



# Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type:

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	Camber Pharmaceuticals
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	212475
DUNS:	826774775
Proprietary Name (If Applicable) and Established Name:	ZAFIRLUKAST TABLETS 10MG 60CT
Selling Unit NDC:	31722-007-60
Individual Unit NDC:	
UPC:	331722007607
UDI	
CVX Code:	
MVX Code:	
Description:	White colored tablet pressed with 6.00mm, round shaped, bevel concave punches embossed with 'V' on lower punch and '16' on upper punch with corresponding dyes.
Active Ingredient(s):	Zafirlukast
URL for Additional Product Information:	www.camberpharma.com
Address:	1031 Centennial Avenue
City:	Piscataway
Key Contact:	Customer Service
Phone Number:	732-529-0430
Product Therapeutic Classification:	

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)	
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?	No
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	No
Protect product (unit of sale) from light?	Yes
e. Shelf life:	
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	<input type="text"/>
reverse numbered?	Yes
co-licensed?	No
Is the Product... Direct-Ship Only	<input type="text"/>
Is the Product... Neither	<input type="text"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	No
If Unit Dose NDC, indicate NDC here:	<input type="text"/>
Country of Origin	India
Is this product covered under the Trade Agreements Act (TAA)?	No

PRODUCT DESCRIPTION INFORMATION	
Size:	60
Strength:	10MG
Dosage Form:	Tablet
Product Shape:	Round
Product Color:	White
Product Imprint:	16 / V

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Bottle	<input type="text" value="1 box of 24 bottles"/>
<input checked="" type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<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	
	Minimum order quantity?
	<input type="text"/>
	If Yes, how many of which package type?
	<input type="text" value="24"/> Each
	<input type="text"/> Inner/Carton/Pack
	<input type="text"/> Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Generic Equivalent to What Brand?:	Accolate
<input checked="" type="checkbox"/> 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:
<input type="text"/>	<input type="text"/>
(Write-in, e.g. 1 Vial)	<input type="text"/> Each
	<input type="text"/> Gram
	<input type="text"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	Yes
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
GLN:	0331722000000
If Yes, was original product purchased direct from mfr?	
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:	0.05		2.5	1.5		1
Case:	2.1	10	4.5	7		24
Pallet:						125
UPC:	Case:	20331722007607				
	Carton:					

GTIN PRODUCT INFORMATION						
Serialized?	Level	Saleable Unit		Quantity	GTIN-14	Items aggregated?
		Item	Unit			
<input checked="" type="checkbox"/>	Box/Carton/Bundle/Inner Pack	<input checked="" type="checkbox"/>	2D	1	00331722007603	
	Case	<input checked="" type="checkbox"/>	2D	24	20331722007607	
	Pallet	<input checked="" type="checkbox"/>	2D			
			2D			
			2D			
			2D			
			2D			
			2D			

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$73.74	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:			

