



Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type: New Product Post Launch Change Other

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	<input type="text" value="Camber Pharmaceuticals"/>
Application:	<input type="text" value="ANDA"/>
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	<input type="text" value="90-061"/>
DUNS:	<input type="text" value="82-667-4775"/>
Proprietary Name (if Applicable) and Established Name:	<input type="text" value="Finasteride Tablets 5MG 30CT"/>
Selling Unit NDC:	<input type="text" value="31722-525-30"/>
Individual Unit NDC:	<input type="text" value="31722-525-30"/>
UPC:	<input type="text" value="331722525305"/>
UDI	<input type="text" value="NA"/>
CVX Code:	<input type="text" value=""/>
MVX Code:	<input type="text" value="NA"/>
Description:	<input type="text" value="Blue, round shaped tablets, embossed with '37' on upper punch and 'H' on lower punch with corresponding dyes"/>
Active Ingredient(s):	<input type="text" value="Finasteride"/>
URL for Additional Product Information:	<input type="text" value="www.camberpharma.com"/>
Address:	<input type="text" value="1031 Centennial Avenue"/>
City:	<input type="text" value="Piscataway"/>
State:	<input type="text" value="NJ"/>
Zip:	<input type="text" value="08854"/>
Key Contact:	<input type="text" value="Customer Service"/>
Email:	<input type="text" value="customerservice@camberpharma.com"/>
Phone Number:	<input type="text" value="732-529-0430"/>
Fax:	<input type="text" value="732-562-8788"/>
Product Therapeutic Classification:	<input type="text" value=""/>

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

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	<input type="text" value="No"/>
reverse numbered?	<input type="text" value="No"/>
co-licensed?	<input type="text" value="No"/>
Is the Product... Direct-Ship Only	<input type="text" value=""/>
Is the Product... Unit of Use	<input type="text" value=""/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text" value=""/>
If Unit Dose NDC, indicate NDC here:	<input type="text" value=""/>
Country of Origin	<input type="text" value="India"/>
Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="No"/>

PRODUCT DESCRIPTION INFORMATION	
Size:	<input type="text" value="30"/>
Strength:	<input type="text" value="5 mg"/>
Dosage Form:	<input type="text" value="Oral solid tablets"/>
Product Shape:	<input type="text" value="Round"/>
Product Color:	<input type="text" value="blue"/>
Product Imprint:	<input type="text" value="37/H"/>

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

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

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

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

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width		
Box/Carton/Bundle/Inner Pack:						
Case:	2	10.25	4.5	7.25	0.193	24
Pallet:						4320
UPC:	Case:					
	Carton:					

GTIN PRODUCT INFORMATION					
Serialized?	Level	Saleable Unit		Quantity	GTIN-14
		Item	Unit		
<input checked="" type="checkbox"/>	Box/Carton/Bundle/Inner Pack	<input checked="" type="checkbox"/>	2D	1	00331722525305
<input type="checkbox"/>	Case	<input checked="" type="checkbox"/>	2D	24	20331722525309
<input checked="" type="checkbox"/>	Pallet	<input checked="" type="checkbox"/>	2D		
			2D		
			2D		
			2D		
			2D		
			2D		
			2D		

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost	<input type="text" value=""/>	Vendor #:	<input type="text" value=""/>
Invoice Cost (WAC) (\$)	<input type="text" value="\$11.50"/>	Whsl. Code #:	<input type="text" value=""/>
Federal Excise Tax Per Unit of Sale	<input type="text" value=""/>	Fineline Code:	<input type="text" value=""/>
As of date:	<input type="text" value=""/>		

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.

*Please provide any additional information on page 2. See new p. 3 for Designated Drop Ship Only. Signature:



Standard Pharmaceutical Product Information (Page 3)

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"/> Yes b. Autofax <input type="checkbox"/> No Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Yes Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> No Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> No Site Address: <input type="text"/> Minimum Order Quantity: <input type="text" value="case pack"/> Supplier's Customer Service Number: <input type="text" value="732-529-0430 x466 x465 x467 x470"/> Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/>	Purchase order daily receipt cut off time by supplier Cut off time: <input type="text" value="2:30PM"/> Eastern Shipping lead time of PO: <input type="text" value="24/48"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="checkbox"/> No Ships for second day receipt: <input type="checkbox"/> No Ships regular ground for 3-10 days receipt: <input type="checkbox"/> Yes
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="checkbox"/> No Drop Ship service fee billed with each order: <input type="checkbox"/> No Drop Ship miscellaneous fees billed: <input type="checkbox"/> No Comments: <input type="text"/>	Overnight receipt available: <input type="checkbox"/> Yes PO Receipt cut off time: <input type="text" value="2:30PM"/> Eastern Days of week overnight is available: <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday Priority Overnight receipt available: <input type="checkbox"/> Yes PO Receipt Cut off time: <input type="text" value="2:30PM EST"/> Saturday Overnight receipt available: <input type="checkbox"/> No PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="checkbox"/> No Phone #: <input type="text"/> Fax: <input type="checkbox"/> Yes Fax #: <input type="text" value="732-562-8788"/> EDI: <input type="checkbox"/> Yes Overnight Fees apply: <input type="checkbox"/> Yes Other fees apply: <input type="checkbox"/> No
Class of Trade Restriction:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> No Restricted to retail pharmacy only: <input type="checkbox"/> Yes Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No Restricted from US territories? (explain in comments) <input type="checkbox"/> No 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" value="732-529-0430"/> Is product returnable for credit: <input type="checkbox"/> Yes URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> Yes 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="checkbox"/> No Is product order for restocking purposes? <input type="checkbox"/> No