

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

						Introduction 7	Гуре: Г	Post Launch Change		x Final Version			Date:	6/23	/2024
			PRODUCT INFORMAT	ION						SPECIAL HAND	DLING AND STOR	AGE REQUI	REMENTS*		
Company Name:	Camber Pharmace	auticale Inc				Applica	ion:	ANDA	a Tomporatur	re - Indicate the USP tempe	raturo rango for t	hie product			
Application Number for NDA/AN			ca).	20	02910	Applica		ANDA	a. reinperatur		Controlled Room		and 25 C (6)	8° – 77° F)	
Medical Device Class, if applicat		ii Av 3 To(K)(III ea aevi	oej.	E	32310				-	remperature range	OGINIONIO TROOM	20111001120	uu 20 0 (0.	, ,,	
DUNS:	11-856-3719								4	Other Temperature Range F	Pequirement				
Proprietary Name (If Applicable) a		me. Irhesa	tan Tablets, USP 150 mg						1	(write in)	(equilement				
Selling Unit NDC:	31722-730-30	inc.	Unit of Use NDC:		31722-730-30	UPC:	331722730	303	-	Notes					
UDI			CVX Code:			MVX Code:			1						
Description:	Irbesartan Tablets	LICD 150 ma				-				In this was dust to be abisensed		2		No	1
Description:	irbesarian rabieis	, USP 150 mg								Is this product to be shipped Is this product to be shipped				No	
Active Ingredient(s):		Irbesartan, USP							-	is this product to be shipped	i to customers on c	ny ice:		140	.1
Active ingredient(s).		iibesaitaii, ooi							b. Contact for	temperature excursion que	estions.				
URL for Additional Product Inforn	mation:	www.camberpharm	a.com						D. Contact for	Name:	collons.	Soma Raju			
Address:	800 Centennial Av					Address 2:				Number:		732-529-042	3		
City:	Piscataway	State:			NJ	<b>Zip:</b> 08	854	Group E-mail: somaraju@heterousa.com			n				
Key Contact:	Customer Service				customerservice	@camberph	arma.com								
Phone Number:	1-866-827-3647				Fax:	732-562-8788			c. Special reg	ulations for product in any	states?			No	1
Product Therapeutic Classification	n:	Angiotensin II recep	tor blocker (ARB)							Special returns requirement	s for this product?			No	
					_										1
	ADDITIO	NAL PRODUCT IN	FORMATION			PRODUCT	DESCRIPTION	ON INFORMATION	d. Store produ	uct (unit of sale) upright?				No	1
The product is?			Is the Product	Direct-Ship	Only					Protect product (unit of sa	ale) from light?			No	i
a legend device?		No	Is the Product	Unit of Use	,		30 0	t	e. Shelf life:	r rotoot product (unit or or	,			24	Months
if yes, enter class #		140	Orphan Drug Status			Size:	000	•	0. 0.10.1 1.10.	Initial shelf life at launch (	if different):				Months
a product kit?		No					150	ma							,
if yes, list NDCs of			FDA Approval Status			Strength:	1.44	9			ORDER INFORM	IATION			
component parts							Tab	let							
reverse numbered?		No				Dosage For	n:			Unit of Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present							x Bottle		1 Bottle of 3	) Tablets		
latex-free?		Yes	_			Product Sha	Bico	nvex, capsule		Box/Carton		(Write-in, e.	g. 1 Box of 1	0 Vials)	
preservative-free?		Yes				Product Sna	pe:	•		Ampule			-		
correctional institution block?		No				Product Col	Whi	te to off white		Glass		Minimum o	der quantit	/?	Yes
opioid?		No				Froduct Col	UI.			Tube					
Cannabinoid?		No	Country of Origin	India		Product Imp		ssed with '159' on one		Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for					i roduct iiii	side	and 'H' on the other side		Vial Liquid Multi		If Yes, how	many of wh	ich package	type?
