



# Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type:  Post Launch Change

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	Camber Pharmaceuticals
Application:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	79-234
DUNS:	82-667-4775
Proprietary Name (if Applicable) and Established Name:	Torsemeide 20MG/100CT
Selling Unit NDC:	31722-531-01
Individual Unit NDC:	31722-531-01
UPC:	331722531016
UDI	
CVX Code:	
MX Code:	
Description:	White to off-white oval shaped tablets debossed with '59' on scored and 'H' on opposite side with corresponding dyes
Active Ingredient(s):	Torsemeide
URL for Additional Product Information:	www.camberpharma.com
Address:	1031 Centennial Avenue
City:	Piscataway
State:	NJ
Zip:	08854
Key Contact:	Customer Service
Phone Number:	732-529-0430
Product Therapeutic Classification:	

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="checkbox"/> No
Is this product to be shipped to customers on dry ice?	<input type="checkbox"/> 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="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"/>

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	<input type="checkbox"/> No
reverse numbered?	<input type="checkbox"/> No
co-licensed?	<input type="checkbox"/> No
Is the Product... Direct-Ship Only	<input type="checkbox"/>
Is the Product... Unit of Use	<input type="text"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>
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="checkbox"/> No

PRODUCT DESCRIPTION INFORMATION	
Size:	<input type="text" value="100"/>
Strength:	<input type="text" value="20 mg"/>
Dosage Form:	<input type="text" value="Oral solid tablet"/>
Product Shape:	<input type="text" value="oval"/>
Product Color:	<input type="text" value="white to off-white"/>
Product Imprint:	<input type="text" value="59/H"/>

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 box of 24 bottles"/>
<input checked="" 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"/>
<input type="checkbox"/> Vial Powder Sgl	<input type="text"/> Each
<input type="checkbox"/> Vial Powder Multi	<input type="text"/> Inner/ Carton/Pack
<input type="checkbox"/> Other: Write In	<input type="text" value="24"/> Case

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

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

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input type="checkbox"/> Yes
Is product exempt from DSCSA?	<input type="checkbox"/> No
If yes, select exemption:	<input type="text"/>
Other exemption - Write in:	<input type="text"/>
Is product repackaged?	<input type="checkbox"/> No
Is product sold by manufacturer's exclusive distributor?	<input type="checkbox"/> No
Has FDA granted waiver/exception/exemption for product?	<input type="checkbox"/> No
GLN:	<input type="text"/>
If Yes, was original product purchased direct from mfr?	<input type="checkbox"/>
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/Carton/Bundle/Inner Pack:	0.15		3.5	1.5		
Case:	3.95	11	4.5	8	0.229	24
Pallet:						3264
UPC:	Case:					
	Carton:					

GTIN PRODUCT INFORMATION				
Serialized?	Level	Saleable Unit	Quantity	GTIN-14
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Item	<input type="checkbox"/> 2D	<input type="text" value="1"/>	00331722531016
If not, when?	Box/Carton/Bundle/Inner Pack	<input type="checkbox"/> 2D		
Items aggregated?	<input checked="" type="checkbox"/> Case	<input type="checkbox"/> 2D	<input type="text" value="24"/>	20331722531010
	Pallet	<input type="checkbox"/> 2D		
		<input type="checkbox"/> 2D		
		<input type="checkbox"/> 2D		
		<input type="checkbox"/> 2D		
		<input type="checkbox"/> 2D		
		<input type="checkbox"/> 2D		

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost	<input type="text"/>	Vendor #:	<input type="text"/>
Invoice Cost (WAC) (\$)	\$21.38	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:  NA

### 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: <input type="text"/> 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: <input type="text" value="case pack"/> Supplier's Customer Service Number: <input type="text" value="732-529-0430 x466 x465 x467 x470"/> Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/>	<b>Purchase order daily receipt cut off time by supplier</b> Cut off time: <input type="text" value="2:30PM"/> Eastern Shipping lead time of PO: <input type="text" value="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"/>	<b>Overnight receipt available:</b> <input type="checkbox"/> Yes PO Receipt cut off time: <input type="text" value="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 <b>Priority Overnight receipt available:</b> <input type="checkbox"/> Yes PO Receipt Cut off time: <input type="text" value="2:30PM EST"/> <b>Saturday Overnight receipt available:</b> <input type="checkbox"/> No PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="checkbox"/> No Phone #: <input type="text"/> Fax: <input type="checkbox"/> Yes Fax #: <input type="text" value="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:	
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"/>	<b>Return Instructions</b> Contact # if product is received damaged: <input type="text" value="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"/>	