



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

Version 2021 Introduction Type: Post Launch Change Final Version Date: 6/1/2024

PRODUCT INFORMATION **SPECIAL HANDLING AND STORAGE REQUIREMENTS***

Company Name: Camber Pharmaceuticals, Inc. **Application:** ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 203834
Medical Device Class, if applicable: _____
DUNS: 11-856-3719
Proprietary Name (If Applicable) and Established Name: Acyclovir Tablets, USP 400 mg
Selling Unit NDC: 31722-777-01 **Unit of Use NDC:** _____ **UPC:** 331722777018
UDI _____ **CVX Code:** _____ **MXV Code:** _____
Description: Acyclovir Tablets, USP 400 mg
Active Ingredient(s): Acyclovir, USP
URL for Additional Product Information: www.camberpharma.com
Address: 800 Centennial Ave, Suite 1 **Address 2:** _____
City: Piscataway **State:** NJ **Zip:** 08854
Key Contact: Customer Service **Email:** customerservice@camberpharma.com
Phone Number: 1-866-827-3647 **Fax:** 732-562-8788
Product Therapeutic Classification: Synthetic nucleoside analogue antiviral

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): Store between 15° and 25° C.
 Notes: _____
 Is this product to be shipped to customers on ice? No
 Is this product to be shipped to customers on dry ice? No
b. Contact for temperature excursion questions:
Name: Soma Raju
Number: 732-529-0423
Group E-mail: somaraju@heterousa.com
c. Special regulations for product in any states? No
 Special returns requirements for this product? No
d. Store product (unit of sale) upright? No
 Protect product (unit of sale) from light? No
e. Shelf life: 24 Months
 Initial shelf life at launch (if different): _____ Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? <input type="checkbox"/> No	Is the Product... Direct-Ship Only <input type="checkbox"/>	Size:	100 ct
if yes, enter class # a product kit? <input type="checkbox"/> No	Is the Product... Neither <input type="checkbox"/>	Strength:	400 mg
if yes, list NDCs of component parts reverse numbered? <input type="checkbox"/>	Orphan Drug Status <input type="checkbox"/>	Dosage Form:	Tablet
co-licensed? <input type="checkbox"/> No	FDA Approval Status <input type="checkbox"/>	Product Shape:	Shield shaped, flat
latex-free? <input type="checkbox"/> Yes	Allergens Present <input type="checkbox"/>	Product Color:	Pink
preservative-free? <input type="checkbox"/> Yes	Country of Origin <input type="checkbox"/> India	Product Imprint:	Debossed with 'J' on one side and '49' in triangle on the other side
correctional institution block? <input type="checkbox"/> No	Is this product covered under the Trade Agreements Act (TAA)? <input type="checkbox"/> No		
opioid? <input type="checkbox"/> No			
Cannabinoid? <input type="checkbox"/> No			
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="checkbox"/>			
If Unit Dose, indicate NDC here: _____			

ORDER INFORMATION

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

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: AB Authorized Generic *If Authorized Generic, other section fields are not applicable
II. Generic Equivalent to What Brand?: Zovirax

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? _____ **Rx billing unit to pharmacy:** _____
 (Write-in, e.g. 1 Vial) Each
 Gram
 Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? Yes No **GLN:** 0331722498975
 Is product exempt from DSCSA? No **GCP:** _____
 If yes, select exemption: _____
 Other exemption - Write in: _____
 Is product repackaged? No **If yes, was original product purchased direct from mfr?** Yes
 Is product sold by manufacturer's exclusive distributor? Yes **Provide source manufacturer for repackaged product** _____
 Has FDA granted waiver/exception/exemption for product? No
 If yes, attach documentation from FDA.

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.18	1.8	1.8	4	12.96	1
Box/Carton/Bundle/Inner Pack:						
Case:	4.9	11.4	7.75	5	441.75	24
Pallet:						

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	1		00331722777018	
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	24		20331722777012	
<input type="checkbox"/> Pallet				

COST INFORMATION **WHOLESALE USE ONLY:**

Regular Cost _____ **Vendor #:** _____
Invoice Cost (WAC) (\$) \$12.64 **Whsl. Code #:** _____
As of date: 4/15/2024 **Fineline Code:** _____



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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 No
- 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) No Yes
- ARCOS Reportable? No Yes If yes, indicate which:
- Schedule No. Is it a scheduled listed chemical product?: No Yes

CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes No
- Restricted to retail pharmacy only: No Yes
- Restricted to hospital, clinics, and physician offices only: No Yes
- Restricted from US territories? (explain in comments) No Yes

Comments:

SDS Hazard Classification

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

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No

Is the product a NIOSH hazardous drug? If yes, indicate which: No

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? No Yes
Website URL:

Med Guide Required No Yes
Limited Distribution Requirement No Yes
Comments / Details: (For example, iPledge program?)

REMS: No Yes
REMS Program Manager Name: Phone:
Supplier Manages REMS registry exclusively: No Yes
Wholesale distributor support: No Yes
Provider Name: DEA #:
Site Enrollment Number assigned by Supplier: NCPDP#:
NPI #:

Comments

Registry: No Yes
Registry Program Contact Name: Phone:
Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 1-866-827-3647
Is product returnable for credit: No Yes

URL/Link to returns policy: contact - customerservice@camberpharma.com

Special regulations or returns requirements for this product in certain states? No Yes
If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

