

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

Version 2021						Introduction 1	Type: F	Post Launch Change	X	Final Version			Date:	11/19/	/2024
			PRODUCT INFORMA	TION						SPECIAL HAN	IDLING AND STOP	RAGE REQUIR	REMENTS*		
Company Name:	Camber Pharmace	euticals. Inc.				Applica	tion:	ANDA	a. Temperature – Indi	cate the USP temp	erature range for t	his product.			
Application Number for NDA/AN			ice):	203	3623					rature Range	Controlled Room		and 25 C (68	° – 77° F)	
Medical Device Class, if applicat										0					
DUNS:	11-856-3719								Other 1	emperature Range	Requirement				
Proprietary Name (If Applicable) a		ime: Silde	nafil Citrate Tablets, USP 20 i						[(\	vrite in)					
Selling Unit NDC:	31722-776-90		Unit of Use NDC:		31722-776-90		331722776	905	Notes						
UDI			CVX Code:			MVX Code:									
Description:	Sildenafil Citrate T	Tablets, USP 20 mg								product to be shippe				No	
								Is this p	product to be shippe	d to customers on o	dry ice?		No		
Active Ingredient(s): Sildenafil citrate, USP															
								b. Contact for temperature excursion questions: Name: Soma Raju							
URL for Additional Product Inform Address:		www.camberpharr	na.com		1	Address 2:			Name: Numbe			732-529-042	°		
City:	Piscataway	800 Centennial Ave, Suite 1 Piscataway State:				NJ Zip: 08854			Group E-mail:			somaraju@heterousa.com			
Key Contact:	Customer Service					customerservice@camberpharma.com			E mail.		Somarajaen	01010030.0011	<u>.</u>		
Phone Number:	1-866-827-3647				732-562-8788				for product in any	states?			No		
Product Therapeutic Classification	n:	Phosphodiesteras	e-5 (PDE-5) inhibitor		1				Specia	returns requiremen	ts for this product?			No	
					1						•				
	ADDITIC	ONAL PRODUCT II				PRODUCT	DESCRIPTIC	ON INFORMATION	d. Store product (unit	of sale) upright?				No	
The product is?			Is the Product	Direct-Ship C	nly				Protec	t product (unit of s	ale) from light?			No	
a legend device?		No	Is the Product	Unit of Use		Size	90 c	t	e. Shelf life:		, .			24	Months
if yes, enter class #			Orphan Drug Status			Size:				shelf life at launch ((if different):				Months
a product kit?		No		-		Strength:	20 n	ng							
if yes, list NDCs of			FDA Approval Status			ouoligui					ORDER INFORM	IATION			
component parts						Dosage Form	m: Film	coated tablet							
reverse numbered?		No	Allermone Dresent						Unit of			What is the 1 Bottle of 90	-	unit?	
co-licensed? latex-free?		No Yes	Allergens Present				Pou	nd, biconvex	x	Bottle Box/Carton			g. 1 Box of 10) \/iale)	
preservative-free?		Yes	Dairy,	Lactose		Product Sha	ape:	nu, biconvex		Ampule		(write-iii, e.	g. 1 DOX 01 10	/ viais)	
correctional institution block?		No					Whi	te to off white		Glass		Minimum or	der quantity	?	Yes
opioid?		No				Product Col	or:			Tube					
Cannabinoid?		No	Country of Origin	India		Product Imp	Debo:	ssed with 'J' on one side and n the other side		Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for					i roduct imp	95 01	n the other side		Vial Liquid Multi		If Yes, how		ch package ty	ype?
hospital scanning?			Is this product covered u							Vial Powder Sgl			Each	- ·	
If Unit Dose, indicate NDC here:			Trade Agreements Act (1	IAA)?	No					Vial Powder Multi Other: Write In			Inner/Carton	Pack	
			FOR GENERIC DRUG PR	ODUCTO						Other: white in			Case		
			FOR GENERIC DRUG PR	000013											
					Au	thorized Generic	*If Authoriz	ed Generic, other	PHARMACY ORDER / BILL UNIT						
I. Orange Book Rating:	AB							ds are not applicable	Rec. sell unit to custo	omer?		Rx billing u	hit to pharma	icv:	
I. Generic Equivalent to What Brand?: Revatio									1	itx bining u	Each	icy.			
							(Write-in, e.g. 1 Vial)				Gram				
		DRUG SUPF	PLY CHAIN SECURITY ACT (DSCSA) INFOR	MATION								Milliliter		
		-	No	_											
Does supplier meet DSCSA definit Is product exempt from DSCSA?	tion of manufactur	er?	Yes	-	GLN:	0331722498975				ITEN	I AND PACKING I	NFORMATION			
			UP1						1				(-)		
If yes, select exemption:					GCP:					Weight Lbs.		ions (US msm	,		Saleable #
Other exemption - Write in: Is product repackaged?			No		If you was a	iginal product	abasad		Item/Each:		Depth	Width	Height	(Cube)	Pieces
Is product sold by manufacturer's	exclusive distribu	itor?	Yes	_	direct from m	iginal product pur	chased		item/Each:	0.07	1.5	1.5	2.6	5.85	1
Has FDA granted waiver/exception			No	-		ce manufacturer fo	or repackage	d product	Box/Carton/Bundle/						
If yes, attach documentation from									Inner Pack:						
									Case:	2.1	9.75	6.75	4.25	279.70	24
		G	FIN AND HIBCC PRODUCT II	NFORMATION						2.1	5.70	0.70	4.20	210.10	24
									Pallet:						
Saleable Unit of Measure	S	aleable Quantity	HIBCC			N-14		it of Use GTIN-14							
X Item/Each Box/Carton/Bundle/Inner Pack		1	00331722776905 00331722776905					00	WHOLESALER USE ONLY:						
X Case		24	20331722776909					COST INFORMATION			WHOLESALER USE UNLT:				
Pallet					200				Regular Cost			Vendor #:			
									Invoice Cost (WAC) (5)	\$18.00	Whsl. Code	#:		
										-		Fineline Co			
									As of date:	4/1/2021					
												1			
μ									Ц			<u> </u>			
			Attach copy of SAFETY DA	TA SHEET (SD	S) or non haza										
Please provide any additional info	*Please provide any additional information on page 2. See new p. 3 for Designated Drop Ship Only. Signature:														

