



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

Version 2021 Introduction Type: New Item Final Version Date: 11/7/2024

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*			
Company Name: <input type="text" value="Camber Pharmaceuticals, Inc."/>		Application: <input type="text" value="ANDA"/>		a. Temperature – Indicate the USP temperature range for this product.			
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): <input type="text" value="209908"/>				Temperature Range <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>			
Medical Device Class, if applicable: <input type="text"/>				Other Temperature Range Requirement <input type="text" value="Excursions permitted to 15-30°C (59-86°F)"/>			
DUNS: <input type="text" value="11-856-3719"/>				Notes <input type="text"/>			
Proprietary Name (If Applicable) and Established Name: <input type="text" value="Tadalafil Tablets, USP 5 mg"/>				Is this product to be shipped to customers on ice? <input type="checkbox"/> No			
Selling Unit NDC: <input type="text" value="31722-644-30"/>		Unit of Use NDC: <input type="text" value="31722-644-30"/>		UPC: <input type="text" value="331722644303"/>		Is this product to be shipped to customers on dry ice? <input type="checkbox"/> No	
UDI <input type="text"/>		CVX Code: <input type="text"/>		MVX Code: <input type="text"/>			
Description: <input type="text" value="Tadalafil Tablets, USP 5 mg"/>				b. Contact for temperature excursion questions:			
Active Ingredient(s): <input type="text" value="Tadalafil, USP"/>				Name: <input type="text" value="Soma Raju"/>			
URL for Additional Product Information: <input type="text" value="www.camberpharma.com"/>				Number: <input type="text" value="732-529-0423"/>			
Address: <input type="text" value="800 Centennial Ave, Suite 1"/>		Address 2: <input type="text"/>		Group E-mail: <input type="text" value="somaraju@heterousa.com"/>			
City: <input type="text" value="Piscataway"/>		State: <input type="text" value="NJ"/>					
Key Contact: <input type="text" value="Customer Service"/>		Zip: <input type="text" value="08854"/>					
Phone Number: <input type="text" value="1-866-827-3647"/>		Email: <input type="text" value="customerservice@camberpharma.com"/>					
Product Therapeutic Classification: <input type="text" value="Phosphodiesterase 5 (PDE5) inhibitor"/>		Fax: <input type="text" value="732-562-8788"/>		c. Special regulations for product in any states? <input type="checkbox"/> No			
				Special returns requirements for this product? <input type="checkbox"/> No			
				d. Store product (unit of sale) upright? <input type="checkbox"/> No			
				Protect product (unit of sale) from light? <input type="checkbox"/> No			
				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 a legend device? <input type="checkbox"/> No		Is the Product... Direct-Ship Only <input type="checkbox"/>		Size: <input type="text" value="30 ct"/>			
if yes, enter class # <input type="text"/>		Is the Product... Unit of Use <input type="text"/>		Strength: <input type="text" value="5 mg"/>			
a product kit? <input type="checkbox"/> No		Orphan Drug Status <input type="text"/>		Dosage Form: <input type="text" value="Film-coated tablet"/>			
if yes, list NDCs of component parts reverse numbered? <input type="text"/>		FDA Approval Status <input type="text"/>		Product Shape: <input type="text" value="Round, biconvex"/>			
co-licensed? <input type="checkbox"/> No		Allergens Present <input type="text"/>		Product Color: <input type="text" value="White"/>			
latex-free? <input type="checkbox"/> Yes		Country of Origin <input type="text" value="India"/>		Product Imprint: <input type="text" value="Debossed with 'T17' on one side and 'H' on the other side"/>			
preservative-free? <input type="checkbox"/> Yes		Is this product covered under the Trade Agreements Act (TAA)? <input type="checkbox"/> No					
correctional institution block? <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="text"/>							
If Unit Dose, indicate NDC here: <input type="text"/>							
ORDER INFORMATION							
Unit of Sale				What is the NDC selling unit?			
<input checked="" type="checkbox"/> Bottle				<input type="text" value="1 Bottle of 30 Tablets"/>			
<input type="checkbox"/> Box/Carton				(Write-in, e.g. 1 Box of 10 Vials)			
<input type="checkbox"/> Ampule				Minimum order quantity? <input type="checkbox"/> Yes			
<input type="checkbox"/> Glass							
<input type="checkbox"/> Tube							
<input type="checkbox"/> Vial Liquid Sgl				If Yes, how many of which package type?			
<input type="checkbox"/> Vial Liquid Multi				<input type="text" value="24"/> Each			
<input type="checkbox"/> Vial Powder Sgl				<input type="text"/> Inner/ Carton/Pack			
<input type="checkbox"/> Vial Powder Multi				<input type="text"/> Case			
<input type="checkbox"/> Other: Write In <input type="text"/>							
FOR GENERIC DRUG PRODUCTS							
I. Orange Book Rating: <input type="text" value="AB1"/> <input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable							
II. Generic Equivalent to What Brand?: <input type="text" value="Cialis"/>							
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION							
Does supplier meet DSCSA definition of manufacturer? <input type="checkbox"/> Yes		GLN: <input type="text" value="0331722498975"/>					
Is product exempt from DSCSA? <input type="checkbox"/> No		GCP: <input type="text"/>					
If yes, select exemption: <input type="text"/>							
Other exemption - Write in: <input type="text"/>							
Is product repackaged? <input type="checkbox"/> No		If yes, was original product purchased direct from mfr? <input type="checkbox"/>					
Is product sold by manufacturer's exclusive distributor? <input type="checkbox"/> Yes		Provide source manufacturer for repackaged product <input type="text"/>					
Has FDA granted waiver/exception/exemption for product? <input type="checkbox"/> No							
If yes, attach documentation from FDA. <input type="text"/>							
GTIN AND HIBCC PRODUCT INFORMATION							
Saleable Unit of Measure		Saleable Quantity		HIBCC		GTIN-14	
<input checked="" type="checkbox"/> Item/Each		<input type="text" value="1"/>		<input type="text"/>		<input type="text" value="00331722644303"/>	
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input checked="" type="checkbox"/> Case		<input type="text" value="24"/>		<input type="text"/>		<input type="text" value="30331722644304"/>	
<input type="checkbox"/> Pallet		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Unit of Use GTIN-14		<input type="text" value="00331722644303"/>					
COST INFORMATION				WHOLESALE USE ONLY:			
Regular Cost <input type="text"/>		Vendor #: <input type="text"/>					
Invoice Cost (WAC) (\$) <input type="text" value="\$6.00"/>		Whsl. Code #: <input type="text"/>					
As of date: <input type="text" value="6/8/2021"/>		Fineline Code: <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:



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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION																	
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/></p> <p>Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/></p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger & Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/> No RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit? <input type="checkbox"/> No (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity <input type="checkbox"/> Consumer Commodity, ORM-D <input type="checkbox"/> Small Quantity (49 CFR 173.4) <input type="checkbox"/> Special Permit; DOT-SP <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); SP# <input type="text"/></p>	<div style="background-color: #002060; color: white; padding: 2px; text-align: center; font-weight: bold;">SDS Hazard Classification</div> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p>Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/> No</p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? <input type="checkbox"/> No If yes, indicate which: <input type="text"/></p>	<input checked="" type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard										
<input checked="" type="checkbox"/> Organic	<input type="checkbox"/> Corrosive																
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer																
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard																
Hazardous Waste Identification																	
EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/>																	
REMS or REGISTRY RESTRICTIONS																	
<p>Is there a REMS on this product? <input type="checkbox"/> No</p> <p>If Yes, is it managed with a pharmacy registry? Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No</p> <p>Limited Distribution Requirement <input type="checkbox"/></p> <p>Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p>REMS: <input type="checkbox"/> No</p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="checkbox"/></p> <p>Wholesale distributor support: <input type="checkbox"/></p> <p>Provider Name: <input type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input type="text"/></p> <p>Comments <input type="text"/></p> <p>Registry: <input type="checkbox"/> No</p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments <input type="text"/></p>																	
RETURN INSTRUCTIONS																	
<p>Contact tel. # if product received damaged: <input type="text"/> 1-866-827-3647</p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</p> <p>URL/Link to returns policy: <input type="text"/> contact - customerservice@camberpharma.com</p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No</p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>																	
ADD'L STORAGE INFORMATION																	
<p>Is the Product...</p> <table style="width:100%; border: none;"> <tr> <td style="width: 30%;">Controlled Substance?</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td style="width: 30%;">Controlled Substance Code</td> <td style="width: 30%;"><input type="text"/></td> </tr> <tr> <td>Controlled by State(s)?</td> <td><input type="checkbox"/> No</td> <td>Listed Chemical (List I or II)</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>ARCOS Reportable?</td> <td><input type="checkbox"/> No</td> <td>If yes, indicate which:</td> <td><input type="text"/></td> </tr> <tr> <td>Schedule No.</td> <td><input type="text"/></td> <td>Is it a scheduled listed chemical product?:</td> <td><input type="checkbox"/> No</td> </tr> </table>		Controlled Substance?	<input type="checkbox"/> No	Controlled Substance Code	<input type="text"/>	Controlled by State(s)?	<input type="checkbox"/> No	Listed Chemical (List I or II)	<input type="checkbox"/> No	ARCOS Reportable?	<input type="checkbox"/> No	If yes, indicate which:	<input type="text"/>	Schedule No.	<input type="text"/>	Is it a scheduled listed chemical product?:	<input type="checkbox"/> No
Controlled Substance?	<input type="checkbox"/> No	Controlled Substance Code	<input type="text"/>														
Controlled by State(s)?	<input type="checkbox"/> No	Listed Chemical (List I or II)	<input type="checkbox"/> No														
ARCOS Reportable?	<input type="checkbox"/> No	If yes, indicate which:	<input type="text"/>														
Schedule No.	<input type="text"/>	Is it a scheduled listed chemical product?:	<input type="checkbox"/> No														
CLASS OF TRADE RESTRICTION:																	
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> No</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>																	
MISCELLANEOUS NOTES and/or Image of Product Barcode:																	
Release DATE																	



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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"/> Fax Number: <input type="text"/> Fax Number: <input type="text"/> Phone No.: <input type="text"/> Site Address: <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"/>