



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

Version 2021

Introduction Type: New Item

Final Version

Date: 3/20/2024

PRODUCT INFORMATION

Company Name: Camber Pharmaceuticals, Inc. Application: ANDA
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 217748
 Medical Device Class, if applicable:
 DUNS: 11-856-3719
 Proprietary Name (If Applicable) and Established Name: Allopurinol Tablets, USP 100 mg
 Selling Unit NDC: 31722-252-01 Unit of Use NDC: UPC: 331722252010
 UDI: CVX Code: MVX Code:
 Description: Allopurinol Tablets, USP 100 mg
 Active Ingredient(s): Allopurinol, USP
 URL for Additional Product Information: www.camberpharma.com
 Address: 1031 Centennial Ave (and) 800 Centennial Ave, Suite 1 Address 2:
 City: Piscataway State: NJ Zip: 08854
 Key Contact: Customer Service Email: customerservice@camberpharma.com
 Phone Number: 1-866-827-3647 Fax: 732-562-8788
 Product Therapeutic Classification: Xanthine oxidase Inhibitor

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):
 Notes:
 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?
 Special returns requirements for this product? No
 d. Store product (unit of sale) upright? No
 Protect product (unit of sale) from light? No
 e. Shelf life:
 Initial shelf life at launch (if different): 24 Months

ADDITIONAL PRODUCT INFORMATION

The product is a legend device? No
 if yes, enter class # a product kit? No
 if yes, list NDCs of component parts reverse numbered? No
 co-licensed? No
 latex-free? Yes
 preservative-free? Yes
 correctional institution block? No
 opioid? No
 Cannabinoid? No
 If Unit Dose, is item bar coded to unit dose for hospital scanning?
 If Unit Dose, indicate NDC here:
 Is the Product... Direct-Ship Only
 Is the Product... Orphan Drug Status
 FDA Approval Status:
 Allergens Present:
 Country of Origin: India
 Is this product covered under the Trade Agreements Act (TAA)? No

PRODUCT DESCRIPTION INFORMATION

Size: 100 ct
 Strength: 100 mg
 Dosage Form: Tablet
 Product Shape: Round
 Product Color: White to off white
 Product Imprint: Debossed with "U" and "5" on one side and functional scored line with "H" on the other side.

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: AB
 II. Generic Equivalent to What Brand?: Zyliprim
 Authorized Generic *If Authorized Generic, other section fields are not applicable

ORDER INFORMATION

Unit of Sale: Bottle
 Box/Carton
 Ampule
 Glass
 Tube
 Vial Liquid Sgl
 Vial Liquid Multi
 Vial Powder Sgl
 Vial Power Multi
 Other: Write In
 What is the NDC selling unit?
 1 Bottle of 100 Tablets
 (Write-in, e.g. 1 Box of 10 Vials)
 Minimum order quantity? Yes
 If Yes, how many of which package type?
 48 Each
 Inner/ Carton/Pack
 Case

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? No
 Is product sold by manufacturer's exclusive distributor? Yes
 Has FDA granted waiver/exception/exemption for product? No
 If yes, attach documentation from FDA.
 GLN: 0331722000000
 GCP:
 If yes, was original product purchased direct from mfr?
 Provide source manufacturer for repackaged product

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? (Write-in, e.g. 1 Vial)
 Rx billing unit to pharmacy:
 Each
 Gram
 Milliliter

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	1		00331722252010	
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	48		20331722252014	
<input type="checkbox"/> Pallet				

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.085	1.5	1.5	2.5	5.63	1
Box/Carton/Bundle/Inner Pack:						
Case:	4.9	12.75	9.75	4.25	528.33	48
Pallet:						

COST INFORMATION

Regular Cost
 Invoice Cost (WAC) (\$) \$11.00
 As of date: 2/23/2024
 Vendor #:
 Whsl. Code #:
 Finline Code:

*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.

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?
 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#

SDS Hazard Classification

Organic
 Inorganic
 Steroid/Androgen

Corrosive
 Oxidizer
 Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No
 NFPA Storage Level:

Is the product a NIOSH hazardous drug? No
 If yes, indicate which:

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 No
 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 Substance Code

Controlled by State(s)? No Listed Chemical (List I or II) No

ARCOS Reportable? 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:

