



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

Version 2021 Introduction Type: Post Launch Change Final Version Date: 11/26/2024

PRODUCT INFORMATION

Company Name: Camber Pharmaceuticals, Inc. Application: ANDA

Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 212239

Medical Device Class, if applicable:

DUNS: 11-856-3719

Proprietary Name (If Applicable) and Established Name: Itraconazole Oral Solution 10 mg/mL

Selling Unit NDC: 31722-006-31 Unit of Use NDC: 31722-006-31 UPC: 331722006316

UDI

CVX Code: MVX Code:

Description: Itraconazole Oral Solution 10 mg/mL

Active Ingredient(s): Itraconazole, 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: Azole antifungal

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): Do not freeze

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? No

Special returns requirements for this product? No

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

ADDITIONAL PRODUCT INFORMATION

The product is a legend device? No

if yes, enter class #

a product kit? No

if yes, list NDCs of component parts reverse numbered?

co-licensed? No

latex-free? Yes

preservative-free? Yes

correctional institution block? No

opioid? No

Cannabinoid? No

If Unit Dose, is item bar coded to unit dose for hospital scanning?

If Unit Dose, indicate NDC here:

Is the Product... Direct-Ship Only

Is the Product... Unit of Use

Orphan Drug Status

FDA Approval Status

Allergens Present

Country of Origin: India

Is this product covered under the Trade Agreements Act (TAA)? No

PRODUCT DESCRIPTION INFORMATION

Size: 150 mL

Strength: 10 mg/mL

Dosage Form: Clear, oral solution

Product Shape: N/A

Product Color: Colorless to yellowish brown

Product Imprint: N/A

ORDER INFORMATION

Unit of Sale

Bottle

Box/ Carton

Ampule

Glass

Tube

Vial Liquid Sgl

Vial Liquid Multi

Vial Powder Sgl

Vial Powder Multi

Other: Write In

What is the NDC selling unit? 1 Bottle of 150 mL Oral Solution

(Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity? Yes

If Yes, how many of which package type?

12 Each

Inner/ Carton/ Pack

Case

FOR GENERIC DRUG PRODUCTS

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

I. Orange Book Rating: AA

II. Generic Equivalent to What Brand?: Sporanox

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?

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

Rx billing unit to pharmacy:

Each

Gram

Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? Yes

Is product exempt from DSCSA? No

If yes, select exemption: Other exemption - Write in:

Is product repackaged? No

Is product sold by manufacturer's exclusive distributor? Yes

Has FDA granted waiver/exception/exemption for product? No

If yes, attach documentation from FDA.

GLN: 0331722498975

GCP:

If yes, was original product purchased direct from mfr?

Provide source manufacturer for repackaged product

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.7	2	2	6.5	26.00	1
Box/ Carton/ Bundle/ Inner Pack:						
Case:	8.95	8.5	6.5	7.3	403.33	12
Pallet:						

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	1		00331722006316	00331722006316
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	12		20331722006310	
<input type="checkbox"/> Pallet				

COST INFORMATION

Regular Cost

Invoice Cost (WAC) (\$) \$250.00

As of date: 11/1/2020

WHOLESALE USE ONLY:

Vendor #:

Whsl. Code #:

Fineline Code:



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? No
 - 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 Itraconazole Oral Solution 10 mg/mL (If yes, attach SDS with special instructions.) No
- e. Does the proc Itraconazole, USP No

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 Azole antifungal
- e. Inhalation Hazard? No

Is this product regulated for shipment by IATA? (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? No

Is the product restricted for air shipment? If so, indicate restriction:

- Passenger No
- Cargo No
- Passenger & Cargo No

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 Yes Controlled Substance Code
- Controlled by State(s)? No Yes Listed Chemical (List I or II) No Yes
- ARCOS Reportable? No Yes If yes, indicate which:
- Schedule No. Is it a scheduled listed chemical product?: No Yes

CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes No
- Restricted to retail pharmacy only: No Yes
- Restricted to hospital, clinics, and physician offices only: No Yes
- Restricted from US territories? (explain in comments) No Yes

Comments:

SDS Hazard Classification

- Organic Corrosive Do not freeze
 - 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 Yes
- If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics

REMS or REGISTRY RESTRICTIONS

- Is there a REMS on this product? No Yes
- If Yes, is it managed with a pharmacy registry? No Yes
- Website URL:
- Oral solution
- Med Guide Required No Yes
- Limited Distribution Requirement No Yes
- Comments / Details: (For example, iPledge program?)
- REMS: No Yes
- REMS Program Manager Name: Phone:
- Supplier Manages REMS registry exclusively: No Yes
- Wholesale distributor support:
- Provider Name: DEA #:
- Site Enrollment Number assigned by Supplier: NCPDP#: NPI #:
- Comments
- Registry: No Yes
- Registry Program Contact Name: Phone:
- Comments

RETURN INSTRUCTIONS

- Contact tel. # if product received damaged: 1-866-827-3647
- Is product returnable for credit: Yes No
- URL/Link to returns policy: contact - customerservice@camberpharma.com
- Special regulations or returns requirements for this product in certain states? No Yes
- If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:



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	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / c Itraconazole Or Name: <input type="text"/> Phone: <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 <input type="checkbox"/> Ships for second day receipt: <input type="text"/> Ships regular ground for 3-10 days receipt: <input type="text"/>
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: Azole antifungal <input type="text"/> Comments: <input type="text"/>	Overnight receipt available: <input type="text"/> 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="text"/> PO Receipt Cut off time: <input type="text"/> Saturday Overnight receipt available: <input type="text"/> 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="text"/> Other fees apply: <input type="text"/>
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="text"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="text"/> 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="text"/> Is product order for restocking purposes? <input type="text"/>