



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

Version 2021 Introduction Type:  New Item  Final Version Date: 6/23/2024

**PRODUCT INFORMATION** **SPECIAL HANDLING AND STORAGE REQUIREMENTS\***

**Company Name:** Camber Pharmaceuticals, Inc. **Application:** ANDA  
**Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):** 215259  
**Medical Device Class, if applicable:**  
**DUNS:** 11-856-3719  
**Proprietary Name (If Applicable) and Established Name:** Levothyroxine Sodium Tablets, USP 200 mcg  
**Selling Unit NDC:** 31722-294-10 **Unit of Use NDC:** **UPC:** 331722294102  
**UDI** **CVX Code:** **MVX Code:**  
**Description:** Levothyroxine Sodium Tablets, USP 200 mcg  
**Active Ingredient(s):** Levothyroxine sodium, USP  
**URL for Additional Product Information:** [www.camberpharma.com](http://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](mailto:customerservice@camberpharma.com)  
**Phone Number:** 1-866-827-3647 **Fax:** 732-562-8788  
**Product Therapeutic Classification:** Synthetic thyroid hormone

**a. Temperature – Indicate the USP temperature range for this product.**  
**Temperature Range**   
**Other Temperature Range Requirement (write in)**   
**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](mailto: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:**  Months  
**Initial shelf life at launch (if different):**  Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? if yes, enter class # a product kit?	<input type="checkbox"/> No	Is the Product... Direct-Ship Only	<input type="checkbox"/> Neither
if yes, list NDCs of component parts reverse numbered?	<input type="checkbox"/> No	Is the Product... Orphan Drug Status	<input type="checkbox"/> Neither
co-licensed?	<input type="checkbox"/> No	FDA Approval Status	<input type="text"/>
latex-free?	<input type="checkbox"/> Yes	Allergens Present	<input type="text" value="Alcohol, Sugar, Dye"/>
preservative-free?	<input type="checkbox"/> No	Country of Origin	<input type="text" value="USA"/>
correctional institution block?	<input type="checkbox"/> No	Is this product covered under the Trade Agreements Act (TAA)?	<input type="checkbox"/> Yes
opioid?	<input type="checkbox"/> No	Size:	<input type="text" value="1000 ct"/>
Cannabinoid?	<input type="checkbox"/> No	Strength:	<input type="text" value="200 mcg"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>	Dosage Form:	<input type="text" value="Tablet"/>
If Unit Dose, indicate NDC here:	<input type="text"/>	Product Shape:	<input type="text" value="Capsule, biconvex"/>
		Product Color:	<input type="text" value="Pink"/>
		Product Imprint:	<input type="text" value="Plain on one side and debossed '1 score line 1' on the other side"/>

**ORDER INFORMATION**

Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 Bottle of 1000 Tablets"/>
<input type="checkbox"/> Box/Carton	<input type="text" value="(Write-in, e.g. 1 Box of 10 Vials)"/>
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	<b>Minimum order quantity?</b> <input type="checkbox"/> Yes
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	<b>If Yes, how many of which package type?</b>
<input type="checkbox"/> Vial Powder Sgl	<input type="text" value="24"/> Each
<input type="checkbox"/> Vial Powder Multi	<input type="text"/> Inner/ Carton/Pack
<input type="checkbox"/> Other: Write In	<input type="text"/> Case

**FOR GENERIC DRUG PRODUCTS**

**I. Orange Book Rating:**   Authorized Generic \*If Authorized Generic, other section fields are not applicable  
**II. Generic Equivalent to What Brand?:**

**PHARMACY ORDER / BILL UNIT**

**Rec. sell unit to customer?**  **Rx billing unit to pharmacy:**  
 (Write-in, e.g. 1 Vial)   Each  
 Gram  
 Milliliter

**DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION**

**Does supplier meet DSCSA definition of manufacturer?**  Yes  No **GLN:**   
**Is product exempt from DSCSA?**  No **GCP:**   
**If yes, select exemption:**   
**Other exemption - Write in:**   
**Is product repackaged?**  No **If yes, was original product purchased direct from mfr?**   
**Is product sold by manufacturer's exclusive distributor?**  Yes **Provide source manufacturer for repackaged product**   
**Has FDA granted waiver/exception/exemption for product?**  No

**ITEM AND PACKING INFORMATION**

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:						
Case:	8.55	14.5	10	5	725	24
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	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="00331722294102"/>	<input type="text"/>
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack	<input type="text"/>	<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="10331722294109"/>	<input type="text"/>
<input type="checkbox"/> Pallet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**COST INFORMATION** **WHOLESALE USE ONLY:**

**Regular Cost**  **Vendor #:**   
**Invoice Cost (WAC) (\$)**  **Whsl. Code #:**   
**As of date:**  **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?  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
- Inorganic  Oxidizer
- Steroid/Androgen  Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level:  No

Is the product a NIOSH hazardous drug? If yes, indicate which:  No

### 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:

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:  No  Yes  
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:  No  Yes

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:



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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
<p>Purchase orders may be accepted by:</p> <ul style="list-style-type: none"><li>a. EDI <input type="checkbox"/></li><li>b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/></li><li>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></li><li>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></li><li>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/></li></ul> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p>	<p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Monday</li><li><input type="checkbox"/> Tuesday</li><li><input type="checkbox"/> Wednesday</li><li><input type="checkbox"/> Thursday</li><li><input type="checkbox"/> Friday</li></ul> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="text"/></p> <p>Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input type="text"/></p>	<p><b>Return Instructions</b></p> <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Miscellaneous Notes:	
<input type="text"/>	