



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

Version 2024 Introduction Type:   Final Version Date:

PRODUCT INFORMATION	
Company Name:	Camber Pharmaceuticals, Inc.
Application Number for NDA/ANDA/BLA; PMA/510(k):	211487
Medical Device Class, if applicable:	
DUNS:	11-856-3719
Proprietary Name (If Applicable) and Established Name:	Hydrocodone Bitartrate and Acetaminophen Tablets, USP 5 mg/325 mg
Selling Unit NDC:	31722-996-05
Unit of Use NDC:	
UPC:	331722996051
CVX Code:	
MXV Code:	
Description:	Hydrocodone Bitartrate and Acetaminophen Tablets, USP 5 mg/325 mg
Active Ingredient(s):	Hydrocodone bitartrate, USP, acetaminophen, USP
URL for Additional Product Information:	<a href="http://www.camberpharma.com">www.camberpharma.com</a>
Address:	800 Centennial Ave, Suite 1
City:	Piscataway
Key Contact:	Customer Service
Phone Number:	1-866-827-3647
Product Therapeutic Classification:	Combination opioid, and non-opioid, non-salicylate analgesic and antipyretic

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
<b>a. Temperature – Indicate the USP temperature range for this product.</b>	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77° F)
Other Temperature Range Requirement (write in)	
Notes	
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>b. Contact for temperature excursion questions:</b>	
Name:	Soma Raju
Number:	732-529-0423
Group E-mail:	<a href="mailto:somaraju@heterousa.com">somaraju@heterousa.com</a>
<b>c. Special regulations for product in any states?</b>	
Special returns requirements for this product?	<input type="text" value="*Yes"/>
<b>d. Store product (unit of sale) upright?</b>	
Protect product (unit of sale) from light?	<input type="text" value="No"/>
<b>e. Shelf life:</b>	
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?		Is the Product... Direct-Ship Only	<input type="text" value="Neither"/>
a legend device?	<input type="text" value="No"/>	Is the Product... Orphan Drug Status	
if yes, enter class #		FDA Approval Status	
a product kit?	<input type="text" value="No"/>	Allergens Present	<input type="text" value="Corn, Dye"/>
if yes, list NDCs of component parts		Country of Origin	<input type="text" value="USA"/>
reverse numbered?	<input type="text" value="No"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="Yes"/>
co-licensed?	<input type="text" value="No"/>		
latex-free?	<input type="text" value="Yes"/>		
preservative-free?	<input type="text" value="Yes"/>		
correctional institution block?	<input type="text" value="No"/>		
opioid?	<input type="text" value="Yes"/>		
Cannabinoid?	<input type="text" value="No"/>		
If Unit Dose, is item bar coded to unit dose for hospital scanning?			
If Unit Dose, indicate NDC here:			
		Size:	<input type="text" value="500 ct"/>
		Strength:	<input type="text" value="5 mg/325 mg"/>
		Dosage Form:	<input type="text" value="Tablet"/>
		Product Shape:	<input type="text" value="Capsule"/>
		Product Color:	<input type="text" value="Off white/white"/>
		Product Imprint:	<input type="text" value="Debossed 'T 257' on one side and plain on other side with bisect line"/>

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 Bottle of 500 Tablets"/>
<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	Minimum order quantity? <input type="text" value="Yes"/>
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Sgl	<input type="text" value="12"/> Each
<input type="checkbox"/> Vial Powder Multi	<input type="text" value=""/> Inner/Carton/Pack
<input type="checkbox"/> Other: Write In	<input type="text" value=""/> Case

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

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

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:	
Other exemption - Write in:	
Is product repackaged?	<input type="text" value="No"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="Yes"/>
Has FDA granted waiver/exception/exemption for product?	<input type="text" value="No"/>
If yes, attach documentation from FDA.	
GLN:	<input type="text" value="0860000397957"/>
GCP:	
If yes, was original product purchased direct from mfr?	<input type="text" value=""/>
Provide source manufacturer for repackaged product	

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/Carton/Bundle/Inner Pack:	0.57	2.90	2.90	5.22	43.75	1
Case:	7.5	12.1	9	5.5	598.95	12
Pallet:						

GTIN AND HIBCC PRODUCT INFORMATION				
Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14
<input checked="" type="checkbox"/> Item/Each	N	1		00331722996051
<input checked="" type="checkbox"/> Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	N	12		10331722996058
<input type="checkbox"/> Pallet				

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$60.00	Whsl. Code #:	
As of date:	12/10/2020	Fineline Code:	



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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?  No
  - Does the product label bear a CA Prop 65 warning?  No

- 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? (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 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
- 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?  Yes  No  Controlled Substance Code
- Controlled by State(s)?  Yes  No  Listed Chemical (List I or II)  No
- ARCOS Reportable?  Yes  No  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  No
- Restricted to retail pharmacy only:  No
- 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

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  
If yes, indicate which:

### Hazardous Waste Identification

EPA Hazardous Waste Code:  Waste Characteristics:

### REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?  Yes  No  
If Yes, is it managed with a pharmacy registry?  No  
Website URL:

Med Guide Required  Yes  No  
Limited Distribution Requirement  No  
Comments / Details: (For example, iPledge program?)

**REMS:**  Yes  
REMS Program Manager Name:  Phone:   
Supplier Manages REMS registry exclusively:  No  
Wholesale distributor support:  No  
Provider Name:  DEA #:   
Site Enrollment Number assigned by Supplier:  NCPDP#:   
NPI #:

Comments

**Registry:**  No  
Registry Program Contact Name:  Phone:   
Comments

### RETURN INSTRUCTIONS

Contact tel. # if product received damaged:   
Is product returnable for credit:  Yes  No

URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states?  Yes  No  
If so, which states? Other requirements? Comments?

DEA Form 222 or its electronic equivalent is required for all returns in all states.

### MISCELLANEOUS NOTES and/or Image of Product Barcode:

\*Storage of this product must abide by the federally mandated DEA requirements outlined in 21 CFR Part 1301.72.

