

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

Version 2021				Introduction T	ype: Post Launch Change	x	Final Version			Date:	12/23	/2024
		PRODUCT INFORMATIO	N				SPECIAL HAN	DLING AND STOR	AGE REQUIR	REMENTS*		
Company Name:	Camber Pharmaceuticals, Inc	с.		Applicati	ion: ANDA	a. Temperature – Indicate the USP temperature range for th			nis product.			
Application Number for NDA/AND			090515	· .	Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F)							
Medical Device Class, if applicable:												
	11-856-3719					Other Te	mperature Range F	Requirement				
Proprietary Name (If Applicable) an		Levetiracetam Tablets, USP 250 mg					ite in)					
Selling Unit NDC: UDI	31722-536-12	Unit of Use NDC:	31722-536-12		331722536127	Notes						
		CVX Code:		MVX Code:								
Description:	Levetiracetam Tablets, USP 2	250 mg					oduct to be shipped				No	
Active Ingredient(s):	Lovetirace					Is this pr	oduct to be shipped	to customers on c	iry ice?		No	
Active Ingredient(s): Levetiracetam, USP b. Contact for temperature excursion questions:												
URL for Additional Product Information	ation: www.camb	berpharma.com				Name:			Soma Raju			
	800 Centennial Ave, Suite 1			Address 2:		Number			732-529-042			
	Piscataway				Zip: 08854	Group E-mail: somaraju@heterousa				eterousa.cor	1	
	Customer Service 1-866-827-3647		Email: Fax:	732-562-8788	camberpharma.com	a on state with the second second					NI.	
Phone Number: Product Therapeutic Classification		loopt	FdX:	132-302-0100		c. Special regulations					No No	
Product Therapeutic Classification	Anaconvu	isant				Special	eturns requirement	s for this product?			INO	
	ADDITIONAL PRO	DUCT INFORMATION		PRODUCT D	ESCRIPTION INFORMATION	d. Store product (unit o	of sale) upright?				No	
The product is?			Direct-Ship Only				product (unit of sa	le) from light?			No	
a legend device?	No		Jnit of Use		120 ct	e. Shelf life:	product (unit of Sa	ie, nom nymrr			24	Months
if yes, enter class #		Orphan Drug Status		Size:			elf life at launch (i	f different):				Months
a product kit?	No			Strength:	250 mg			-				
if yes, list NDCs of		FDA Approval Status		ou chigan.				ORDER INFORM	IATION			
component parts				Dosage Form	Film coated tablet	Units of C			What is the			
reverse numbered? co-licensed?	No	Allergens Present				Unit of S	Bottle		1 Bottle of 12		unit?	
latex-free?	Yes				Oblong		Box/Carton			g. 1 Box of 10) Vials)	
preservative-free?	Yes	Corn, D	ye	Product Shap	be:		Ampule		(g		
correctional institution block?	No			Product Colo	r. Blue		Glass		Minimum or	der quantity	?	Yes
opioid?	No						Tube					
Cannabinoid?	No	Country of Origin Ir	ndia	Product Impr	int: Debossed with 'H' on one side with scoreline and '87' on other side		Vial Liquid Sgl Vial Liquid Multi		If Yes, how i	many of whi	h naakaaa i	wno2
If Unit Dose, is item bar coded to un hospital scanning?	nit dose for	Is this product covered unde	r the				Vial Powder Sql			Each	ch package t	yper
If Unit Dose, indicate NDC here:		Trade Agreements Act (TAA)					Vial Powder Multi			Inner/Carton	Pack	
							Other: Write In			Case		
		FOR GENERIC DRUG PRODU	UCTS									
						PHARMACY ORDER / BILL UNIT						
			Au	thorized Generic	*If Authorized Generic, other section fields are not applicable			ARMACY ORDER				
I. Orange Book Rating: AB					section neids are not applicable	Received and to customer r			nit to pharmacy:			
II. Generic Equivalent to What Brand?: Keppra						(Write-in, e.g. 1 Vial) Each						
	DRU	JG SUPPLY CHAIN SECURITY ACT (DSC	CSA) INFORMATION			(write-in, e.g. 1 viai)				Milliliter		
Does supplier meet DSCSA definit	ion of manufacturer?	Yes	GLN:	0331722498975			ITEM	AND PACKING II	NFORMATION	1		
Is product exempt from DSCSA?		No										
If yes, select exemption:			GCP:]	Weight Lbs.		ons (US msm		Volume	Saleable #
Other exemption - Write in:		No				li and (E a a b		Depth	Width	Height	(Cube)	Pieces
Is product repackaged? Is product sold by manufacturer's	exclusive distributor?	Yes	If yes, was or direct from m	iginal product purc	hased	Item/Each:	0.13	1.5	1.5	3.5	7.88	1
Has FDA granted waiver/exception		No			repackaged product	Box/Carton/Bundle/						
If yes, attach documentation from						Inner Pack:						
						Case:	3.65	9.75	6.75	4.5	296.16	24
		GTIN AND HIBCC PRODUCT INFO	RMATION				0.00	0.10	0.10		200.10	
Saleable Unit of Measure	Saleable Qu	antity HIBCC	CTI	N-14	Unit of Use GTIN-14	Pallet:						
X Item/Each	Saleable Qu	HIBCC		31722536127	00331722536127							
Box/Carton/Bundle/Inner Pack			003172230127			COST INFORMATION			WHOLESALER USE ONLY:			
X Case	24		203	20331722536121								
Pallet						Regular Cost		Vendor #:				
						Invoice Cost (WAC) (\$)		\$8.94	Whsl. Code		_	
						As of date:	4/15/2024		Fineline Coo	ie:		
						no or uald.						
					1							
		Attach copy of SAFETY DATA	SHEET (SDS) or non haza	rd letter, PACKAGE	INSERT, LABEL AND PHOTO OF F	PRODUCT PACKAGING and	BARCODE.		•			
*Please provide any additional info	ormation on page 2.				Designated Drop Ship Only.	Signatur						

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Version 2021 For Designa	ted Drop Ship Only Products, Please Use Page 3					
MATERIAL HA	ZARD 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? 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? No Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) a. UN/Identification Number No No No No No No No N	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Is the product a NIOSH hazardous drug? Is the product a NIOSH hazardous drug? No If yes, indicate which: If yes, indicate which:					
a. On/definition for holder b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? Is this product regulated for shipment by IATA? No	Hazardous Waste Identification EPA Hazardous Waste Code: Waste Code:					
(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? No 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) Special Permit; DOT-SP	REMS: No REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: DEA #: Provider Name: DEA #: Site Enrollment Number assigned NCPDP#: by Supplier: NPI #:					
Special Provision (listed in Column 7 of 49 CFR 172.101); SP#ADD'L STORAGE INFORMATION	No Registry Program Contact Name: Comments					
Is the Product Controlled Substance? Controlled Substance? 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	RETURN INSTRUCTIONS Contact tel. # if product received damaged: 1-866-827-3647 Is product returnable for credit: Yes					
CLASS OF TRADE RESTRICTION: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	URL/Link to returns policy: contact - customerservice@camberpharma.com					
Restricted to retail pharmacy only: No Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments) No Comments: No	Special regulations or returns requirements for this product in certain states? No If so, which states? Other requirements? Comments?					
MISCELLANE	OUS NOTES and/or Image of Product Barcode:					



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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 c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone:	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:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight receipt available: Image: Comparison of the co
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: Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date:	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?