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

Version 2021 | **Introduction Type:** New Item | x Final Version | **Date:** 7/22/2024

PRODUCT INFORMATION

Company Name:	Camber Pharmaceuticals, Inc.	**Application:**	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	207418		
Medical Device Class, if applicable:			
DUNS:	11-856-3719		
Proprietary Name (If Applicable) and Established Name:	Oxycodone Hydrochloride Tablets, USP 30 mg		
Selling Unit NDC:	31722-918-01	**Unit of Use NDC:**	**UPC:** 331722918015
UDI		**CVX Code:**	**MVX Code:**
Description:	Oxycodone Hydrochloride Tablets, USP 30 mg		
Active Ingredient(s):	Oxycodone 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:	Opioid agonist		

ADDITIONAL PRODUCT INFORMATION

The product is?		**Is the Product…**	Direct-Ship Only
a legend device?	No	**Is the Product…**	Neither
if yes, enter class #		**Orphan Drug Status**	
a product kit?	No		
if yes, list NDCs of component parts		**FDA Approval Status**	
reverse numbered?	No		
co-licensed?	No	**Allergens Present**	
latex-free?	Yes	**Lactose, Dairy, Alcohol, Animal, Sugar, Rennet, Cassein, Whey**	
preservative-free?	Yes		
correctional institution block?	No		
opioid?	Yes		
Cannabinoid?	No	Country of Origin	USA
If Unit Dose, is item bar coded to unit dose for hospital scanning?		Is this product covered under the Trade Agreements Act (TAA)?	Yes
If Unit Dose, indicate NDC here:			

PRODUCT DESCRIPTION INFORMATION

Size:	100 ct
Strength:	30 mg
Dosage Form:	Tablet
Product Shape:	Round, flat faced, beveled edge
Product Color:	Light yellow
Product Imprint:	Debossed with 'T' and '189' with functional scoreline on one side and plain on the other side

FOR GENERIC DRUG PRODUCTS

Authorized Generic | *If Authorized Generic, other section fields are not applicable

I. Orange Book Rating: AB

II. Generic Equivalent to What Brand?: Roxicodone

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer?	Yes	**GLN:**	0860000397957
Is product exempt from DSCSA?	No		
If yes, select exemption:		**GCP:**	
Other exemption - Write in:			
Is product repackaged?	No	**If yes, was original product purchased direct from mfr?**	
Is product sold by manufacturer's exclusive distributor?	Yes		
Has FDA granted waiver/exception/exemption for product?	No	**Provide source manufacturer for repackaged product**	
If yes, attach documentation from FDA.			

GTIN AND HIBCC PRODUCT INFORMATION

	Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
x	Item/Each	1		00331722918015	
	Box/Carton/Bundle/Inner Pack				
x	Case	24		10331722918012	
	Pallet				

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? *Yes

Special returns requirements for this product? *Yes

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

ORDER INFORMATION

Unit of Sale		**What is the NDC selling unit?**	
x	Bottle	1 Bottle of 100 Tablets	
	Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)	
	Ampule		
	Glass	**Minimum order quantity?**	Yes
	Tube		
	Vial Liquid Sgl		
	Vial Liquid Multi	**If Yes, how many of which package type?**	
	Vial Powder Sgl	24	Each
	Vial Powder Multi		Inner/Carton/Pack
	Other: Write In		Case

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?

(Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy:

Each

Gram

Milliliter

ITEM AND PACKING INFORMATION

	Weight Lbs.	Dimensions (US msmts.) Depth	Width	Height	Volume (Cube)	Saleable # Pieces
Item/Each:	0.07	1.56	1.56	2.94	7.16	1
Box/Carton/Bundle/ Inner Pack:						
Case:	2.14	10.2	7	3.4	242.76	24
Pallet:						

COST INFORMATION

Regular Cost	
Invoice Cost (WAC) ($)	$28.00
As of date:	9/7/2017

WHOLESALER USE ONLY:

Vendor #:

Whsl. Code #:

Fineline Code:

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.

***Please provide any additional information on page 2.**

See new p. 3 for Designated Drop Ship Only.

Signature:

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

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?	
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)	No
a. UN/Identification Number	
b. Proper Shipping Name	
c. DOT Hazard Class	
d. Packing Group	
e. Inhalation Hazard?	
Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS)	No
a. UN/Identification Number	
b. Proper Shipping Name	
c. DOT Hazard Class	
d. Packing Group	
e. Inhalation Hazard?	
Is the product restricted for air shipment? If so, indicate restriction:	No

- [ ] 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#

SDS Hazard Classification

x	Organic		Corrosive
	Inorganic		Oxidizer
	Steroid/Androgen		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?	No
If yes, indicate which:	

Hazardous Waste Identification

EPA Hazardous Waste Code:		Waste Characteristics	

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?	Yes		
If Yes, is it managed with a pharmacy registry?	No		
Website URL:	https://opioidanalgesicrems.com/home.html		
Med Guide Required	Yes		
Limited Distribution Requirement	No		
Comments / Details: (For example, iPledge program?)			
REMS:	Yes		
REMS Program Manager Name:	Prathima Arrabelly	Phone:	(631) 881-4614 Ext. 1412
Supplier Manages REMS registry exclusively:			
Wholesale distributor support:			
Provider Name:		DEA #:	
Site Enrollment Number assigned by Supplier:		NCPDP#:	
		NPI #:	
Comments			
Registry:	No		
Registry Program Contact Name:		Phone:	
Comments			

ADD'L STORAGE INFORMATION

Is the Product…

Controlled Substance?	Yes	Controlled Substance Code	9143
Controlled by State(s)?	Yes	Listed Chemical (List I or II)	No
ARCOS Reportable?	Yes	If yes, indicate which:	
Schedule No.	2	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
Restricted to retail pharmacy only:	No
Restricted to hospital, clinics, and physician offices only:	No
Restricted from US territories? (explain in comments)	No
Comments:	

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:	1-866-827-3647
Is product returnable for credit:	Yes
URL/Link to returns policy:	contact - customerservice@camberpharma.com
Special regulations or returns requirements for this product in certain states?	Yes

If so, which states? Other requirements? Comments?

DEA Form 222 or its electronic equivalent is required for all returns in all states.

MISCELLANEOUS NOTES and/or Image of Product Barcode:

*Storage of this product must abide by the federally mandated DEA requirements outlined in 21 CFR Part 1301.72.

Release DATE

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

Version 2021

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product

Purchase orders may be accepted by:

a. EDI
b. Autofax — Fax Number:
c. Fax — Fax Number:
d. Phone only — Phone No.:
e. Supplier Web Site only — Site Address:

Minimum Order Quantity:
Supplier's Customer Service Number:
Contracted 3PL company / contact #: Name:
Phone:

Standard Order Receipt and Processing

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:

Expedited freight fees billed with each order:
Drop Ship service fee billed with each order:
Drop Ship miscellaneous fees billed:
Comments:

Overnight and Priority Overnight PO Processing

Overnight receipt available:
PO Receipt cut off time:
Days of week overnight is available:
Monday
Tuesday
Wednesday
Thursday
Friday

Priority Overnight receipt available:
PO Receipt Cut off time:

Saturday Overnight receipt available:
PO Receipt Cut off time:

Order receipt method: Phone: Phone #:
Fax: Fax #:
EDI:
Overnight Fees apply:
Other fees apply:

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:

Other Data Information Required to Process PO:

Patient Procedure Date:
Physician Name:
Physician/Clinic Phone #
Physician State License #
Physician/Clinic DEA #:
Physician/Clinic Specialty:

Return Instructions

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?