



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

Version 2024		Introduction Type: New Item		☒ Final Version		Date: 9/16/2025																																																																
PRODUCT INFORMATION						SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																																																
Company Name: Camber Pharmaceuticals, Inc. Application: ANDA Application Number for NDA/ANDA/BLA; PMA/510(k): 218533 NDA 505(b) Type: NOT APPLICABLE Medical Device Class, if applicable: DUNS: 11-856-3719 Proprietary Name (If Applicable) and Established Name: Voriconazole for Injection 200 mg/vial (Single-Dose Vial) Selling Unit NDC: 31722-224-31 Unit of Use NDC: UPC: 331722224314 UDI: CVX Code: MVX Code: Description: Voriconazole for Injection 200 mg/vial (Single-Dose Vial) Active Ingredient(s): Voriconazole URL for Additional Product Information: www.camberpharma.com Address: 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: Azole antifungal						a. Temperature – Indicate the USP temperature range for this product. Temperature Range Store at 15°C to 30°C (59°F to 86°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				PRODUCT DESCRIPTION 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? 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? Yes If Unit Dose, indicate NDC here: 31722-224-31				Is the Product... Is the Product... Direct-Ship Only Unit Dose Orphan Drug Status FDA Approval Status Allergens Present Country of Origin India Is this product covered under the Trade Agreements Act (TAA)? No		Size: 1 single-dose vial Strength: 200 mg per single-dose vial Dosage Form: Sterile, lyophilized cake or powder Product Shape: N/A Product Color: White to off white Product Imprint: N/A																																																																
FOR GENERIC DRUG PRODUCTS						ORDER INFORMATION																																																																
I. Orange Book Rating: AP Authorized Generic ☐ *If Authorized Generic, other section fields are not applicable II. Generic Equivalent to What Brand?: Vfend						Unit of Sale ☐ Bottle ☒ Box/ Carton ☐ Ampule ☒ Glass ☐ Tube ☐ Vial Liquid Sgl ☐ Vial Liquid Multi ☒ Vial Powder Sgl ☐ Vial Powder Multi ☐ Other: Write In What is the NDC selling unit? 1 Carton of 1 Single Dose Vial (Write-in, e.g. 1 Box of 10 Vials) Minimum order quantity? Yes If Yes, how many of which package type? 1 Each Inner/ Carton/ Pack Case																																																																
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION						PHARMACY ORDER / BILL UNIT																																																																
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: 0331722498975 GCP: If yes, was original product purchased direct from mfr? Provide source manufacturer for repackaged product						Rec. sell unit to customer? (Write-in, e.g. 1 Vial) HCPCS J-Code: J3465 Rx billing unit to pharmacy: Each Gram Milliliter																																																																
GTIN AND HIBCC PRODUCT INFORMATION						ITEM AND PACKING INFORMATION																																																																
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Regular Cost Invoice Cost (WAC) (\$) \$35.00 As of date: 1/30/2025						Vendor #: Whsl. Code #: Fineline 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?
- 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?

- (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:

MISCELLANEOUS NOTES and/or Image of Product Barcode:

Release DATE

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:
Group 2 items (non-antineoplastic that meets a hazard criterion)

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: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned by Supplier:

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:

contact - customerservice@camberpharma.com

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?



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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
Purchase orders may be accepted by: a. EDI ☐ b. Autofax ☐ c. Fax ☐ d. Phone only ☐ e. Supplier Web Site only ☐ Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone: Fax Number: Fax Number: Phone No.: Site Address:	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships same day for next day receipt: ☐ Ships for second day receipt: ☐ Ships regular ground for 3-10 days receipt: ☐
Expedited Freight Charges or Other Designated Drop Ship Fees: Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight and Priority Overnight PO Processing Overnight receipt available: ☐ PO Receipt cut off time: Days of week overnight is available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Priority Overnight receipt available: ☐ PO Receipt Cut off time: Saturday Overnight receipt available: ☐ PO Receipt Cut off time: Order receipt method: Phone: Phone #: Fax: Fax #: EDI: Overnight Fees apply: ☐ Other fees apply: ☐
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:	
Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician/Clinic Phone #: Physician State License #: Physician/Clinic DEA #: Physician/Clinic Specialty:	Return Instructions Contact # if product is 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:	ADDITIONAL INFORMATION Is product order for scheduled patient procedure? ☐ Is product order for restocking purposes? ☐