



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

Version 2021 Introduction Type: Post Launch Change Final Version Date: 12/23/2024

PRODUCT INFORMATION

Company Name: Camber Pharmaceuticals, Inc. Application: ANDA

Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 090515

Medical Device Class, if applicable:

DUNS: 11-856-3719

Proprietary Name (If Applicable) and Established Name: Levetiracetam Tablets, USP 1000 mg

Selling Unit NDC: 31722-539-60 Unit of Use NDC: 31722-539-60 UPC: 331722539609

UDI CVX Code: MVX Code:

Description: Levetiracetam Tablets, USP 1000 mg

Active Ingredient(s): Levetiracetam, USP

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: Anticonvulsant

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? No

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: 24 Months

Initial shelf life at launch (if different): 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?

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... Unit of Use

Orphan Drug Status

FDA Approval Status

Allergens Present: Corn, Dye

Country of Origin: India

Is this product covered under the Trade Agreements Act (TAA)? No

PRODUCT DESCRIPTION INFORMATION

Size: 60 ct

Strength: 1000 mg

Dosage Form: Film coated tablet

Product Shape: Oblong

Product Color: White

Product Imprint: Debossed with 'H' on one side with scoreline and '91' on other side

ORDER INFORMATION

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? (Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity? Yes

If Yes, how many of which package type?

24 Each

Inner/ Carton/ Pack

Case

FOR GENERIC DRUG PRODUCTS

Authorized Generic *If Authorized Generic, other section fields are not applicable

I. Orange Book Rating:

II. Generic Equivalent to What Brand?:

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?

(Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy:

Each

Gram

Milliliter

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: 0331722498975

GCP:

If yes, was original product purchased direct from mfr?

Provide source manufacturer for repackaged product

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.22	1.86	1.86	3.93	13.60	1
Box/Carton/Bundle/ Inner Pack:						
Case:	5.95	11.5	7.9	5.25	476.96	24
Pallet:						

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		00331722539609	00331722539609
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	24		20331722539603	
<input type="checkbox"/> Pallet				

COST INFORMATION

Regular Cost

Invoice Cost (WAC) (\$) \$14.58

As of date: 4/15/2024

WHOLESALE USE ONLY:

Vendor #:

Whsl. Code #:

Fineline Code:



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

Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION																																																							
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/></p> <p>Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/></p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger & Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/> No RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit? <input type="checkbox"/> No (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity <input type="checkbox"/> Consumer Commodity, ORM-D <input type="checkbox"/> Small Quantity (49 CFR 173.4) <input type="checkbox"/> Special Permit; DOT-SP <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); SP# <input type="text"/></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #002060; color: white;"> <th colspan="2" style="text-align: center; padding: 2px;">SDS Hazard Classification</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"><input checked="" type="checkbox"/> Organic</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Inorganic</td> <td style="padding: 2px;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Steroid/Androgen</td> <td style="padding: 2px;"><input type="checkbox"/> Contact Hazard</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">NFPA Storage Level: <input type="text"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Is the product a NIOSH hazardous drug? <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">If yes, indicate which: <input type="text"/></td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #002060; color: white;"> <th colspan="2" style="text-align: center; padding: 2px;">Hazardous Waste Identification</th> </tr> </thead> <tbody> <tr> <td style="width: 60%; padding: 2px;">EPA Hazardous Waste Code: <input type="text"/></td> <td style="padding: 2px;">Waste Characteristics <input type="text"/></td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #002060; color: white;"> <th colspan="2" style="text-align: center; padding: 2px;">REMS or REGISTRY RESTRICTIONS</th> </tr> </thead> <tbody> <tr> <td style="width: 60%; padding: 2px;">Is there a REMS on this product? <input type="checkbox"/> No</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">If Yes, is it managed with a pharmacy registry? <input type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Website URL: <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Med Guide Required <input type="checkbox"/> No</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Limited Distribution Requirement <input type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Comments / Details: (For example, iPledge program?) <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">REMS: <input type="checkbox"/> No</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">REMS Program Manager Name: <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Supplier Manages REMS registry exclusively: <input type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Wholesale distributor support: <input type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Provider Name: <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Site Enrollment Number assigned by Supplier: <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Comments <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Registry: <input type="checkbox"/> No</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Registry Program Contact Name: <input type="text"/></td> <td style="padding: 2px;">Phone: <input type="text"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Comments <input type="text"/></td> </tr> </tbody> </table>	SDS Hazard Classification		<input checked="" type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/>		NFPA Storage Level: <input type="text"/>		Is the product a NIOSH hazardous drug? <input type="checkbox"/> No		If yes, indicate which: <input type="text"/>		Hazardous Waste Identification		EPA Hazardous Waste Code: <input type="text"/>	Waste Characteristics <input type="text"/>	REMS or REGISTRY RESTRICTIONS		Is there a REMS on this product? <input type="checkbox"/> No		If Yes, is it managed with a pharmacy registry? <input type="checkbox"/>		Website URL: <input type="text"/>		Med Guide Required <input type="checkbox"/> No		Limited Distribution Requirement <input type="checkbox"/>		Comments / Details: (For example, iPledge program?) <input type="text"/>		REMS: <input type="checkbox"/> No		REMS Program Manager Name: <input type="text"/>		Supplier Manages REMS registry exclusively: <input type="checkbox"/>		Wholesale distributor support: <input type="checkbox"/>		Provider Name: <input type="text"/>		Site Enrollment Number assigned by Supplier: <input type="text"/>		Comments <input type="text"/>		Registry: <input type="checkbox"/> No		Registry Program Contact Name: <input type="text"/>	Phone: <input type="text"/>	Comments <input type="text"/>	
SDS Hazard Classification																																																							
<input checked="" type="checkbox"/> Organic	<input type="checkbox"/> Corrosive																																																						
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer																																																						
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard																																																						
Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/>																																																							
NFPA Storage Level: <input type="text"/>																																																							
Is the product a NIOSH hazardous drug? <input type="checkbox"/> No																																																							
If yes, indicate which: <input type="text"/>																																																							
Hazardous Waste Identification																																																							
EPA Hazardous Waste Code: <input type="text"/>	Waste Characteristics <input type="text"/>																																																						
REMS or REGISTRY RESTRICTIONS																																																							
Is there a REMS on this product? <input type="checkbox"/> No																																																							
If Yes, is it managed with a pharmacy registry? <input type="checkbox"/>																																																							
Website URL: <input type="text"/>																																																							
Med Guide Required <input type="checkbox"/> No																																																							
Limited Distribution Requirement <input type="checkbox"/>																																																							
Comments / Details: (For example, iPledge program?) <input type="text"/>																																																							
REMS: <input type="checkbox"/> No																																																							
REMS Program Manager Name: <input type="text"/>																																																							
Supplier Manages REMS registry exclusively: <input type="checkbox"/>																																																							
Wholesale distributor support: <input type="checkbox"/>																																																							
Provider Name: <input type="text"/>																																																							
Site Enrollment Number assigned by Supplier: <input type="text"/>																																																							
Comments <input type="text"/>																																																							
Registry: <input type="checkbox"/> No																																																							
Registry Program Contact Name: <input type="text"/>	Phone: <input type="text"/>																																																						
Comments <input type="text"/>																																																							
ADD'L STORAGE INFORMATION																																																							
<p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> No Controlled Substance Code <input type="text"/></p> <p>Controlled by State(s)? <input type="checkbox"/> No Listed Chemical (List I or II) <input type="checkbox"/> No</p> <p>ARCOS Reportable? <input type="checkbox"/> No If yes, indicate which: <input type="text"/></p> <p>Schedule No. <input type="text"/> Is it a scheduled listed chemical product?: <input type="checkbox"/> No</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #002060; color: white;"> <th colspan="2" style="text-align: center; padding: 2px;">RETURN INSTRUCTIONS</th> </tr> </thead> <tbody> <tr> <td style="width: 60%; padding: 2px;">Contact tel. # if product received damaged: <input type="text"/></td> <td style="padding: 2px;">1-866-827-3647</td> </tr> <tr> <td style="padding: 2px;">Is product returnable for credit: <input type="checkbox"/> Yes</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">URL/Link to returns policy: <input type="text"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">contact - customerservice@camberpharma.com</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">If so, which states? Other requirements? Comments? <input type="text"/></td> </tr> </tbody> </table>	RETURN INSTRUCTIONS		Contact tel. # if product received damaged: <input type="text"/>	1-866-827-3647	Is product returnable for credit: <input type="checkbox"/> Yes		URL/Link to returns policy: <input type="text"/>		contact - customerservice@camberpharma.com		Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No		If so, which states? Other requirements? Comments? <input type="text"/>																																									
RETURN INSTRUCTIONS																																																							
Contact tel. # if product received damaged: <input type="text"/>	1-866-827-3647																																																						
Is product returnable for credit: <input type="checkbox"/> Yes																																																							
URL/Link to returns policy: <input type="text"/>																																																							
contact - customerservice@camberpharma.com																																																							
Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No																																																							
If so, which states? Other requirements? Comments? <input type="text"/>																																																							
CLASS OF TRADE RESTRICTION:																																																							
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> No</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>	<p style="text-align: center; font-weight: bold; font-size: small;">MISCELLANEOUS NOTES and/or Image of Product Barcode:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																																																						



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 <input type="checkbox"/> b. Autofax <input type="checkbox"/> c. Fax <input type="checkbox"/> d. Phone only <input type="checkbox"/> e. Supplier Web Site only <input type="checkbox"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / contact #: <input type="text"/> Name: <input type="text"/> Phone: <input type="text"/> Fax Number: <input type="text"/> Fax Number: <input type="text"/> Phone No.: <input type="text"/> Site Address: <input type="text"/>	Purchase order daily receipt cut off time by supplier Cut off time: <input type="text"/> Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="checkbox"/> Ships for second day receipt: <input type="checkbox"/> Ships regular ground for 3-10 days receipt: <input type="checkbox"/>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="text"/> Drop Ship service fee billed with each order: <input type="text"/> Drop Ship miscellaneous fees billed: <input type="text"/> Comments: <input type="text"/>	Overnight receipt available: <input type="checkbox"/> PO Receipt cut off time: <input type="text"/> Days of week overnight is available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Priority Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Saturday Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="checkbox"/> Other fees apply: <input type="checkbox"/>
Class of Trade Restriction:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Restricted to retail pharmacy only: <input type="checkbox"/> Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> Restricted from US territories? (explain in comments) <input type="checkbox"/> Comments: <input type="text"/>	
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: <input type="text"/> Physician Name: <input type="text"/> Physician/Clinic Phone #: <input type="text"/> Physician State License #: <input type="text"/> Physician/Clinic DEA #: <input type="text"/> Physician/Clinic Specialty: <input type="text"/>	Contact # if product is received damaged: <input type="text"/> Is product returnable for credit: <input type="checkbox"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> If so, which states? Other requirements? Comments? <input type="text"/>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<input type="text"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>