

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

						Introduction Type	e: New Item]	x Final Version			Date:	11/15	5/2024
			PRODUCT INFORMAT	TION					SPECIAL HAN	DLING AND STOP	AGE REQUI	REMENTS*		
Company Name:	Camber Pharmace	euticals, Inc.				Application	: ANDA	a. Temperatur	e – Indicate the USP tempe	rature range for t	his product.			
Application Number for NDA/ANI						NDA 505(b) Type:	NOT APPLICABLE		Temperature Range	Controlled Room		and 25 C (68	° – 77° F)	
Medical Device Class, if applicab	ole:							T						
	11-856-3719							_	Other Temperature Range F	Requirement				
Proprietary Name (If Applicable) and		me: Allopurir	ol Tablets, USP 100 mg					Ι	(write in)					
Selling Unit NDC:	31722-252-10		Unit of Use NDC:				1722252102		Notes					
UDI			CVX Code:			MVX Code:		1						
Description:	Allopurinol Tablets	s, USP 100 mg						T	Is this product to be shipped	I to customers on i	ce?		No]
									Is this product to be shipped	to customers on o	Iry ice?		No	
Active Ingredient(s):		Allopurinol, USP												
URL for Additional Product Inform	etlen.	www.camberpharma.						b. Contact for	temperature excursion que Name:	estions:	Soma Raju			
Address:	800 Centennial Av		20111			Address 2:			Number:		732-529-042	23		
City:	Piscataway	o, outo i			State:		ip: 08854	-	Group E-mail:			neterousa.cor	n	
Key Contact:	Customer Service				Email:	customerservice@ca							_	
Phone Number:	1-866-827-3647				Fax:	732-562-8788		c. Special reg	ulations for product in any	states?			No]
Product Therapeutic Classification	n:	Xanthine oxidase inh	bitor						Special returns requirement	s for this product?			No	
														_
	ADDITIC	ONAL PRODUCT INFO	ORMATION			PRODUCT DES	CRIPTION INFORMATION	d. Store produ	uct (unit of sale) upright?				No]
The product is?			Is the Product	Direct-Ship O	nly				Protect product (unit of sa	le) from light?			No	1
a legend device?		No	Is the Product	Neither		Size:	1000 ct	e. Shelf life:					24	Months
if yes, enter class #			Orphan Drug Status			0.201			Initial shelf life at launch (i	f different):				Months
a product kit?		No				Strength:	100 mg			ORDER INFORM				
if yes, list NDCs of component parts			FDA Approval Status				Tablet			ORDER INFORM	TATION			
reverse numbered?		No				Dosage Form:	Tablet		Unit of Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present						x Bottle		1 Bottle of 1			
latex-free?		Yes				Draduct Change	Round		Box/Carton			g. 1 Box of 1	0 Vials)	
preservative-free?		Yes				Product Shape:			Ampule					
correctional institution block?		No				Product Color:	White to off-white		Glass		Minimum o	rder quantity	?	Yes
opioid?		No					Debossed with 'U' and '5' on one side		Tube					
Cannabinoid? If Unit Dose, is item bar coded to u	nik dana ƙar	No	Country of Origin	India		Product Imprint	and functional scored line with 'H' on		Vial Liquid Sgl Vial Liquid Multi		K Vaa haw			4
hospital scanning?	nit dose for		Is this product covered u	nder the			the other side		Vial Powder Sgl			many of whi Each	ch package	type?
