



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

Version 2021 Introduction Type: Post Launch Change Final Version Date: 6/23/2024

PRODUCT INFORMATION

Company Name: Camber Pharmaceuticals, Inc. Application: ANDA

Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 040901

Medical Device Class, if applicable:

DUNS: 11-856-3719

Proprietary Name (If Applicable) and Established Name: Hydralazine Hydrochloride Tablets, USP 50 mg

Selling Unit NDC: 31722-521-10 Unit of Use NDC: CVX Code: UPC: 331722521109 MVX Code:

Description: Hydralazine Hydrochloride Tablets, USP 50 mg

Active Ingredient(s): Hydralazine hydrochloride, 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: Vasodilator

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? 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?
Special returns requirements for this product? No No

d. Store product (unit of sale) upright? No
Protect product (unit of sale) from light? No

e. Shelf life:
Initial shelf life at launch (if different): 24 Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? if yes, enter class #	<input type="checkbox"/> No	Is the Product... Direct-Ship Only	<input type="checkbox"/> Neither
a product kit? if yes, list NDCs of component parts reverse numbered?	<input type="checkbox"/> No	Orphan Drug Status	
co-licensed?	<input type="checkbox"/> No	FDA Approval Status	
latex-free?	<input type="checkbox"/> Yes	Allergens Present	
preservative-free?	<input type="checkbox"/> Yes	Country of Origin	India
correctional institution block? opioid?	<input type="checkbox"/> No	Is this product covered under the Trade Agreements Act (TAA)?	<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:			
		Size:	1000 ct
		Strength:	50 mg
		Dosage Form:	Tablet
		Product Shape:	Round
		Product Color:	Orange
		Product Imprint:	Unscored, debossed with 'H' on one side and '40' on the other side

ORDER INFORMATION

Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 Bottle of 1000 Tablets
<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	Minimum order quantity? <input type="checkbox"/> Yes
<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	12 Each
<input type="checkbox"/> Vial Powder Multi	Inner/ Carton/ Pack
<input type="checkbox"/> Other: Write In	Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: AA Authorized Generic *If Authorized Generic, other section fields are not applicable

II. Generic Equivalent to What Brand?: Hydralazine Hydrochloride Tablets (Pliva)

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? (Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy:
 Each
 Gram
 Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? Yes No

Is product exempt from DSCSA? No

If yes, select exemption: Other exemption - Write in:

Is product repackaged? No

Is product sold by manufacturer's exclusive distributor? Yes

Has FDA granted waiver/exception/exemption for product? No

If yes, attach documentation from FDA.

GLN: 0331722498975

GCP:

If yes, was original product purchased direct from mfr?

Provide source manufacturer for repackaged product:

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.68	3	3	5.75	51.75	1
Box/ Carton/ Bundle/ Inner Pack:						
Case:	9.05	12.5	9.75	6.5	792.19	12
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		00331722521109	
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	12		10331722521106	
<input type="checkbox"/> Pallet				

COST INFORMATION

Regular Cost: \$68.60
Invoice Cost (WAC) (\$): \$68.60
As of date: 4/15/2024

WHOLESALE USE ONLY:
Vendor #:
Whsl. Code #:
Fineline Code:



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Version 2021

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

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
- 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? 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: Yes No

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:



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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"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> 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"/>	Purchase order daily receipt cut off time by supplier 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"/>	Overnight receipt available: <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 Priority Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Saturday Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: 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:	ADDITIONAL INFORMATION
<input type="text"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>