



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

Version 2021

Introduction Type: New Item

Final Version

Date: 10/4/2022

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*			
Company Name: <input type="text" value="Camber Pharmaceuticals, Inc."/>		Application: <input type="text" value="ANDA"/>		a. Temperature – Indicate the USP temperature range for this product.		Temperature Range: <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>	
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): <input type="text" value="207933"/>				Other Temperature Range Requirement (write in): <input type="text"/>		Notes: <input type="text"/>	
Medical Device Class, if applicable: <input type="text"/>				Is this product to be shipped to customers on ice? <input type="checkbox"/> No		Is this product to be shipped to customers on dry ice? <input type="checkbox"/> No	
DUNS: <input type="text" value="82-677-4775"/>		Unit of Use NDC: <input type="text" value="331722889308"/>		b. Contact for temperature excursion questions:		Name: <input type="text" value="Soma Raju"/>	
Proprietary Name (if Applicable) and Established Name: <input type="text" value="Fingolimod Capsule 0.5mg 30ct"/>		UPC: <input type="text" value="331722889308"/>		Number: <input type="text" value="732-529-0423"/>		Group E-mail: <input type="text" value="somaraju@heterousa.com"/>	
Selling Unit NDC: <input type="text" value="31722-889-30"/>		CVX Code: <input type="text"/>		MVX Code: <input type="text"/>		c. Special regulations for product in any states? <input type="checkbox"/> No	
Description: <input type="text" value="Oral Solid - Hard, Gelatin, Capsules, Shape: Capsule Size: '4', Bright yellow cap/opaque white body, filled with white to off white powder, H' on Cap with black ink and 'F7' on body with blue ink"/>				Special returns requirements for this product? <input type="checkbox"/> No		d. Store product (unit of sale) upright? <input type="checkbox"/> No	
Active Ingredient(s): <input type="text" value="Fingolimod"/>				Protect product (unit of sale) from light? <input type="checkbox"/> No		e. Shelf life: <input type="text" value="24"/> Months	
URL for Additional Product Information: <input type="text" value="www.camberpharma.com"/>				Initial shelf life at launch (if different): <input type="text"/>		Months	
Address: <input type="text" value="1031 Centennial Ave (and) 800 Centennial Ave, Suite 1"/>		Address 2: <input type="text"/>		ORDER INFORMATION			
City: <input type="text" value="Piscataway"/>		State: <input type="text" value="NJ"/>		Unit of Sale: <input checked="" type="checkbox"/> Bottle		What is the NDC selling unit? <input type="text" value="1 bottle of 30 tablets"/>	
Key Contact: <input type="text" value="Customer Service"/>		Zip: <input type="text" value="08854"/>		<input type="checkbox"/> Box/Carton		(Write-in, e.g. 1 Box of 10 Vials)	
Phone Number: <input type="text" value="1-866-827-3647"/>		Email: <input type="text" value="customerservice@camberpharma.com"/>		<input type="checkbox"/> Ampule		Minimum order quantity? <input type="checkbox"/> Yes	
Product Therapeutic Classification: <input type="text" value="sphingosine 1-phosphate receptor modulators"/>		Fax: <input type="text" value="732-562-8788"/>		<input type="checkbox"/> Glass		If Yes, how many of which package type?	
ADDITIONAL PRODUCT INFORMATION				PRODUCT DESCRIPTION INFORMATION			
The product is? <input type="checkbox"/> No		Is the Product... <input type="checkbox"/> Direct-Ship Only		Size: <input type="text" value="30ct"/>		Vial Liquid Sgl	
if yes, enter class # <input type="text"/>		Is the Product... <input type="checkbox"/> Neither		Strength: <input type="text" value="0.5mg"/>		Vial Liquid Multi	
if yes, list NDCs of product kit <input type="text"/>		Orphan Drug Status <input type="text"/>		Dosage Form: <input type="text" value="Oral Solid - Hard, Gelatin,"/>		Vial Powder Sgl	
if yes, list NDCs of component parts <input type="text"/>		FDA Approval Status <input type="text"/>		Product Shape: <input type="text" value="Shape: Capsule Size: '4'"/>		Vial Power Multi	
reverse numbered? <input type="checkbox"/> No		Allergens Present <input type="text"/>		Product Color: <input type="text" value="Bright yellow cap/opaque v"/>		Other: Write In <input type="text"/>	
co-licensed? <input type="checkbox"/> No		Country of Origin <input type="text" value="India"/>		Product Imprint: <input type="text" value="H' on Caps and 'F7' on bo"/>			
latex-free? <input type="checkbox"/> Yes		Is this product covered under the Trade Agreements Act (TAA)? <input type="checkbox"/> No					
preservative-free? <input type="checkbox"/> Yes							
correctional institution block? <input type="checkbox"/>							
opioid? <input type="checkbox"/> No							
Cannabinoid? <input type="checkbox"/> No							
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="checkbox"/> No							
