



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

Version 2024 Introduction Type: Final Version Date:

PRODUCT INFORMATION	
Company Name:	Viona Pharmaceuticals Inc.
Application Number for NDA/ANDA/BLA; PMA/510(k):	216284
Medical Device Class, if applicable:	
DUNS:	081468959
Proprietary Name (If Applicable) and Established Name:	Dexamethasone Tablets, USP 1 mg
Selling Unit NDC:	72578-166-01
UDI	N/A
Description:	Light yellow to yellow colored, round, flat tablet with beveled edge, scored on one side and debossed with "1793" on the other side.
Active Ingredient(s):	Dexamethasone, USP
URL for Additional Product Information:	www.vionausa.com
Address:	20 Commerce Drive
City:	Cranford
Key Contact:	Chris Urbanski
Phone Number:	908-956-0600
Product Therapeutic Classification:	Corticosteroid

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	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?	<input type="text" value="No"/>
Is this product to be shipped to customers on dry ice?	<input type="text" value="No"/>
b. Contact for temperature excursion questions:	
Name:	Customer Service
Number:	888-304-5022
Group E-mail:	customerservice@vionausa.com
c. Special regulations for product in any states?	
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="text" value="Yes"/>
e. Shelf life:	
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?		Is the Product... Direct-Ship Only	
a legend device?	<input type="text" value="No"/>	Is the Product... Neither	
if yes, enter class #		Orphan Drug Status	
a product kit?	<input type="text" value="No"/>	FDA Approval Status	
if yes, list NDCs of component parts		Allergens Present	
reverse numbered?	<input type="text" value="No"/>	Country of Origin	<input type="text" value="India"/>
co-licensed?	<input type="text" value="No"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="No"/>
latex-free?	<input type="text" value="Yes"/>	Size:	<input type="text" value="100 ct"/>
preservative-free?	<input type="text" value="Yes"/>	Strength:	<input type="text" value="1 mg"/>
correctional institution block?	<input type="text" value="No"/>	Dosage Form:	<input type="text" value="Tablet"/>
opioid?	<input type="text" value="No"/>	Product Shape:	<input type="text" value="Round"/>
Cannabinoid?	<input type="text" value="No"/>	Product Color:	<input type="text" value="Light Yellow to Yellow"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text" value=""/>	Product Imprint:	<input type="text" value="1793"/>
If Unit Dose, indicate NDC here:	<input type="text" value=""/>		

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	Minimum order quantity? <input type="text" value="Yes"/>
<input type="checkbox"/> Glass	
<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" value="1"/> Inner/ Carton/Pack
<input type="checkbox"/> Other: Write In	<input type="text" value="Case"/>

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	<input type="text" value="AB"/> <input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable
II. Generic Equivalent to What Brand?:	<input type="text" value="Dexamethasone Tablets, USP 1 mg"/>

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
HCPCS J-Code:	<input type="checkbox"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input type="text" value="Yes"/>
Is product exempt from DSCSA?	<input type="text" value="No"/>
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	<input type="text" value="No"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="No"/>
Has FDA granted waiver/exception/exemption for product?	<input type="text" value="No"/>
If yes, attach documentation from FDA.	
GLN:	<input type="text" value="0372578000004"/>
GCP:	<input type="text" value="0372578"/>
If yes, was original product purchased direct from mfr?	<input type="text" value=""/>
Provide source manufacturer for repackaged product	

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:	0.09	1.61	1.61	2.98		1
Case:	3.4	9.7	6.5	3.8		24
Pallet:	703.4	47.2	39.4	47.2		4,752

GTIN AND HIBCC PRODUCT INFORMATION				
Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14
<input checked="" type="checkbox"/> Item/Each	Y	1		00372578166014
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	Y	24		40372578166012
<input checked="" type="checkbox"/> Pallet	Y	4,752		50372578166019

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



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Version 2024

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?
 - 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? (If yes, attach SDS with special instructions.) No
- 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 No
- Cargo No
- Passenger & Cargo No

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 Yes Controlled Substance Code
- Controlled by State(s)? No Yes Listed Chemical (List I or II)
- ARCOS Reportable? No Yes If yes, indicate which:
- Schedule No. Is it a scheduled listed chemical product?: Yes No

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:

MISCELLANEOUS NOTES and/or Image of Product Barcode:

Release DATE

SDS Hazard Classification

- Organic
- Inorganic
- Steroid/Androgen
- Corrosive
- Oxidizer
- Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level:
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 Yes
If Yes, is it managed with a pharmacy registry?
Website URL:

Med Guide Required No Yes
Limited Distribution Requirement No Yes
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: NCPDP#:
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 No

URL/Link to returns policy: www.vionausa.com

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