If Unit Dose, indicate NDC here:			Trade Agreements Act (T		No				Vial Powder Multi		12	Inner/Carton	/Pack	
			, i	,					Other: Write In			Case		
			FOR GENERIC DRUG PR	ODUCTS				-				1		
			FOR GENERIC DRUG PR	ODUCTS		1								
		I	FOR GENERIC DRUG PRO	ODUCTS	Au		Authorized Generic, other			ARMACY ORDER		1		
I. Orange Book Rating:	AB		FOR GENERIC DRUG PRO	ODUCTS	Αι		Authorized Generic, other ction fields are not applicable	Rec. sell unit	PH	ARMACY ORDER	/ BILL UNIT	nit to pharma	acy:	
I. Orange Book Rating: II. Generic Equivalent to What Brai		Zyloprim	FOR GENERIC DRUG PR	ODUCTS	Αι			[PH to customer?	ARMACY ORDER	/ BILL UNIT	nit to pharma	acy:	
		Zyloprim						(Write-in, e.g.	PH to customer? 1 Vial)	ARMACY ORDER	/ BILL UNIT	nit to pharma Each Gram	acy:	
		Zyloprim	FOR GENERIC DRUG PR					[PH to customer? 1 Vial)	ARMACY ORDER	/ BILL UNIT	nit to pharma	acy:	
II. Generic Equivalent to What Bran	nd?:	Zyloprim DRUG SUPPLY	CHAIN SECURITY ACT (DSCSA) INFOR	MATION	se		(Write-in, e.g.	PH to customer? 1 Vial) le:]	/ BILL UNIT Rx billing u	nit to pharma Each Gram Milliliter	acy:	
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit	nd?:	Zyloprim DRUG SUPPLY		DSCSA) INFOR				(Write-in, e.g.	PH to customer? 1 Vial) le:	ARMACY ORDER	/ BILL UNIT Rx billing u	nit to pharma Each Gram Milliliter	acy:	
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA?	nd?:	Zyloprim DRUG SUPPLY	CHAIN SECURITY ACT (Yes	DSCSA) INFOR	MATION GLN:	se		(Write-in, e.g.	PH to customer? 1 Vial) le: ITEM	AND PACKING I	/ BILL UNIT Rx billing u	nit to pharma Each Gram Milliliter		Salaabia #
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption:	nd?:	Zyloprim DRUG SUPPLY	CHAIN SECURITY ACT (Yes	DSCSA) INFOR	MATION	se		(Write-in, e.g.	PH to customer? 1 Vial) le:	AND PACKING I	/ BILL UNIT Rx billing u	nit to pharma Each Gram Milliliter N	Volume	Saleable # Pieces
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in:	nd?:	Zyloprim DRUG SUPPLY	CHAIN SECURITY ACT (Yes	DSCSA) INFOR	MATION GLN: GCP:	0331722498975	ction fields are not applicable	(Write-in, e.g.	PH to customer? 1 Vial) le: ITEM Weight Lbs.	AND PACKING I Dimensi Depth	/ BILL UNIT Rx billing u NFORMATIO ons (US msm Width	nit to pharma Each Gram Milliliter N nts.) Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption:	nd?:	Zyloprim DRUG SUPPLY	CHAIN SECURITY ACT (Yes No	DSCSA) INFOR	MATION GLN: GCP:	0331722498975	ction fields are not applicable	(Write-in, e.g. HCPCS J-Cod	PH to customer? 1 Vial) le: ITEM	AND PACKING I	/ BILL UNIT Rx billing u	nit to pharma Each Gram Milliliter N	Volume	
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception	ion of manufactur exclusive distribu	Zyloprim DRUG SUPPLY er? cor? br/> br/cor?	CHAIN SECURITY ACT (Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was o direct from n	0331722498975	ction fields are not applicable	(Write-in, e.g. HCPCS J-Cod	PH to customer? 1 Vial) le: ITEN Weight Lbs. 0.55	AND PACKING I Dimensi Depth	/ BILL UNIT Rx billing u NFORMATIO ons (US msm Width	nit to pharma Each Gram Milliliter N nts.) Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	ion of manufactur exclusive distribu	Zyloprim DRUG SUPPLY er? cor? br/> br/cor?	CHAIN SECURITY ACT (Yes No No Yes	DSCSA) INFOR	MATION GLN: GCP: If yes, was o direct from n	se 0331722498975 iginal product purcha	ction fields are not applicable	(Write-in, e.g. HCPCS J-Cod	PH to customer? 1 Vial) le: ITEN Weight Lbs. 0.55	AND PACKING I Dimensi Depth	/ BILL UNIT Rx billing u NFORMATIO ons (US msm Width	nit to pharma Each Gram Milliliter N nts.) Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception	ion of manufactur exclusive distribu	Zyloprim DRUG SUPPLY er? cor? cor? coduct?	CHAIN SECURITY ACT (Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was o direct from n	se 0331722498975 iginal product purcha	ction fields are not applicable	(Write-in, e.g. HCPCS J-Cod	PH to customer? 