



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

Version 2024

Introduction Type: New Item

Date: 7/24/2024

PRODUCT INFORMATION

Company Name: Camber Pharmaceuticals, Inc. Application: ANDA
 Application Number for NDA/ANDA/BLA: PMAJ510(K): 214344 NOT APPLICABLE
 Medical Device Class, if applicable: NDA 505(b) Type: NOT APPLICABLE
 DUNS: 11-856-3719
 Proprietary Name (if Applicable) and Established Name: Atorvastatin Calcium Tablets, USP 40 mg
 Selling Unit NDC: 31722-425-05 Unit of Use NDC: 331722426053
 UDI: CVX Code: MVX Code:
 Description: Atorvastatin Calcium Tablets, USP 40 mg
 Active Ingredient(s): Atorvastatin calcium trihydrate, USP
 URL for Additional Product Information: www.camberpharma.com
 Address: 800 Centennial Ave, Suite 1
 City: Piscataway State: NJ Zip: 08854
 Key Contact: Customer Service Email: customerservice@camberpharma.com
 Phone Number: 1-866-827-3647 Fax: 732-562-5788
 Product Therapeutic Classification: HMG-CoA reductase inhibitor (statin)

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):
 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?
 Special returns requirements for this product?
 d. Store product (unit of sale) upright?
 Protect product (unit of sale) from light?
 e. Shelf life:
 Initial shelf life at launch (if different):
 Months: 24
 Months:

ADDITIONAL PRODUCT INFORMATION

The product is? Direct-Ship Only
 Is the product... Neither
 Orphan Drug Status
 FDA Approval Status
 Allergens Present: Dairy, Lactose, Casein
 Product Color: White to off-white
 Product Imprint: Debossed with '40' on one side and 'A.55' on other side
 Country of Origin: India
 Is this product covered under the Trade Agreements Act (TAA)? No
 If Unit Dose, is item bar coded to unit dose for hospital scanning?
 If Unit Dose, indicate NDC here:

ORDER INFORMATION

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

FOR GENERIC DRUG PRODUCTS

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

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?
 Rx billing unit to pharmacy:
 Each
 Gram
 Milliliter
 HCP/CS L-Code:

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer?
 Is product exempt from DSCSA?
 If yes, select exemption:
 Other exemption - Write in:
 Is product repackaged?
 Has FDA granted waiver/exemption/exemption for product?
 If yes, attach documentation from FDA,
 GLN: 0031722498975
 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
Box/Carton/Bundle/Inner Pack:	0.88	3	3	6
Case:	11.1	12.5	9.5	7
Pallet:				
				54
				831.25
				12

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	RFID tag(V/N)	Saleable Quantity
x Item/Each	N	1
x Box/Carton/Bundle/Inner Pack	N	12
x Case		
x Pallet		

GTIN-14: 00331722426053
 Unit of Use GTIN-14: 20331722426057
 HIBCC: 00331722426053
 20331722426057

COST INFORMATION

Regular Cost Invoice Cost (WAC) (\$): \$100.00
 Vendor #: \$100.00
 Whsl. Code #: \$100.00
 Finaline Code:
 As of date: 2/5/2024

*Please provide any additional information on page 2.
 Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter. PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.
 Signature: _____
 See new p. 3 for Designated Drop Ship Only.



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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? 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 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?

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?

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

- Passenger
- Cargo
- Passenger & Cargo

Is this a reportable quantity? No

RQ Threshold: No

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. No
- Controlled Substance Code
- Listed Chemical (List I or II)
- 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

- 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
- Inorganic
- Steroid/Androgen
- Corrosive
- Oxidizer
- Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level.

NFPA Storage Level:

Is the product a NIOSH hazardous drug? 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

If Yes, is it managed with a pharmacy registry? No

Website URL:

Med Guide Required No

Limited Distribution Requirement No

Comments / Details: (For example, iPledge program?)

REMS:

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

Comments

Registry:

Registry Program Contact Name:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

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:

Release DATE



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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> <p>a. EDI <input type="text"/></p> <p>b. Autofax <input type="text"/></p> <p>c. Fax <input type="text"/></p> <p>d. Phone only <input type="text"/></p> <p>e. Supplier Web Site only <input type="text"/></p> <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>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</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="text"/></p> <p>Ships for second day receipt: <input type="text"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="text"/></p>										
<p>Expedited Freight Charges or Other Designated Drop Ship Fees:</p> <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>Overnight and Priority Overnight PO Processing</p> <p>Overnight receipt available:</p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>Monday</td></tr> <tr><td><input type="checkbox"/></td><td>Tuesday</td></tr> <tr><td><input type="checkbox"/></td><td>Wednesday</td></tr> <tr><td><input type="checkbox"/></td><td>Thursday</td></tr> <tr><td><input type="checkbox"/></td><td>Friday</td></tr> </table>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday
<input type="checkbox"/>	Monday										
<input type="checkbox"/>	Tuesday										
<input type="checkbox"/>	Wednesday										
<input type="checkbox"/>	Thursday										
<input type="checkbox"/>	Friday										
<p>Class of Trade Restriction:</p> <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices</p> <p>Restricted to retail pharmacy only: <input type="text"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="text"/></p> <p>Restricted from US territories? (explain in comments) <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p>Priority Overnight receipt available:</p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available:</p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Phone #: <input type="text"/></p> <p>Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="text"/></p> <p>Other fees apply: <input type="text"/></p>										
<p>Other Data Information Required to Process PO:</p> <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>Return Instructions</p> <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="text"/></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="text"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>										
<p>Miscellaneous Notes:</p> <p><input type="text"/></p>	<p>ADDITIONAL INFORMATION</p> <p>Is product order for scheduled patient procedure? <input type="text"/></p> <p>Is product order for restocking purposes? <input type="text"/></p>										