA.

## ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Width	Height		
Item/Each:	0.18	1.63	1.63	3.14		1
Box/Carton/Bundle/Inner Pack:						
Case:	3.75	11.9	8.1	5.2		24
Pallet:	733.16	48	40	47.2		3,072

## GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	<input type="text" value="1"/>		<input type="text" value="00372578150013"/>	
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	<input type="text" value="24"/>		<input type="text" value="40372578150011"/>	
<input checked="" type="checkbox"/> Pallet	<input type="text" value="3,072"/>		<input type="text" value="50372578150018"/>	

## COST INFORMATION

Regular Cost	Vendor #:
<input type="text"/>	<input type="text"/>
Invoice Cost (WAC) (\$)	Whsl. Code #:
<input type="text"/>	<input type="text"/>
As of date:	FineLine Code:
<input type="text"/>	<input type="text"/>

## WHOLESALE USE ONLY:

\*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:



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

Version 2020

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?  No  
(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?  No  
(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?

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?
- 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?
- If so, which states? Other requirements? Comments?

### MISCELLANEOUS 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 - 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> <ul style="list-style-type: none"><li>a. EDI <input type="checkbox"/></li><li>b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/></li><li>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></li><li>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></li><li>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/></li></ul> <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> <ul style="list-style-type: none"><li><input type="checkbox"/> Monday</li><li><input type="checkbox"/> Tuesday</li><li><input type="checkbox"/> Wednesday</li><li><input type="checkbox"/> Thursday</li><li><input type="checkbox"/> Friday</li></ul> <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"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="checkbox"/></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:	
<input type="text"/>	
ADDITIONAL INFORMATION	
<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>	