hospital scanning?			Is this product covered ur							Vial Powder Sgl		24	Each		
If Unit Dose, indicate NDC here:			Trodo Associato Ast /T	- A A \ O	Nie					Mint Decodes Model			Inner/Cartor	/Pack	
			Trade Agreements Act (T	AA)?	No					Vial Powder Multi			iiiiiei/Caitoi	/I ack	
			Trade Agreements Act (1	AA)!	INO				]	Other: Write In			Case	/I dok	
			FOR GENERIC DRUG PRO		NO									/ ack	
									<u> </u>	Other: Write In				VI dok	
						norized Generic		ed Generic, other		Other: Write In	ARMACY ORDER			in ack	
I. Orange Book Rating:	AB					norized Generic		ed Generic, other ds are not applicable	Rec. sell unit	Other: Write In	ARMACY ORDER		Case		
I. Orange Book Rating: II. Generic Equivalent to What Bra		Avapro				norized Generic			Rec. sell unit	Other: Write In	ARMACY ORDER	/ BILL UNIT	Case		
		Avapro	FOR GENERIC DRUG PRC	DDUCTS	Aut	norized Generic			Rec. sell unit	Other: Write In PH/ to customer?	ARMACY ORDER	/ BILL UNIT	Case  nit to pharm Each Gram		
		Avapro		DDUCTS	Aut	norized Generic				Other: Write In PH/ to customer?	ARMACY ORDER	/ BILL UNIT	Case  nit to pharm Each		
II. Generic Equivalent to What Bra	and?:	Avapro DRUG SUPPLY	FOR GENERIC DRUG PRO	DDUCTS	Auti					Other: Write In PH/ to customer?  1 Vial)		/ BILL UNIT Rx billing u	nit to pharm Each Gram Milliliter		
II. Generic Equivalent to What Bra	and?:	Avapro DRUG SUPPLY	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E	DDUCTS	Aut	0331722498975				Other: Write In PH/ to customer?  1 Vial)	ARMACY ORDER	/ BILL UNIT Rx billing u	nit to pharm Each Gram Milliliter		
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?	and?:	Avapro DRUG SUPPLY	FOR GENERIC DRUG PRO	DDUCTS	Auti RMATION GLN:					Other: Write In PH/ to customer?  1 Vial)	AND PACKING IN	/ BILL UNIT Rx billing u	Case  nit to pharm Each Gram Milliliter	acy:	
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption:	and?:	Avapro DRUG SUPPLY	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E	DDUCTS	Auti					Other: Write In  PH/ to customer?  1 Vial)	AND PACKING IN	/ BILL UNIT Rx billing u	Case  nit to pharm Each Gram Milliliter	acy: Volume	Saleable #
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in:	and?:	Avapro DRUG SUPPLY	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No	DDUCTS	RMATION GLN: GCP:	0331722498975			(Write-in, e.g.	Other: Write In PH/ to customer?  1 Vial)	AND PACKING IN	/ BILL UNIT Rx billing u	Case  nit to pharm Each Gram Milliliter	acy:	Saleable # Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged?	and?: ition of manufactu	Avapro DRUG SUPPLY	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No	DDUCTS	RMATION GLN: GCP: If yes, was ori	0331722498975				Other: Write In  PH/ to customer?  1 Vial)	AND PACKING IN	/ BILL UNIT Rx billing u	Case  nit to pharm Each Gram Milliliter	acy: Volume	
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: ition of manufactu	Avapro DRUG SUPPLY rer?	FOR GENERIC DRUG PRO  ( CHAIN SECURITY ACT (E  Yes  No  No  Yes	DDUCTS	RMATION GLN: GCP: If yes, was ori purchased dir	0331722498975  ginal product ect from mfr?	section fiel	ds are not applicable	(Write-in, e.g.	Other: Write In  PH/ to customer?  1 Vial)  ITEM  Weight Lbs.  0.06	AND PACKING IN Dimensie Depth	/ BILL UNIT Rx billing u  IFORMATION Ons (US msn Width	Case  nit to pharm Each Gram Milliliter  nts.) Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception	and?: ition of manufactur s exclusive distribu	Avapro DRUG SUPPLY rer?	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No	DDUCTS	RMATION GLN: GCP: If yes, was ori purchased dir	0331722498975	section fiel	ds are not applicable	(Write-in, e.g.	Other: Write In  PH/ to customer?  1 Vial)  ITEM  Weight Lbs.  0.06	AND PACKING IN Dimensie Depth	/ BILL UNIT Rx billing u  IFORMATION Ons (US msn Width	Case  nit to pharm Each Gram Milliliter  nts.) Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: ition of manufactur s exclusive distribu	Avapro DRUG SUPPLY rer?	FOR GENERIC DRUG PRO  ( CHAIN SECURITY ACT (E  Yes  No  No  Yes	DDUCTS	RMATION GLN: GCP: If yes, was ori purchased dir	0331722498975  ginal product ect from mfr?	section fiel	ds are not applicable	(Write-in, e.g.	Other: Write In  PH/ to customer?  1 Vial)  ITEM  Weight Lbs.  0.06	AND PACKING IN Dimensie Depth	/ BILL UNIT Rx billing u  IFORMATION Ons (US msn Width	Case  nit to pharm Each Gram Milliliter  nts.) Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception	and?: ition of manufactur s exclusive distribu	Avapro  DRUG SUPPL  rer?  tor? oduct?	