1 Vial) le: ITEN Weight Lbs. 0.55	AND PACKING I Dimensi Depth	/ BILL UNIT Rx billing u NFORMATIO ons (US msm Width	nit to pharma Each Gram Milliliter N nts.) Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception	ion of manufactur exclusive distribu	Zyloprim DRUG SUPPLY er? cor? cor? coduct?	CHAIN SECURITY ACT (Yes No No Yes	DSCSA) INFOR	MATION GLN: GCP: If yes, was o direct from n	se 0331722498975 iginal product purcha	ction fields are not applicable	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bt Inner Pack: Case:	PH to customer? 1 Vial) le: ITEM Weight Lbs. 0.55 undle/	AND PACKING I Dimensi Depth 2.61	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61	nit to pharma Each Gram Milliliter N nts.) Height 4.85	Volume (Cube) 33.04	Pieces 1
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from	ion of manufactur exclusive distribu vexemption for pro	Zyloprim DRUG SUPPLY er? comparison brighted by the second	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN	DSCSA) INFOR	MATION GLN: GCP: If yes, was o direct from n Provide sour	Se 0331722498975 iginal product purcha nfr? rcce manufacturer for re	ction fields are not applicable sed packaged product	(Write-in, e.g. HCPCS J-Cod	PH to customer? 1 Vial) le: ITEM Weight Lbs. 0.55 undle/	AND PACKING I Dimensi Depth 2.61	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61	nit to pharma Each Gram Milliliter N nts.) Height 4.85	Volume (Cube) 33.04	Pieces 1
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception	ion of manufactur exclusive distribu	Zyloprim DRUG SUPPLY er? comparison boxecology boxecolo	CHAIN SECURITY ACT (Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was o direct from n Provide sour	se 0331722498975 iginal product purcha	ction fields are not applicable	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bt Inner Pack: Case:	PH to customer? 1 Vial) le: ITEM Weight Lbs. 0.55 undle/	AND PACKING I Dimensi Depth 2.61	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61	nit to pharma Each Gram Milliliter N nts.) Height 4.85	Volume (Cube) 33.04	Pieces 1
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from	ion of manufactur exclusive distribu vexemption for pro	Zyloprim DRUG SUPPLY er? comparison brighted by the second	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN	DSCSA) INFOR	MATION GLN: GCP: If yes, was or direct from n Provide sour	Se 0331722498975 iginal product purcha nfr? rcce manufacturer for re	ction fields are not applicable sed packaged product	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bt Inner Pack: Case:	PH to customer? 1 Vial) le: ITEN Weight Lbs. 0.55 undle/ 7.55	AND PACKING I Dimensi Depth 2.61	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61 8.5	nit to pharma Each Gram Milliliter N Height 4.85	Volume (Cube) 33.04 561.00	Pieces 1 12
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from Saleable Unit of Measure	ion of manufactur exclusive distribu vexemption for pro n FDA. RFID tag(Y/N)	Zyloprim DRUG SUPPLY er? cor? coduct? GTIN Saleable Quantity	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN	DSCSA) INFOR	MATION GLN: GCP: If yes, was or direct from n Provide sour	Se 0331722498975 0331722498975 riginal product purcha nfr? rcc manufacturer for re	ction fields are not applicable sed packaged product	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bt Inner Pack: Case:	PH to customer? 1 Vial) le: ITEM Weight Lbs. 0.55 undle/	AND PACKING I Dimensi Depth 2.61	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61 8.5	nit to pharma Each Gram Milliliter N nts.) Height 4.85	Volume (Cube) 33.04 561.00	Pieces 1 12
