



# 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):	218830
Application:	ANDA
Medical Device Class, if applicable:	
NDA 505(b) Type:	NOT APPLICABLE
DUNS:	081468959
Proprietary Name (If Applicable) and Established Name:	Methimazole Tablets, USP 10 mg
Selling Unit NDC:	72578-213-01
Unit of Use NDC:	
UDI:	N/A
UPC:	372578213015
CVX Code:	
MVX Code:	N/A
Description:	White to off-white, round, flat face beveled edge tablets, debossed "C" above bisect "11" below bisect on one side and plain on the other side.
Active Ingredient(s):	Methimazole, USP
URL for Additional Product Information:	<a href="http://www.vionausa.com">www.vionausa.com</a>
Address:	20 Commerce Drive
City:	Cranford
Key Contact:	Chris Urbanski
Phone Number:	908-956-0600
Product Therapeutic Classification:	Antithyroid
Address 2:	Suite 340
State:	New Jersey
Zip:	07016
Email:	<a href="mailto:Curbanski@vionausa.com">Curbanski@vionausa.com</a>
Fax:	908-514-4005

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	Temperature Range: <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>
Other Temperature Range Requirement (write in)	<input type="text"/>
Notes	<input type="text"/>
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: <input type="text" value="Customer Service"/>
Number:	<input type="text" value="888-304-5022"/>
Group E-mail:	<input type="text" value="customerservice@vionausa.com"/>
c. Special regulations for product in any states?	<input type="text" value="No"/>
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	<input type="text" value="Yes"/>
Protect product (unit of sale) from light?	<input type="text" value="Yes"/>
e. Shelf life:	<input type="text" value="24"/> Months
Initial shelf life at launch (if different):	<input type="text"/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?		Is the Product...	<input type="text" value="Direct-Ship Only"/>
a legend device?	<input type="text" value="No"/>	Is the Product...	<input type="text" value="Neither"/>
if yes, enter class #	<input type="text"/>	Orphan Drug Status	<input type="text"/>
a product kit?	<input type="text" value="No"/>	FDA Approval Status	<input type="text"/>
if yes, list NDCs of component parts	<input type="text"/>	Allergens Present	<input type="text"/>
reverse numbered?	<input type="text" value="No"/>	Country of Origin	<input type="text" value="Germany"/>
co-licensed?	<input type="text" value="No"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="Yes"/>
latex-free?	<input type="text" value="Yes"/>		
preservative-free?	<input type="text" value="Yes"/>		
correctional institution block?	<input type="text" value="No"/>		
opioid?	<input type="text" value="No"/>		
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"/>		
Size:	<input type="text" value="100 ct"/>	Strength:	<input type="text" value="10 mg"/>
Dosage Form:	<input type="text" value="Tablet"/>	Product Shape:	<input type="text" value="Round"/>
Product Color:	<input type="text" value="White to off-white"/>	Product Imprint:	<input type="text" value="“C” &amp; “11”"/>

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="48"/> Each
<input type="checkbox"/> Vial Powder Multi	<input type="text" value="1"/> Inner/ Carton/ Pack
<input type="checkbox"/> Other: Write In	<input type="text" value="1"/> 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="Tapazole"/>

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	<input type="text" value="1 Bottle"/>
Rx billing unit to pharmacy:	<input checked="" type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
HCPCS J-Code:	<input type="text"/>
	<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:	<input type="text"/>
Other exemption - Write in:	<input type="text"/>
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.	<input type="text"/>
GLN:	<input type="text" value="0372578000004"/>
GCP:	<input type="text" value="0372578"/>
If yes, was original product purchased direct from mfr?	<input type="text"/>
Provide source manufacturer for repackaged product	<input type="text"/>

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	1.58	1.58	2.90		1
Case:	5.6	11.70	7.90	9.00		48
Pallet:	484.00	48.00	39.40	47.20		3,072

GTIN AND HIBCC PRODUCT INFORMATION					
Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	Y	1		00372578213015	
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack					
<input checked="" type="checkbox"/> Case	Y	48		40372578213013	
<input checked="" type="checkbox"/> Pallet	Y	3,072		50372578213010	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost	<input type="text"/>	Vendor #:	<input type="text"/>
Invoice Cost (WAC) (\$)	<input type="text"/>	Whsl. Code #:	<input type="text"/>
As of date:	<input type="text"/>	Fineline Code:	<input type="text"/>



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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
- 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  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:  No  
NFPA Storage Level:

Is the product a NIOSH hazardous drug?  Yes  
If yes, indicate which:  Group 2 items (non-antineoplastic that meets a hazard criterion)

### 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?  Yes  No  
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:  Yes  No  
Wholesale distributor support:  Yes  No  
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](http://www.vionausa.com)

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

If so, which states? Other requirements? Comments?



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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
Purchase orders may be accepted by: a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> c. Fax <input type="checkbox"/> d. Phone only <input type="checkbox"/> e. Supplier Web Site only <input type="checkbox"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / contact #: <input type="text"/> Name: <input type="text"/> Phone: <input type="text"/>	<b>Purchase order daily receipt cut off time by supplier</b> Cut off time: <input type="text"/> Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="checkbox"/> Ships for second day receipt: <input type="checkbox"/> Ships regular ground for 3-10 days receipt: <input type="checkbox"/>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="text"/> Drop Ship service fee billed with each order: <input type="text"/> Drop Ship miscellaneous fees billed: <input type="text"/> Comments: <input type="text"/>	<b>Overnight receipt available:</b> <input type="checkbox"/> PO Receipt cut off time: <input type="text"/> Days of week overnight is available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <b>Priority Overnight receipt available:</b> <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> <b>Saturday Overnight receipt available:</b> <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: <input type="text"/> Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="checkbox"/> Other fees apply: <input type="checkbox"/>
Class of Trade Restriction:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Restricted to retail pharmacy only: <input type="checkbox"/> Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> Restricted from US territories? (explain in comments) <input type="checkbox"/> Comments: <input type="text"/>	
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: <input type="text"/> Physician Name: <input type="text"/> Physician/Clinic Phone #: <input type="text"/> Physician State License #: <input type="text"/> Physician/Clinic DEA #: <input type="text"/> Physician/Clinic Specialty: <input type="text"/>	Contact # if product is received damaged: <input type="text"/> Is product returnable for credit: <input type="checkbox"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> If so, which states? Other requirements? Comments? <input type="text"/>
Miscellaneous Notes:	
<input type="text"/>	
	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>