

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

Version 2020					Introduction Type:	New Item	) [	x Final Version			Date:	3/29	/2024
		PRODUCT INFOR	MATION					SPECIAL HAN	DLING AND STO	RAGE REQUI	REMENTS*		
Company Name:	npany Name: Viona Pharmaceuticals Inc. Application: AN pplication Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 215666						a. Temperature – Indicate the USP temperature range for this product.						
Application Number for NDA/AN	IDA/BLA (drug); PMA/510	(k)(med device):		] т	emperature Range	Controlled Room	- between 20	and 25 C (68	° – 77° F)				
DUNS: 081468959								Other Temperature Range F	Requirement				
Proprietary Name (If Applicable) a								(write in) Notes					
Selling Unit NDC: UDI	72578-114-06 N/A	CVX Code:			UPC: 372578 MVX Code: N/A	114060		lotes					
-	-		bossed with '114' o	n one side an				this product to be shipped	to customers on	ice?		No	
Description.	Description: Light pink to pink colored, round shaped, film-coated tablets, debossed with '114' on one side and plain on other side. Is this product to be shipped to customers on ice? No										-		
Active Ingredient(s): Bisoprolol Fumarate, USP and Hydrochlorothiazide, USP													-
	b. Contact for temperature excursion questions: Name: Customer Service												
URL for Additional Product Inform Address:					Address 2: Suite 3	40	Name: Number:			888-304-5022			
City:	Cranford State:					07016	Group E-mail:			customerservice@vionausa.com			
Key Contact:	Chris Urbanski				Curbanski@vionausa	i.com							
Phone Number:	908-956-0600			Fax:	908-514-4005		c. Special regulations for product in any states?			No			
Product Therapeutic Classificatio	Antihy	ypertensive					S	Special returns requirement	s for this product?			No	-
	d Store produc	t (unit of sale) upright?				Yes							
The product is?		RODUCT INFORMATION	Direct-Ship C	nlv		IPTION INFORMATION		Protect product (unit of sa	le) from light?			No	-
a legend device?	No	Is the Product	Neither	7 ny	0	30 ct	e. Shelf life:	rotect product (unit of se	ie) nom light:			24	Months
if yes, enter class #		Orphan Drug Statu			Size:	30 ct		nitial shelf life at launch (i	f different):				Months
a product kit?	No				Strength:	5 mg/6.25 mg							
if yes, list NDCs of component parts		FDA Approval State	S		-				ORDER INFOR	MATION			
reverse numbered?	No				Dosage Form:	Tablet	U	Init of Sale		What is the	NDC selling	unit?	
co-licensed?	No	Allergens Present						x Bottle		1 Bottle of 3			
latex-free?	Yes				Product Shape:	Round		Box/Carton		(Write-in, e	.g. 1 Box of 10	) Vials)	
preservative-free? correctional institution block?	Yes							Ampule Glass		Minimum o	rder quantity	2	Yes
opioid?	No				Product Color:	Light Pink to Pink		Tube		Winning		•	163
Cannabinoid?	No	Country of Origin	India		Product Imprint:	114		Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for hospital				i roudot imprint.	114		Vial Liquid Multi			many of whi	ch package	type?
scanning? If Unit Dose, indicate NDC here:		Is this product cover Trade Agreements A		No				Vial Powder Sql Vial Power Multi		24	Each Inner/Carton	/Pack	
il Olit Dose, ildicate NDC liele.		Hade Agreements /		NO				Other: Write In		1	Case	auk	
		FOR GENERIC DRUG	PRODUCTS				-				-		
				Auth		orized Generic, other section re not applicable			ARMACY ORDE				
I. Orange Book Rating: II. Generic Equivalent to What Bra	AB and?: Ziac						Rec. sell unit to	1 Bottle	r		nit to pharma Each	acy:	
II. Generic Equivalent to What Dia	2140						(Write-in, e.g. 1		L		Gram		
	D	RUG SUPPLY CHAIN SECURITY A	CT (DSCSA) INFOR	RMATION			· · · ·				Milliliter		
Does supplier meet DSCSA definition of manufacturer? Yes GLN: 0372578000004								ITEM	AND PACKING		N		
Is product exempt from DSCSA?		No	0L		0372378000004			11 - 11	ANDTACKING				
If yes, select exemption:					. J				Dimens	ions (US msn	nts.)	Volume	
Other exemption - Write in:							I	Weight Lbs.	Depth	Width	Height	(Cube)	# Pieces:
Is product repackaged?		No			nal product purchased		Item/Each:	0.09	1.61	1.61	2.98		1
Is product sold by manufacturer's Has FDA granted waiver/exceptio		? No		ect from mfr?	cumentation from FDA.		Box/Carton/Bur	adlo/					
Has FDA granted waiver/exceptio	n/exemption for product	? <u> </u>	II y	es, attach do	cumentation from FDA.		Inner Pack:	idie/					
		GTIN AND HIBCC PRODU	T INFORMATION				Case:	3.24	9.72	6.51	3.81		24
								5.24	3.12	0.01	3.01		24
Saleable Unit of Measure	Quant	<u> </u>		GTIN-	14 2578114060	Unit of Use GTIN-14	Pallet:	658.35	47.24	39.37	47.24		4,752
Box/Carton/Bundle/Inner Pack		·		00372									
X Case		24			2578114068			COST INFORMATION			WHOLESALI	ER USE ONL	_Y:
X Pallet	4,7	752		50372	2578114065					<u> </u>			
	_						Regular Cost Invoice Cost (W	(AC) (\$)		Vendor #: Whsl. Code	#-		
								·····································		Fineline Co			
							As of date:		· · · · · · · · · · · · · · · · · · ·				
*Discourse data and data and data		Attach copy of SAFET	DATA SHEET (SD	S) or non haza		RT, LABEL AND PHOTO OF							
*Please provide any additional inf	rormation on page 2.				See new p. 3 for Desigr	nated Drop Ship Only.	S	Bignature:					

## **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?