

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

Version 2020				Introduction Type:	New Item	]	x Final Version			Date:	3/29	/2024
		PRODUCT INFORMATION					SPECIAL HAN	DLING AND STO	RAGE REQUI	REMENTS*	, 	
Company Name:	Viona Pharmaceuticals Inc. ANDA					a. Temperature – Indicate the USP temperature range for this product.						
Application Number for NDA/AN	DA/BLA (drug); PMA/510(k)(med device): 215666						Temperature Range	Controlled Room	n – between 20	and 25 C (68	° – 77° F)	
DUNS:	081468959						Other Temperature Range F	Requirement				
Proprietary Name (If Applicable) a							(write in)					
Selling Unit NDC: UDI	72578-114-01 N/A	Unit of Use NDC: CVX Code:		UPC: 372578 MVX Code: N/A	114015		Notes					
-						1						
Description:	Light pink to pink colored, round shap	bed, film-coated tablets, debossed with '114	on one side an	d plain on other side.			Is this product to be shipped Is this product to be shipped				No No	-
Active Ingredient(s):	Bisoprolol Fumara	ate, USP and Hydrochlorothiazide, USP									110	-
	b. Contact fo	r temperature excursion qu	estions:									
URL for Additional Product Inform		40		Name: Number:		Customer Service 888-304-5022						
Address: City:	Address 2:         Suite 340           Cranford         State:         NJ         Zip:         0701						customerservice@vionausa.com					
Key Contact:	Chris Urbanski		Email:	Curbanski@vionausa			customerservice@violidusa.com					
Phone Number:	908-956-0600		Fax:	908-514-4005		c. Special reg	gulations for product in any	states?			No	_
Product Therapeutic Classificatio	n: Antihypertensive					_	Special returns requirement	s for this product	?		No	_
			_									-
	ADDITIONAL PRODUCT IN			PRODUCT DESCR	IPTION INFORMATION	d. Store prod	luct (unit of sale) upright?				Yes	-
The product is? a legend device?	N	Is the Product Direct-Ship	Only			e. Shelf life:	Protect product (unit of sa	ale) from light?			No 24	Mantha
a legend device? if yes, enter class #	No	Is the Product Neither Orphan Drug Status		Size:	100 ct	e. Sneif life:	Initial shelf life at launch (	if different):			24	Months Months
a product kit?	No			O market	5 m x /0 05 m x		initial orion ino at laanon (					
if yes, list NDCs of		FDA Approval Status		Strength:	5 mg/6.25 mg			ORDER INFOR	RMATION			
component parts				Dosage Form:	Tablet				Mile - 1 - 11 -			
reverse numbered? co-licensed?	No No	Allergens Present		-			Unit of Sale		1 Bottle of 1	NDC selling	unit?	
latex-free?	Yes	Anergens Fresent					Box/Carton			.g. 1 Box of 1	) Vials)	
preservative-free?	Yes			Product Shape:	Round		Ampule		( ,.	5	,	
correctional institution block?	No			Product Color:	Light Pink to Pink		Glass		Minimum o	rder quantity	?	Yes
opioid? Cannabinoid?	No	Country of Origin India					Tube					
If Unit Dose, is item bar coded to u	nit dose for bospital	Country of Origin India		Product Imprint:	114		Vial Liquid Sgl Vial Liquid Multi		If Yes how	many of whi	ch nackade	tvne?
scanning?		Is this product covered under the					Vial Powder Sql		24	Each	en puekage	type.
If Unit Dose, indicate NDC here:		Trade Agreements Act (TAA)?	No				Vial Power Multi		-	Inner/Carton	/Pack	
							Other: Write In		1	Case		
		FOR GENERIC DRUG PRODUCTS				_						
			Auth	orized Generic *If Author	orized Generic, other section		PH	ARMACY ORDE	R / BILL UNIT			
I. Orange Book Rating:	AB				e not applicable	Rec. sell unit	to customer?			init to pharm	acv.	
II. Generic Equivalent to What Bra							1 Bottle	T		Each		
						(Write-in, e.g	. 1 Vial)	•		Gram		
	DRUG SUPP	LY CHAIN SECURITY ACT (DSCSA) INFO	DRMATION							Milliliter		
Does supplier meet DSCSA defini	tion of manufacturer?	Yes	SLN:	0372578000004			ITEN	AND PACKING	INFORMATIO	N		
Is product exempt from DSCSA?		No										
If yes, select exemption:							Weight Lbs.	Dimen	sions (US msr	nts.)	Volume	# Pieces:
Other exemption - Write in:							weight Lbs.	Depth	Width	Height	(Cube)	# Pieces:
Is product repackaged?			Yes, was origi	nal product purchased		Item/Each:	0.12	1.61	1.61	2.98		1
Is product sold by manufacturer's Has FDA granted waiver/exceptio				cumentation from FDA.		Box/Carton/E	Bundle/		-			
nao i 2/i granoù haitonokoopno			yoo, allaon ao			Inner Pack:						
	GT	IN AND HIBCC PRODUCT INFORMATIO	١			Case:	3.88	9.72	6.51	3.81		24
Oslashia Ukitat Masaura	0		0711				0.00	0.12	0.01	0.01		
Saleable Unit of Measure	Quantity	HIBCC	GTIN	-14 2578114015	Unit of Use GTIN-14	Pallet:	785.64	47.24	39.37	47.24		4,752
Box/Carton/Bundle/Inner Pack			00372	.070114010								
X Case	24		40372	2578114013			COST INFORMATION			WHOLESAL	ER USE ONL	.Y:
x Pallet	4,752		50372	2578114010								
	-		_			Regular Cost			Vendor #: Whsl. Code	м.		
			_			Invoice Cost	(VVAC) (\$)		Fineline Co			
						As of date:		!				
	-		_									
		Attach copy of SAFETY DATA SHEET (S	SDS) or non haz			PRODUCT PACK						
*Please provide any additional inf	ormation on page 2.			See new p. 3 for Design	nated Drop Ship Only.		Signature:					

## **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?