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptior If yes, attach documentation from Saleable Unit of Measure X Item/Each Box/Catror/Bundle/Inner Pack X Case	ion of manufactur exclusive distribu vexemption for pro n FDA. RFID tag(Y/N)	Zyloprim DRUG SUPPLY er? cor? coduct? GTIN Saleable Quantity	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN	DSCSA) INFOR	MATION GLN: GCP: If yes, was of direct from n Provide sour GTI	Se 0331722498975 0331722498975 riginal product purcha nfr? rcc manufacturer for re	ction fields are not applicable sed packaged product	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet:	PH to customer? 1 Vial) le: ITEN Weight Lbs. 0.55 undle/ 7.55	AND PACKING I Dimensi Depth 2.61	/ BILL UNIT Rx billing u VFORMATIO ons (US msm Width 2.61 8.5	nit to pharma Each Gram Milliliter N Height 4.85	Volume (Cube) 33.04 561.00	Pieces 1 12
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptior If yes, attach documentation from Saleable Unit of Measure	tion of manufactur exclusive distribu v/exemption for pro n FDA. RFID tag(Y/N)	Zyloprim DRUG SUPPLY er? coduct? GTIN Saleable Quantity 1	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN	DSCSA) INFOR	MATION GLN: GCP: If yes, was of direct from n Provide sour GTI	Se 0331722498975 iginal product purcha nfr? rce manufacturer for re IN-14 331722252102	ction fields are not applicable sed packaged product	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bi Inner Pack: Case: Pallet: Regular Cost	PH to customer? 1 Vial) le: ITEM Weight Lbs. 0.55 undle/ 7.55 COST INFORMATION	AND PACKING I Dimensi Depth 2.61 11	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61 8.5	nit to pharma Each Gram Milliliter N Height 4.85 6 WHOLESAL	Volume (Cube) 33.04 561.00	Pieces 1 12
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptior If yes, attach documentation from Saleable Unit of Measure X Item/Each Box/Catror/Bundle/Inner Pack X Case	tion of manufactur exclusive distribu v/exemption for pro n FDA. RFID tag(Y/N)	Zyloprim DRUG SUPPLY er? coduct? GTIN Saleable Quantity 1	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN	DSCSA) INFOR	MATION GLN: GCP: If yes, was of direct from n Provide sour GTI	Se 0331722498975 iginal product purcha nfr? rce manufacturer for re IN-14 331722252102	ction fields are not applicable sed packaged product	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet:	PH to customer? 1 Vial) le: ITEM Weight Lbs. 0.55 undle/ 7.55 COST INFORMATION	AND PACKING I Dimensi Depth 2.61 11	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61 8.5 8.5	nit to pharma Each Gram Millilliter N Height 4.85 6 WHOLESAL	Volume (Cube) 33.04 561.00	Pieces 1 12
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptior If yes, attach documentation from Saleable Unit of Measure X Item/Each Box/Catror/Bundle/Inner Pack X Case	tion of manufactur exclusive distribu v/exemption for pro n FDA. RFID tag(Y/N)	Zyloprim DRUG SUPPLY er? coduct? GTIN Saleable Quantity 1	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN	DSCSA) INFOR	MATION GLN: GCP: If yes, was of direct from n Provide sour GTI	Se 0331722498975 iginal product purcha nfr? rce manufacturer for re IN-14 331722252102	ction fields are not applicable sed packaged product	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet: Regular Cost Invoice Cost (PH to customer? 1 Vial) le: Weight Lbs. 0.55 undle/ 7.55 COST INFORMATION WAC) (\$)	AND PACKING I Dimensi Depth 2.61 11	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61 8.5	nit to pharma Each Gram Millilliter N Height 4.85 6 WHOLESAL	Volume (Cube) 33.04 561.00	Pieces 1 12
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptior If yes, attach documentation from Saleable Unit of Measure X Item/Each Box/Catror/Bundle/Inner Pack X Case	tion of manufactur exclusive distribu v/exemption for pro n FDA. RFID tag(Y/N)	Zyloprim DRUG SUPPLY er? coduct? GTIN Saleable Quantity 1	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN	DSCSA) INFOR	MATION GLN: GCP: If yes, was of direct from n Provide sour GTI	Se 0331722498975 iginal product purcha nfr? rce manufacturer for re IN-14 331722252102	ction fields are not applicable sed packaged product	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bi Inner Pack: Case: Pallet: Regular Cost	PH to customer? 1 Vial) le: ITEM Weight Lbs. 0.55 undle/ 7.55 COST INFORMATION	AND PACKING I Dimensi Depth 2.61 11	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61 8.5 8.5	nit to pharma Each Gram Millilliter N Height 4.85 6 WHOLESAL	Volume (Cube) 33.04 561.00	Pieces 1 12