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

	nated 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? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No	SDS Hazard Classification x Organic Inorganic Oxidizer Steroid/Androgen Contact Hazard Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Image: Contact Hazard						
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	Is the product a NIOSH hazardous drug? If yes, indicate which: Hazardous Waste Identification						
e. Inhalation Hazard?	EPA Hazardous Waste Code: Waste Characteristics						
Is this product regulated for shipment by 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: No	REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? No Website URL: No Med Guide Required 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 Provision (listed in Column 7 of 49 CFR 172.101);	Limited Distribution Requirement Comments / Details: (For example, iPledge program?) REMS: REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier: Comments						
SP#	Registry: No						
ADD'L STORAGE INFORMATION Is the Product	Registry Program Contact Name: Phone: Comments						
Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No	RETURN INSTRUCTIONS						
Controlled by State(s)? No Listed Chemical (List I or II) No ARCOS Reportable? No If yes, indicate which: 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	Contact tel. # if product received damaged: Is product returnable for credit: URL/Link to returns policy: contact - customerservice@camberpharma.com						
Restricted to retail pharmacy only: No Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments) No	Special regulations or returns requirements for this product in certain states? No If so, which states? Other requirements? Comments?						
Comments:							
MISCELLA	NEOUS NOTES and/or Image of Product Barcode:						



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Version 2021 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 b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone:	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:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight receipt available: Image: Comparison of the co
Class of Trade Restriction:	PO Receipt Cut off time:
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:	Saturday Overnight receipt available: PO Receipt Cut off time: Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date:	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?