



Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type: New Item

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	<input type="text" value="Camber Pharmaceuticals"/>
Application:	<input type="text" value="ANDA"/>
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	<input type="text"/>
DUNS:	<input type="text" value="82-667-4775"/>
Proprietary Name (if Applicable) and Established Name:	<input type="text" value="Sildenafil Tablets 50MG 30CT"/>
Selling Unit NDC:	<input type="text" value="31722-710-30"/>
Individual Unit NDC:	<input type="text"/>
UPC:	<input type="text" value="331722710305"/>
UDI	<input type="text"/>
CVX Code:	<input type="text"/>
MVX Code:	<input type="text"/>
Description:	<input type="text" value="Tablet pressed wutg 9.00mm, round shape, bi-concave punches embossed with '36' on lower punch and '1' on upper punch."/>
Active Ingredient(s):	<input type="text" value="Sildenafil"/>
URL for Additional Product Information:	<input type="text" value="www.camberpharma.com"/>
Address:	<input type="text" value="1031 Centennial Avenue"/>
City:	<input type="text" value="Piscataway"/>
State:	<input type="text" value="NJ"/>
Zip:	<input type="text" value="08854"/>
Key Contact:	<input type="text" value="Customer Service"/>
Email:	<input type="text" value="customerservice@camberpharma.com"/>
Phone Number:	<input type="text" value="732-529-0430"/>
Fax:	<input type="text" value="732-562-8788"/>
Product Therapeutic Classification:	<input type="text"/>

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"/>
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="Soma Raju"/>
Number:	<input type="text" value="732-529-0423"/>
Group E-mail:	<input type="text" value="somaraju@heterousa.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="No"/>
Protect product (unit of sale) from light?	<input type="text" value="No"/>
e. Shelf life:	
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	<input type="text" value="No"/>
reverse numbered?	<input type="text" value="No"/>
co-licensed?	<input type="text" value="No"/>
Is the Product... Direct-Ship Only	<input type="text"/>
Is the Product... Unit Dose	<input type="text"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text"/>
If Unit Dose NDC, indicate NDC here:	<input type="text"/>
Country of Origin	<input type="text" value="India"/>
Is this product covered under the Trade Agreements Act (TAA)?	<input type="text"/>

PRODUCT DESCRIPTION INFORMATION	
Size:	<input type="text" value="30CT"/>
Strength:	<input type="text" value="50MG"/>
Dosage Form:	<input type="text" value="Tablet"/>
Product Shape:	<input type="text" value="Round"/>
Product Color:	<input type="text" value="White"/>
Product Imprint:	<input type="text" value="1 / 36"/>

ORDER INFORMATION	
Unit of Sale	<input type="text" value="x"/>
What is the NDC selling unit?	<input type="text" value="1 box of 12 bottles"/>
(Write-in, e.g. 1 Box of 10 Vials)	
Minimum order quantity?	<input type="text" value="Yes"/>
If Yes, how many of which package type?	
Each	<input type="text"/>
Inner/ Carton/Pack	<input type="text" value="12"/>
Case	<input type="text"/>

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

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	<input type="text"/>
(Write-in, e.g. 1 Vial)	
Rx billing unit to pharmacy:	
Each	<input type="text"/>
Gram	<input type="text"/>
Milliliter	<input type="text"/>

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"/>
GLN:	<input type="text"/>
If Yes, was original product purchased direct from mfr?	<input type="text"/>
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Depth	Height	Width	Volume (Cube)	# Pieces:
Item:	0.05		3	1.3		
Box/Carton/Bundle/Inner Pack:	0.9	6.6	3	5	0.05	12
Case:	9.2	14	8.6	10.5	0.73	96
Pallet:						2160
UPC:	Case:					
	Carton:					