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptior If yes, attach documentation from Saleable Unit of Measure X Item/Each Box/Catror/Bundle/Inner Pack X Case	tion of manufactur exclusive distribu v/exemption for pro n FDA. RFID tag(Y/N)	Zyloprim DRUG SUPPLY er? coduct? GTIN Saleable Quantity 1	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN	DSCSA) INFOR	MATION GLN: GCP: If yes, was of direct from n Provide sour GTI	Se 0331722498975 iginal product purcha nfr? rce manufacturer for re IN-14 331722252102	ction fields are not applicable sed packaged product	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet: Regular Cost Invoice Cost (PH to customer? 1 Vial) le: Weight Lbs. 0.55 undle/ 7.55 COST INFORMATION WAC) (\$)	AND PACKING I Dimensi Depth 2.61 11	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61 8.5 8.5	nit to pharma Each Gram Millilliter N Height 4.85 6 WHOLESAL	Volume (Cube) 33.04 561.00	Pieces 1 12
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptior If yes, attach documentation from Saleable Unit of Measure X Item/Each Box/Catror/Bundle/Inner Pack X Case	tion of manufactur exclusive distribu v/exemption for pro n FDA. RFID tag(Y/N)	Zyloprim DRUG SUPPLY er? control contro control control control control control control contro	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN HIBCC		MATION GLN: GCP: If yes, was of direct from n Provide sour GTI 003 203	Se 0331722498975 iginal product purcha nfr? rce manufacturer for re IN-14 331722252102 331722252106	ction fields are not applicable	(Write-in, e.g. HCPCS J-Cod Item/Each: Box/Carton/Bi Inner Pack: Case: Pallet: Regular Cost Invoice Cost (As of date:	PH to customer? 1 Vial) e: Util Weight Lbs. 0.55 undle/ 7.55 COST INFORMATION WAC) (\$) 3/18/2024	AND PACKING I Dimensi Depth 2.61 11	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61 8.5 8.5	nit to pharma Each Gram Millilliter N Height 4.85 6 WHOLESAL	Volume (Cube) 33.04 561.00	Pieces 1 12
II. Generic Equivalent to What Bran Does supplier meet DSCSA definit Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptior If yes, attach documentation from Saleable Unit of Measure X Item/Each Box/Catror/Bundle/Inner Pack X Case	ion of manufactur exclusive distribu v/exemption for pr n FDA. RFID tag(Y/N)	Zyloprim DRUG SUPPLY er? Control Contro Control Control Control Control Cont	CHAIN SECURITY ACT (Yes No Yes No AND HIBCC PRODUCT IN HIBCC		MATION GLN: GCP: If yes, was of direct from n Provide sour GTI 003 203	Se 0331722498975 riginal product purcha nfr? rce manufacturer for re IN-14 331722252102 331722252106 ard letter, PACKAGE INS	ction fields are not applicable sed packaged product	(Write-in, e.g. HCPCS J-Cod HCPCS J-Cod Item/Each: Box/Carton/Br Inner Pack: Case: Pallet: Regular Cost Invoice Cost (As of date: PRODUCT PACKA	PH to customer? 1 Vial) e: Util Weight Lbs. 0.55 undle/ 7.55 COST INFORMATION WAC) (\$) 3/18/2024	AND PACKING I Dimensi Depth 2.61 11	/ BILL UNIT Rx billing u NFORMATIO ons (US msn Width 2.61 8.5 8.5	nit to pharma Each Gram Millilliter N Height 4.85 6 WHOLESAL	Volume (Cube) 33.04 561.00	Pieces 1 12

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

Version 2024 For Design	ated Drop Ship Only Products, Please Use Page 3					
MATERIAL H	AZARD CLASSIFICATION and TRANSPORTATION					
MATERIAL H 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? No (If yes, attach SDS with special instructions.) No e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? Yes (if yes, answer a-e below and provide SDS) UN3077 b. Proper Shipping Name Environmentally hazardous substances, solid, n.o.s. (ALLOPURNOL), MARINE POLLUTANT	AZARD CLASSIFICATION and TRANSPORTATION					