FOR GENERIC DRUG PRO  ( CHAIN SECURITY ACT (E  Yes  No  No  Yes  No	DSCSA) INFO	RMATION GLN: GCP: If yes, was ori purchased dir Provide source	0331722498975  ginal product ect from mfr?	section fiel	ds are not applicable	(Write-in, e.g.	Other: Write In  PH/ to customer?  1 Vial)  ITEM  Weight Lbs.  0.06	AND PACKING IN Dimensie Depth	/ BILL UNIT Rx billing u  IFORMATION Ons (US msn Width	Case  nit to pharm Each Gram Milliliter  nts.) Height	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception	and?: ition of manufactur s exclusive distribu	Avapro  DRUG SUPPL  rer?  tor? oduct?	FOR GENERIC DRUG PRO  ( CHAIN SECURITY ACT (E  Yes  No  No  Yes	DSCSA) INFO	RMATION GLN: GCP: If yes, was ori purchased dir Provide source	0331722498975  ginal product ect from mfr?	section fiel	ds are not applicable	(Write-in, e.g.  Item/Each:  Box/Carton/Bi Inner Pack: Case:	Other: Write In  PH/ to customer?  1 Vial)  Weight Lbs.  0.06  undle/	AND PACKING IN  Dimension Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION ons (US msm Width 1.5	Case  nit to pharm Each Gram Milliliter  ats.) Height 2.5	Volume (Cube)	Pieces 1
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation from	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	Avapro  DRUG SUPPLY  rer?  ttor? oduct?  GTIN	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No  No  Yes  No  AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION  GLN:  GCP:  If yes, was ori purchased dir Provide source	0331722498975  ginal product eect from mfr? e manufacturer f	section field	ds are not applicable	(Write-in, e.g.	Other: Write In  PH/ to customer?  1 Vial)  Weight Lbs.  0.06  undle/	AND PACKING IN  Dimension Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION ons (US msm Width 1.5	Case  nit to pharm Each Gram Milliliter  ats.) Height 2.5	Volume (Cube)	Pieces 1
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from  Saleable Unit of Measure	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	Avapro  DRUG SUPPL  rer?  tor? oduct?	FOR GENERIC DRUG PRO  ( CHAIN SECURITY ACT (E  Yes  No  No  Yes  No	DSCSA) INFO	RMATION GLN: GCP: If yes, was ori purchased dir Provide source	0331722498975  ginal product ect from mfr? e manufacturer f	section fiel	ed product	(Write-in, e.g.  Item/Each:  Box/Carton/Bi Inner Pack: Case:	Other: Write In  PH/ to customer?  1 Vial)  Weight Lbs.  0.06  undle/	AND PACKING IN  Dimension Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION ons (US msm Width 1.5	Case  nit to pharm Each Gram Milliliter  ats.) Height 2.5	Volume (Cube)	Pieces 1
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from  Saleable Unit of Measure  x	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	DRUG SUPPLY rer? ttor? oduct? GTIN aleable Quantity	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No  No  Yes  No  AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION GLN: GCP: If yes, was ori purchased dir Provide source	0331722498975  ginal product eect from mfr? e manufacturer f	section fiel	ds are not applicable	(Write-in, e.g.  Item/Each:  Box/Carton/Bi Inner Pack: Case:	Other: Write In  PH/ to customer?  1 Vial)  Weight Lbs.  0.06  undle/  1.8	AND PACKING IN  Dimension Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION ons (US msn Width 1.5	Case  nit to pharm Each Gram Milliliter  atts.) Height 2.5	Volume (Cube) 5.63	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from  Saleable Unit of Measure  X	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	Avapro  DRUG SUPPLY  rer?  ttor? oduct?  GTIN  aleable Quantity	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No  No  Yes  No  AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION  GLN:  GCP:  If yes, was ori purchased dir Provide source  GTIM  0033	0331722498975  ginal product ect from mfr? e manufacturer f	section fiel	ed product	(Write-in, e.g.  Item/Each:  Box/Carton/Bi Inner Pack: Case:	Other: Write In  PH/ to customer?  1 Vial)  Weight Lbs.  0.06  undle/	AND PACKING IN  Dimension Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION ons (US msn Width 1.5	Case  nit to pharm Each Gram Milliliter  atts.) Height 2.5	Volume (Cube)	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from  Saleable Unit of Measure  x	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	DRUG SUPPLY rer? ttor? oduct? GTIN aleable Quantity	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No  No  Yes  No  AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION  GLN:  GCP:  If yes, was ori purchased dir Provide source  GTIM  0033	0331722498975  ginal product ect from mfr? e manufacturer f	section fiel	ed product	(Write-in, e.g.  