



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

Version 2024		Introduction Type: <input type="text" value="New Item"/>		<input checked="" type="checkbox"/> Final Version		Date: <input type="text" value="3/11/2025"/>	
<b>PRODUCT INFORMATION</b>				<b>SPECIAL HANDLING AND STORAGE REQUIREMENTS*</b>			
Company Name: <input type="text" value="Camber Pharmaceuticals, Inc."/> Application: <input type="text" value="ANDA"/> Application Number for NDA/ANDA/BLA; PMA/510(k): <input type="text" value="216591"/> NDA 505(b) Type: <input type="text" value="NOT APPLICABLE"/> Medical Device Class, if applicable: <input type="text"/> DUNS: <input type="text" value="11-856-3719"/> Proprietary Name (If Applicable) and Established Name: <input type="text" value="Vancomycin Hydrochloride for Injection, USP 1 g/vial (Single-dose Vials)"/> Selling Unit NDC: <input type="text" value="31722-211-10"/> Unit of Use NDC: <input type="text"/> UPC: <input type="text" value="331722211109"/> UDI: <input type="text"/> CVX Code: <input type="text"/> MVX Code: <input type="text"/> Description: <input type="text" value="Vancomycin Hydrochloride for Injection, USP 1 g/vial (Single-dose Vials)"/> Active Ingredient(s): <input type="text" value="Vancomycin hydrochloride, USP"/> URL for Additional Product Information: <input type="text" value="www.camberpharma.com"/> Address: <input type="text" value="800 Centennial Ave, Suite 1"/> Address 2: <input type="text"/> 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="1-866-827-3647"/> Fax: <input type="text" value="732-562-8788"/> Product Therapeutic Classification: <input type="text" value="Tricyclic glycopeptide antibiotic"/>				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)"/>  Other Temperature Range Requirement (write in): <input type="text"/> Notes: <input type="text"/>  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=""/> Months			
<b>ADDITIONAL PRODUCT INFORMATION</b>				<b>PRODUCT DESCRIPTION INFORMATION</b>			
The product is? a legend device? <input type="text" value="No"/> if yes, enter class # <input type="text"/> a product kit? <input type="text" value="No"/> if yes, list NDCs of component parts reverse numbered? <input type="text"/> co-licensed? <input type="text" value="No"/> latex-free? <input type="text" value="Yes"/> preservative-free? <input type="text" value="Yes"/> correctional institution block? <input type="text" value="No"/> opioid? <input type="text" value="No"/> Cannabinoid? <input type="text" value="No"/> If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="text" value="Yes"/> If Unit Dose, indicate NDC here: <input type="text" value="31722-211-33"/>		Is the Product... Is the Product... <input type="text" value="Direct-Ship Only"/> Orphan Drug Status <input type="text" value="Unit Dose"/>  FDA Approval Status <input type="text"/>  Allergens Present <input type="text"/>  Country of Origin <input type="text" value="India"/>  Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="No"/>		Size: <input type="text" value="10 single dose vials"/>  Strength: <input type="text" value="1 gm/vial"/>  Dosage Form: <input type="text" value="Sterile, lyophilized powder or cake for preparing intravenous infusions or injections"/>  Product Shape: <input type="text" value="Single dose vial"/>  Product Color: <input type="text" value="White to tan"/>  Product Imprint: <input type="text" value="N/A"/>			
<b>FOR GENERIC DRUG PRODUCTS</b>							
I. Orange Book Rating: <input type="text" value="AP"/> <input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable II. Generic Equivalent to What Brand?: <input type="text" value="Vancomycin Hydrochloride for Injection (Fresenius Kabi USA, LLC)"/>							
<b>DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION</b>							
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"/> Other exemption - Write in: <input type="text"/> Is product repackaged? <input type="text" value="No"/> Is product sold by manufacturer's exclusive distributor? <input type="text" value="Yes"/> Has FDA granted waiver/exception/exemption for product? <input type="text" value="No"/> If yes, attach documentation from FDA. <input type="text"/>		GLN: <input type="text" value="0331722498975"/>  GCP: <input type="text"/>  If yes, was original product purchased direct from mfr? <input type="text"/> Provide source manufacturer for repackaged product <input type="text"/>					
<b>GTIN AND HIBCC PRODUCT INFORMATION</b>							
Saleable Unit of Measure		RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14	
<input checked="" type="checkbox"/> Item/Each		N	1		00331722211109		
<input checked="" type="checkbox"/> Box/ Carton/Bundle/Inner Pack		N	20		20331722211103		
<input type="checkbox"/> Case							
<input type="checkbox"/> Pallet							
<b>ITEM AND PACKING INFORMATION</b>							
	Weight Lbs.	Dimensions (US msmts.) Depth	Width	Height	Volume (Cube)	Saleable # Pieces	
Item/Each:	0.65	6.37	2.5	3.56	56.69	1	
Box/ Carton/Bundle/ Inner Pack:							
Case:	14.4	13.25	13	8	1378	20	
Pallet:							
<b>COST INFORMATION</b>							
Regular Cost				Vendor #:			
Invoice Cost (WAC) (\$)		\$30.00		Whsl. Code #:			
As of date: <input type="text" value="12/1/2022"/>				Fineline Code:			
<b>WHOLESALE USE ONLY:</b>							
Signature: <input type="text"/>							

\*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.

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?
- b. CA Prop. 65 Carcinogen or Reproductive Toxicant?  
Is the product a CA Prop 65 carcinogen?   
Is the product a CA Prop 65 reproductive toxicant?   
Does the product label bear a CA Prop 65 warning?

- c. Contact Hazard?
- d. Does this product require special clean-up instructions?  
(If yes, attach SDS with special instructions.)
- e. Does the product contain DEHP?

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?

RQ Threshold:

Is this a marine pollutant?

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?  Controlled Substance Code
- Controlled by State(s)?  Listed Chemical (List I or II)
- ARCOS Reportable?  If yes, indicate which:
- Schedule No.  Is it a scheduled listed chemical product?:

### CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

Comments:

### SDS Hazard Classification

- ☒ Organic
- ☐ Inorganic
- ☐ Steroid/Androgen

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?

If Yes, is it managed with a pharmacy registry?

Website URL:

Med Guide Required

Limited Distribution Requirement

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

#### REMS:

REMS Program Manager Name:

Supplier Manages REMS registry exclusively:  
Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned  
by Supplier:

Phone:

DEA #:

NCPDP#:

NPI #:

Comments

#### Registry:

Registry Program Contact Name:

Phone:

Comments

### RETURN INSTRUCTIONS

Contact tel. # if product 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?

### 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="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><b>Purchase order daily receipt cut off time by supplier</b></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>
<p><b>Expedited Freight Charges or Other Designated Drop Ship Fees:</b></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><b>Overnight and Priority Overnight PO Processing</b></p> <p><b>Overnight receipt available:</b> <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><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="text"/></p> <p>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>
<p><b>Class of Trade Restriction:</b></p> <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>	
<p><b>Other Data Information Required to Process PO:</b></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><b>Return Instructions</b></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>
<p><b>Miscellaneous Notes:</b></p> <p><input type="text"/></p>	<p><b>ADDITIONAL INFORMATION</b></p> <p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>