If Unit Dose, indicate NDC here: <input type="text"/>							
FOR GENERIC DRUG PRODUCTS				PHARMACY ORDER / BILL UNIT			
I. Orange Book Rating: <input type="text" value="AB"/>		<input type="checkbox"/> Authorized Generic		*If Authorized Generic, other section fields are not applicable		Rec. sell unit to customer? <input type="text"/>	
II. Generic Equivalent to What Brand?: <input type="text" value="Gilenya"/>						Rx billing unit to pharmacy: <input type="text"/>	
						<input type="checkbox"/> Each	
						<input type="checkbox"/> Gram	
						<input type="checkbox"/> Milliliter	
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION				ITEM AND PACKING INFORMATION			
Does supplier meet DSCSA definition of manufacturer? <input type="checkbox"/> Yes		GLN: <input type="text" value="0031722000000"/>		Weight Lbs.		Dimensions (US msmts.)	
Is product exempt from DSCSA? <input type="checkbox"/> No		GCP: <input type="text"/>		Depth		Width	
If yes, select exemption: <input type="text"/>				Height		Volume (Cube)	
Other exemption - Write in: <input type="text"/>				Saleable # Pieces			
Is product repackaged? <input type="checkbox"/> No		If yes, was original product purchased direct from mfr? <input type="checkbox"/>		Item/Each: <input type="text" value="0.1"/>		Item/Each: <input type="text" value="1.8"/>	
Is product sold by manufacturer's exclusive distributor? <input type="checkbox"/> No		Provide source manufacturer for repackaged product <input type="text"/>		Box/Carton/Bundle/Inner Pack: <input type="text"/>		Box/Carton/Bundle/Inner Pack: <input type="text"/>	
Has FDA granted waiver/exception/exemption for product? <input type="checkbox"/> No				Case: <input type="text" value="5.35"/>		Case: <input type="text" value="11.25"/>	
If yes, attach documentation from FDA. <input type="text"/>				Pallet: <input type="text"/>		Pallet: <input type="text"/>	
GTIN AND HIBCC PRODUCT INFORMATION				COST INFORMATION			
Saleable Unit of Measure		Saleable Quantity		HIBCC		GTIN-14	
<input checked="" type="checkbox"/> Item/Each		<input type="text" value="1"/>				<input type="text" value="00331722889308"/>	
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack						<input type="text" value="00331722889308"/>	
<input checked="" type="checkbox"/> Case		<input type="text" value="48"/>				<input type="text" value="20331722889302"/>	
<input type="checkbox"/> Pallet							
						Regular Cost <input type="text"/>	
						Invoice Cost (WAC) (\$) <input type="text" value="\$3,681.73"/>	
						Vendor #: <input type="text"/>	
						Whsl. Code #: <input type="text"/>	
						Fineline Code: <input type="text"/>	
						As of date: <input type="text"/>	

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:

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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) No

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) No

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: No

Passenger
 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?
 (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#

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: No

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?
 Website URL:

Med Guide Required

Limited Distribution Requirement

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

REMS: No

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:
 Wholesale distributor support:

Provider Name: DEA #:

Site Enrollment Number assigned by Supplier: NCPDP#:

NPI #:

Comments

Registry: No

Registry Program Contact Name: Phone:

Comments

ADD'L STORAGE INFORMATION

Is the Product...
 Controlled Substance? No
 Controlled by State(s)? No
 ARCOS Reportable?

Controlled Substance Code

Listed Chemical (List I or II) No
 If yes, indicate which:

Schedule No.

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 Yes

Restricted to retail pharmacy only: No

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 1-866-827-3647

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:



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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="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></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="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>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></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>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: 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>	
Other Data Information Required to Process PO:	Return Instructions
<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>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>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<p><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>