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION							
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <span style="float: right;">No</span></p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant? <span style="float: right;">No</span></p> <p style="padding-left: 20px;">Is the product a CA Prop 65 carcinogen? <span style="float: right;">No</span></p> <p style="padding-left: 20px;">Is the product a CA Prop 65 reproductive toxicant? <span style="float: right;">No</span></p> <p style="padding-left: 20px;">Does the product label bear a CA Prop 65 warning? <span style="float: right;">No</span></p> <p>c. Contact Hazard? <span style="float: right;">No</span></p> <p>d. Does this product require special clean-up instructions? <span style="float: right;">No</span></p> <p style="padding-left: 20px;">(If yes, attach SDS with special instructions.)</p> <p>e. Does the product contain DEHP? <span style="float: right;">No</span></p> <p>Is this product regulated for shipment by DOT or IATA? <span style="float: right;">No</span></p> <p>(if yes, answer a-e below and provide SDS)</p> <p>a. UN/Identification Number <input style="width: 100%;" type="text"/></p> <p>b. Proper Shipping Name <input style="width: 100%;" type="text"/></p> <p>c. DOT Hazard Class <input style="width: 100%;" type="text"/></p> <p>d. Packing Group <input style="width: 100%;" type="text"/></p> <p>e. Inhalation Hazard? <span style="float: right;">No</span></p> <p>Is the product restricted for air shipment? If so, indicate restriction:</p> <p><input type="checkbox"/> Passenger</p> <p><input type="checkbox"/> Cargo</p> <p><input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <span style="float: right;">No</span></p> <p>RQ Threshold: <input style="width: 100%;" type="text"/></p> <p>Is this a marine pollutant? <span style="float: right;">No</span></p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit? <span style="float: right;">No</span></p> <p style="padding-left: 20px;">(if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity</p> <p><input type="checkbox"/> Consumer Commodity, ORM-D</p> <p><input type="checkbox"/> Small Quantity (49 CFR 173.4)</p> <p><input type="checkbox"/> Special Permit; DOT-SP</p> <p><input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);</p> <p>SP# <input style="width: 100%;" type="text"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">SDS Hazard Classification</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p style="border: none;"><input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 100%;" type="text"/></p> <p style="border: none;">Is the product a NIOSH hazardous drug? <span style="float: right;">No</span></p> <p style="border: none;">If yes, indicate which: <input style="width: 100%;" type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">Hazardous Waste Identification</p> <p style="border: none;">EPA Hazardous Waste Code: <input style="width: 100%;" type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p style="border: none;">Is there a REMS on this product? <span style="float: right;">No</span></p> <p style="border: none;">If Yes, is it managed with a pharmacy registry? <input style="width: 100%;" type="text"/></p> <p style="border: none;">Website URL: <input style="width: 100%;" type="text"/></p> <p style="border: none;">Comments / Details: (For example, iPledge program?) <input style="width: 100%;" type="text"/></p> <p style="border: none;"><b>REMS:</b> <span style="float: right;">No</span></p> <p style="border: none;">REMS Program Manager Name: <input style="width: 100%;" type="text"/> Phone: <input style="width: 100%;" type="text"/></p> <p style="border: none;">Supplier Manages REMS registry exclusively: <span style="float: right;">No</span></p> <p style="border: none;">Wholesale distributor support: <span style="float: right;">No</span></p> <p style="border: none;">Provider Name: <input style="width: 100%;" type="text"/></p> <p style="border: none;">Site Enrollment Number assigned by Supplier: <input style="width: 100%;" type="text"/></p> <p style="border: none;">DEA #: <input style="width: 100%;" type="text"/></p> <p style="border: none;">PCPDP #: <input style="width: 100%;" type="text"/></p> <p style="border: none;">NPI #: <input style="width: 100%;" type="text"/></p> <p style="border: none;">Comments: <input style="width: 100%;" type="text"/></p> <p style="border: none;"><b>Registry:</b> <span style="float: right;">No</span></p> <p style="border: none;">Registry Program Contact Name: <input style="width: 100%;" type="text"/> Phone: <input style="width: 100%;" type="text"/></p> <p style="border: none;">Comments: <input style="width: 100%;" type="text"/></p> </div>	<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive						
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer						
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard						
ADD'L STORAGE INFORMATION							
<p>Is the Product...</p> <p>Controlled Substance? <span style="float: right;">No</span></p> <p>Controlled by State(s)? <span style="float: right;">No</span></p> <p>ARCOS Reportable? <span style="float: right;">No</span></p> <p>Schedule No. (inc. N for non-narcotic) <input style="width: 100%;" type="text"/></p> <p>Controlled Substance Code <input style="width: 100%;" type="text"/></p> <p>Listed Chemical (List I or II) <span style="float: right;">No</span></p> <p>If yes, indicate which: <input style="width: 100%;" type="text"/></p> <p>Is it a scheduled listed chemical product? <span style="float: right;">No</span></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">RETURN INSTRUCTIONS</p> <p style="border: none;">Contact tel. # if product received damaged: <input style="width: 100%; text-align: center; value: 732-529-0430;" type="text"/></p> <p style="border: none;">Is product returnable for credit: <span style="float: right;">Yes</span></p> <p style="border: none;">URL/Link to returns policy: <input style="width: 100%; text-align: center; value: contact - customerservice@camberpharma.com;" type="text"/></p> <p style="border: none;">Special regulations or returns requirements for this product in certain states? <span style="float: right;">No</span></p> <p style="border: none;">If so, which states? Other requirements? Comments? <input style="width: 100%; height: 40px;" type="text"/></p> </div>						
CLASS OF TRADE RESTRICTION:							
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <span style="float: right;">No</span></p> <p>Restricted to retail pharmacy only: <span style="float: right;">No</span></p> <p>Restricted to hospital, clinics, and physician offices only: <span style="float: right;">No</span></p> <p>Restricted from US territories? (explain in comments) <span style="float: right;">No</span></p> <p>Comments: <input style="width: 100%; height: 40px;" type="text"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">MISCELLANEOUS NOTES and/or Image of Product Barcode:</p> <p style="border: none; height: 40px;"><input style="width: 100%; height: 100%;" type="text"/></p> </div>						

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="checkbox"/></p> <p>b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="checkbox"/> Site Address: <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 style="margin-left: 20px;">Name: <input type="text"/></p> <p style="margin-left: 20px;">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"/> Eastern</p> <hr/> <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 style="width: 100%; height: 80px;" type="text"/></p>	<p><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/> Eastern</p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <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="checkbox"/> Phone: <input type="text"/> Phone #: <input type="text"/></p> <p style="margin-left: 20px;">Fax: <input type="text"/> Fax #: <input type="text"/></p> <p style="margin-left: 20px;">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:	Return Instructions
<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 style="width: 100%; height: 80px;" type="text"/></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 style="margin-left: 20px;">If so, which states? Other requirements? Comments?</p> <p style="margin-left: 20px;"><input style="width: 100%; height: 40px;" 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:	
<p><input style="width: 100%; height: 80px;" type="text"/></p>	