Item/Each:  Box/Carton/Bi Inner Pack: Case:	Other: Write In  PH/ to customer?  1 Vial)  Weight Lbs.  0.06  undle/  1.8	AND PACKING IN  Dimension Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION ons (US msn Width 1.5	Case  nit to pharm Each Gram Milliliter  atts.) Height 2.5	Volume (Cube) 5.63	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from  Saleable Unit of Measure  X	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	Avapro  DRUG SUPPLY  rer?  ttor? oduct?  GTIN  aleable Quantity	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No  No  Yes  No  AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION  GLN:  GCP:  If yes, was ori purchased dir Provide source  GTIM  0033	0331722498975  ginal product ect from mfr? e manufacturer f	section fiel	ed product	(Write-in, e.g.  Item/Each: Box/Carton/Bi Inner Pack: Case: Pallet:  Regular Cost	Other: Write In  PH/ to customer?  1 Vial)  ITEM  Weight Lbs.  0.06  undle/  1.8  COST INFORMATION	AND PACKING IN  Dimensic Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION Ons (US msn Width 1.5 6.75	Case  Case  Init to pharm Each Gram Milliliter  Ints.) Height 2.5	Volume (Cube) 5.63	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from  Saleable Unit of Measure  X	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	Avapro  DRUG SUPPLY  rer?  ttor? oduct?  GTIN  aleable Quantity	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No  No  Yes  No  AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION  GLN:  GCP:  If yes, was ori purchased dir Provide source  GTIM  0033	0331722498975  ginal product ect from mfr? e manufacturer f	section fiel	ed product	(Write-in, e.g.  Item/Each: Box/Carton/Bi Inner Pack: Case: Pallet:	Other: Write In  PH/ to customer?  1 Vial)  Weight Lbs.  0.06  undle/  1.8  COST INFORMATION  WAC) (\$)	AND PACKING IN  Dimensic Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION Ons (US msm Width 1.5	Case  nit to pharm Each Gram Milliliter  ats.) Height 2.5  4.25	Volume (Cube) 5.63	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from  Saleable Unit of Measure  X	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	Avapro  DRUG SUPPLY  rer?  ttor? oduct?  GTIN  aleable Quantity	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No  No  Yes  No  AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION  GLN:  GCP:  If yes, was ori purchased dir Provide source  GTIM  0033	0331722498975  ginal product ect from mfr? e manufacturer f	section fiel	ed product	(Write-in, e.g.  Item/Each: Box/Carton/Bi Inner Pack: Case: Pallet:  Regular Cost	Other: Write In  PH/ to customer?  1 Vial)  ITEM  Weight Lbs.  0.06  undle/  1.8  COST INFORMATION	AND PACKING IN  Dimensic Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION ons (US msm Width 1.5  6.75	Case  nit to pharm Each Gram Milliliter  ats.) Height 2.5  4.25	Volume (Cube) 5.63	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from  Saleable Unit of Measure  X	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	Avapro  DRUG SUPPLY  rer?  ttor? oduct?  GTIN  aleable Quantity	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No  No  Yes  No  AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION  GLN:  GCP:  If yes, was ori purchased dir Provide source  GTIM  0033	0331722498975  ginal product ect from mfr? e manufacturer f	section fiel	ed product	(Write-in, e.g.  Item/Each: Box/Carton/Bilnner Pack: Case: Pallet:  Regular Cost invoice Cost (	Other: Write In  PH/ to customer?  1 Vial)  Weight Lbs.  0.06  undle/  1.8  COST INFORMATION  WAC) (\$)	AND PACKING IN  Dimensic Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION ons (US msm Width 1.5  6.75	Case  nit to pharm Each Gram Milliliter  ats.) Height 2.5  4.25	Volume (Cube) 5.63	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from  Saleable Unit of Measure  X	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	Avapro  DRUG SUPPLY  rer?  ttor? oduct?  GTIN  aleable Quantity	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No  No  Yes  No  AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION  GLN:  GCP:  If yes, was ori purchased dir Provide source  GTIM  0033	0331722498975  ginal product ect from mfr? e manufacturer f	section fiel	ed product	(Write-in, e.g.  Item/Each: Box/Carton/Bilnner Pack: Case: Pallet:  Regular Cost invoice Cost (	Other: Write In  PH/ to customer?  