c. DOT Hazard Class 9	Hazardous Waste Identification					
d. Packing Group						
e. Inhalation Hazard? No	EPA Hazardous Waste Code: Waste Characteristics					
Is this product regulated for shipment by IATA? Yes						
(if yes, answer a-e below and provide SDS)	REMS or REGISTRY RESTRICTIONS					
a. UN/Identification Number UN3077						
b. Proper Shipping Name Environmentally hazardous substance, solid, n.o.s. (ALLOPURINOL) c. DOT Hazard Class 9	Is there a REMS on this product? No					
c. DOT Hazard Class 9 d. Packing Group III	If Yes, is it managed with a pharmacy registry? Website URL:					
e. Inhalation Hazard?	Website ONL.					
	Med Guide Required					
Is the product restricted for air shipment? If so, indicate restriction: No Passenger	Med Guide Required No Limited Distribution Requirement Image: Comparison of the second seco					
Cargo	Common Drains (For example, iPledge program?)					
Passenger & Cargo						
Is this a reportable quantity? No	REMS: No					
RQ Threshold:	REMS Program Manager Name: Phone:					
Is this a marine pollutant? Yes	Supplier Manages REMS registry exclusively:					
Is this product shipped utilizing an authorized DOT exception or Special Permit?	Wholesale distributor support:					
No (if yes, identify method below)	Provider Name: DEA #:					
Limited Quantity	Site Enrollment Number assigned NCPDP#:					
Consumer Commodity, ORM-D	by Supplier: NPI #:					
Small Quantity (49 CFR 173.4)						
Special Permit; DOT-SP	Comments					
Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Registry: No					
3F#						
ADD'L STORAGE INFORMATION	Registry Program Contact Name: Phone: Comments					
	Cumments					
Is the Product	RETURN INSTRUCTIONS					
Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No	KETOKA INSTRUCTIONS					
ARCOS Reportable? No If yes, indicate which:	Contact tel. # if product received damaged: 1-866-827-3647					
Schedule No. Is it a scheduled listed chemical product?: No						
CLASS OF TRADE RESTRICTION:	URL/Link to returns policy:					
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	contact - customerservice@camberpharma.com					
Restricted to retail pharmacy only: No	Special regulations or returns requirements for this					
Restricted to hospital, clinics, and physician offices only: No	product in certain states? No					
Restricted from US territories? (explain in comments) No	If so, which states? Other requirements? Comments?					
Comments:						
MISCELLAN	EOUS NOTES and/or Image of Product Barcode:					



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

Version 2024	FOR DESIGNATED DROP SHIP PRODUCT ONLY - if r	ot a designated drop ship, do not complete.				
Order Method for Des	signated 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 Expedited Freight Charges o		Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Da Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt: Overnight and Priority Overnight PO Processing	ays			
Expedited freight fees billed with each order:		Overnight receipt available:				
Drop Ship service fee billed with each order:		PO Receipt cut off time:				
Drop Ship miscellaneous fees billed:		Days of week overnight is available: Monday				
Comments:	s only:	Days of week overnight is available: Tuesday Tuesday Wednessi Priority Overnight receipt available: Friday PO Receipt Cut off time: PO Receipt Cut off time: Order receipt method: Phone: Fax: Fax: EDI: Policitie Overnight Fees apply: Tuesday	/ day			
Other Data Informati	ion Required to Process PO:	Return Instructions				
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:		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?				
Miscell	aneous Notes:					
		Is product order for scheduled patient procedure? Is product order for restocking purposes?				