GTIN PRODUCT INFORMATION						
Serialized?	<input type="text" value="Yes"/>					
If not, when?	<input type="text"/>					
Items aggregated?	<input type="text" value="Yes"/>					
Level	Saleable Unit			Quantity	GTIN-14	
<input checked="" type="checkbox"/> Item	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 2D	Linear	1	00331722710305	
<input checked="" type="checkbox"/> Box/Carton/Bundle/Inner Pack	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 2D	Linear	12	10331722710302	
<input checked="" type="checkbox"/> Case	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 2D	Linear	96	30331722710306	
<input type="checkbox"/> Pallet	<input type="checkbox"/>	<input type="checkbox"/> 2D	Linear			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2D	Linear			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2D	Linear			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2D	Linear			

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost	<input type="text"/>	Vendor #:	<input type="text"/>
Invoice Cost (WAC) (\$)	<input type="text" value="\$18.00"/>	Whsl. Code #:	<input type="text"/>
Federal Excise Tax Per Unit of Sale	<input type="text"/>	Fineline Code:	<input type="text"/>
As of date:	<input type="text"/>		

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 Information (Page 2)

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?
 Does the product label bear a CA Prop 65 warning?

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 or IATA? No

(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?

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

Controlled by State(s)? No

ARCOS Reportable? No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II) No
 If yes, indicate which:

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 No

Restricted to retail pharmacy only: Yes

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

SDS Hazard Classification

Organic Corrosive
 Inorganic Oxidizer
 Steroid/Androgen Contact Hazard

Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug?
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?
 Website URL:

Comments / Details: (For example, iPledge program?)

REMS:

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively: No

Wholesale distributor support: No

Provider Name:

Site Enrollment Number assigned by Supplier:

DEA #: No
 PCPDP #: No
 NPI #: No

Comments

Registry: No

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 732-529-0430

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? No

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:



Standard Pharmaceutical Product Information (Page 3)

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"/> Yes b. Autofax <input type="checkbox"/> No Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Yes Fax Number: 732-562-8788 d. Phone only <input type="checkbox"/> No Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> No Site Address: <input type="text"/> Minimum Order Quantity: case pack <input type="text"/> Supplier's Customer Service Number: 732-529-0430 x466 x465 x467 x470 Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/>	Purchase order daily receipt cut off time by supplier Cut off time: 2:30PM Eastern Shipping lead time of PO: 24/48 Hours <input type="text"/> Days Ships same day for next day receipt: <input type="checkbox"/> No Ships for second day receipt: <input type="checkbox"/> No Ships regular ground for 3-10 days receipt: <input type="checkbox"/> Yes
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="checkbox"/> No Drop Ship service fee billed with each order: <input type="checkbox"/> No Drop Ship miscellaneous fees billed: <input type="checkbox"/> No Comments: <input type="text"/>	Overnight receipt available: <input type="checkbox"/> Yes PO Receipt cut off time: 2:30PM Eastern Days of week overnight is available: <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday Priority Overnight receipt available: <input type="checkbox"/> Yes PO Receipt Cut off time: 2:30PM EST Saturday Overnight receipt available: <input type="checkbox"/> No PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="checkbox"/> Yes Phone #: <input type="text"/> Fax: <input type="checkbox"/> Yes Fax #: 732-562-8788 EDI: <input type="checkbox"/> Yes Overnight Fees apply: <input type="checkbox"/> Yes Other fees apply: <input type="checkbox"/> No
Class of Trade Restriction:	Return Instructions
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> No Restricted to retail pharmacy only: <input type="checkbox"/> Yes Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No Restricted from US territories? (explain in comments) <input type="checkbox"/> No Comments: <input type="text"/>	Contact # if product is received damaged: 732-529-0430 Is product returnable for credit: <input type="checkbox"/> Yes URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> Yes If so, which states? Other requirements? Comments? <input type="text"/>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
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"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> No Is product order for restocking purposes? <input type="checkbox"/> No
Miscellaneous Notes:	
<input type="text"/>	