1 Vial)  Weight Lbs.  0.06  undle/  1.8  COST INFORMATION  WAC) (\$)	AND PACKING IN  Dimensic Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION ons (US msm Width 1.5  6.75	Case  nit to pharm Each Gram Milliliter  ats.) Height 2.5  4.25	Volume (Cube) 5.63	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception If yes, attach documentation from  Saleable Unit of Measure  X	and?: ition of manufactur s exclusive distribundexemption for prom FDA.	Avapro  DRUG SUPPLY  rer?  ttor? oduct?  GTIN  aleable Quantity  1  24	FOR GENERIC DRUG PRO  CHAIN SECURITY ACT (E  Yes  No  No  Yes  No  AND HIBCC PRODUCT IN	DSCSA) INFO	RMATION GLN: GCP: If yes, was ori purchased dir Provide source GTIM 0033	0331722498975  ginal product ect from mfr? e manufacturer f  1-14 1722730303	or repackag	ed product  iit of Use GTIN-14 331722730303	(Write-in, e.g.  Item/Each: Box/Carton/Bilnner Pack: Case: Pallet:  Regular Cost Invoice Cost ( As of date:	Other: Write In PH/ to customer?  1 Vial)  Weight Lbs.  0.06  undle/ 1.8  COST INFORMATION  WAC) (\$)  2/7/2019	AND PACKING IN  Dimensic Depth  1.5	/ BILL UNIT Rx billing u  IFORMATION ons (US msm Width 1.5  6.75	Case  nit to pharm Each Gram Milliliter  ats.) Height 2.5  4.25	Volume (Cube) 5.63	Pieces 1 24



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

#### Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HA	ZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply): a. Cytotoxic?  No	SDS Hazard Classification					
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?  No  Does the product label bear a CA Prop 65 warning?  No	x Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard					
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?	Does the product have an Aerosol class? If yes, identify NFPA Storage Level:  NFPA Storage Level:					
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	Is the product a NIOSH hazardous drug?  If yes, indicate which:					
c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	Hazardous Waste Identification  EPA Hazardous Waste Code:  Waste Characteristics					
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?	REMS or REGISTRY RESTRICTIONS  Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:					
Is the product restricted for air shipment? If so, indicate restriction:  Passenger  Cargo  Passenger & Cargo	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)					
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)	REMS:  REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier:  NO  Phone:  DEA #: NCPDP#: NPI #:					
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Registry: No					
ADD'L STORAGE INFORMATION	Registry Program Contact Name: Phone: Comments					
Is the Product  Controlled Substance?  Controlled Substance Code  Controlled by State(s)?  ARCOS Reportable?  No  If yes, indicate which:  Schedule No.  Is it a scheduled listed chemical product?:  No	RETURN INSTRUCTIONS  Contact tel. # if product received damaged:  Is product returnable for credit:  Yes					
CLASS OF TRADE RESTRICTION:	Is product returnable for credit:  URL/Link to returns policy:  Yes					
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:  No	contact - customerservice@camberpharma.com  Special regulations or returns requirements for this product in certain states?  No					
Restricted from US territories? (explain in comments)  No  Comments:	If so, which states? Other requirements? Comments?					
MISCELLANE	OUS NOTES and/or Image of Product Barcode:					



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

#### Version 2021

### 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  Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time:
c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number:	Shipping lead time of PO:  Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Contracted 3PL company / contact #: Name: Phone:	
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:	Overnight receipt available:
Drop Ship service fee billed with each order:	PO Receipt cut off time:
Drop Ship miscellaneous fees billed:  Comments:	Days of week overnight is available:  Monday Tuesday Wednesday Thursday Friday
	Priority Overnight receipt available:
Class of Trade Restriction:	PO Receipt Cut off time:
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:	Saturday Overnight receipt available:  PO Receipt Cut off time:  Phone: Fax: EDI:  Overnight Fees apply: Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	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?