



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

Version 2021 Introduction Type: 1 Final Version Date:

PRODUCT INFORMATION	
Company Name:	Camber Pharmaceuticals, Inc.
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	206912
Medical Device Class, if applicable:	
DUNS:	11-856-3719
Proprietary Name (If Applicable) and Established Name:	Pregabalin Capsules 75 mg
Selling Unit NDC:	31722-612-90
Unit of Use NDC:	31722-612-90
UPC:	331722612906
CVX Code:	
MVX Code:	
Description:	Pregabalin Capsules 75 mg
Active Ingredient(s):	Pregabalin
URL for Additional Product Information:	www.camberpharma.com
Address:	800 Centennial Ave, Suite 1
City:	Piscataway
Key Contact:	Customer Service
Phone Number:	1-866-827-3647
Product Therapeutic Classification:	Anticonvulsant neuropathic pain agent

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	Temperature Range <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>
Other Temperature Range Requirement (write in)	<input type="text"/>
Notes	<input type="text"/>
Is this product to be shipped to customers on ice?	<input type="text" value="No"/>
Is this product to be shipped to customers on dry ice?	<input type="text" value="No"/>
b. Contact for temperature excursion questions:	Name: <input type="text" value="Soma Raju"/>
	Number: <input type="text" value="732-529-0423"/>
	Group E-mail: <input type="text" value="somaraju@heterousa.com"/>
c. Special regulations for product in any states?	<input type="text" value="**Yes"/>
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	<input type="text" value="No"/>
Protect product (unit of sale) from light?	<input type="text" value="No"/>
e. Shelf life:	<input type="text" value="24"/> Months
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? if yes, enter class #	<input type="text" value="No"/>	Is the Product... Direct-Ship Only	<input type="text"/>
a product kit? if yes, list NDCs of component parts reverse numbered?	<input type="text" value="No"/>	Is the Product... Unit of Use	<input type="text"/>
co-licensed?	<input type="text"/>	Orphan Drug Status	<input type="text"/>
latex-free?	<input type="text"/>	FDA Approval Status	<input type="text"/>
preservative-free?	<input type="text" value="No"/>	Allergens Present	<input type="text" value="Corn, Sugar, Alcohol"/>
correctional institution block? opioid?	<input type="text" value="No"/>	Country of Origin	<input type="text" value="India"/>
Cannabinoid?	<input type="text" value="No"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="No"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text"/>	Size:	<input type="text" value="90 ct"/>
If Unit Dose, indicate NDC here:	<input type="text"/>	Strength:	<input type="text" value="75 mg"/>
		Dosage Form:	<input type="text" value="Hard gelatin capsule"/>
		Product Shape:	<input type="text" value="Capsule"/>
		Product Color:	<input type="text" value="Light peach opaque cap and white opaque body Imprinted with '140' on cap and 'J' on body with black"/>
		Product Imprint:	<input type="text"/>

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 Bottle of 90 Capsules"/>
<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	Minimum order quantity? <input type="text" value="Yes"/>
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	If Yes, how many of which package type?
<input type="checkbox"/> Vial Liquid Multi	<input type="text" value="24"/> Each
<input type="checkbox"/> Vial Powder Sgl	<input type="text"/>
<input type="checkbox"/> Vial Powder Multi	<input type="text"/>
<input type="checkbox"/> Other: Write In	<input type="text"/>

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	<input type="text" value="AB"/> Authorized Generic <input type="checkbox"/> *If Authorized Generic, other section fields are not applicable
II. Generic Equivalent to What Brand?:	<input type="text" value="Lyrica"/>

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text"/>	<input type="text"/>
(Write-in, e.g. 1 Vial)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input type="text" value="Yes"/>
Is product exempt from DSCSA?	<input type="text" value="No"/>
If yes, select exemption: Other exemption - Write in:	<input type="text"/>
Is product repackaged?	<input type="text" value="No"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="Yes"/>
Has FDA granted waiver/exception/exemption for product? If yes, attach documentation from FDA.	<input type="text" value="No"/>
GLN:	<input type="text" value="0860000397957"/>
GCP:	<input type="text"/>
If yes, was original product purchased direct from mfr?	<input type="text"/>
Provide source manufacturer for repackaged product	<input type="text"/>

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/Carton/Bundle/Inner Pack:						
Case:	2.45	10	6.8	4.5	306	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		00331722612906	00331722612906
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	24		30331722612907	
<input type="checkbox"/> Pallet				

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost	<input type="text"/>	Vendor #:	<input type="text"/>
Invoice Cost (WAC) (\$)	<input type="text" value="\$8.40"/>	Whsl. Code #:	<input type="text"/>
As of date:	<input type="text" value="9/1/2021"/>	Fineline Code:	<input type="text"/>

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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 _____</p> <p>b. Proper Shipping Name _____</p> <p>c. DOT Hazard Class _____</p> <p>d. Packing Group _____</p> <p>e. Inhalation Hazard? <input type="checkbox"/> No</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 _____</p> <p>b. Proper Shipping Name _____</p> <p>c. DOT Hazard Class _____</p> <p>d. Packing Group _____</p> <p>e. Inhalation Hazard? <input type="checkbox"/> No</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: _____</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# _____</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">SDS Hazard Classification</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p>Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="checkbox"/> No</p> <p>NFPA Storage Level: _____</p> <p>Is the product a NIOSH hazardous drug? <input type="checkbox"/> No If yes, indicate which: _____</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">Hazardous Waste Identification</p> <p>EPA Hazardous Waste Code: _____ Waste Characteristics: _____</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>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: _____</p> <p>Med Guide Required <input type="checkbox"/> No Limited Distribution Requirement <input type="checkbox"/> Comments / Details: (For example, iPledge program?) _____</p> <p>REMS: <input type="checkbox"/> No REMS Program Manager Name: _____ Phone: _____ Supplier Manages REMS registry exclusively: <input type="checkbox"/> Wholesale distributor support: <input type="checkbox"/> Provider Name: _____ Site Enrollment Number assigned by Supplier: _____</p> <p>Comments: _____</p> <p>Registry: <input type="checkbox"/> No Registry Program Contact Name: _____ Phone: _____ Comments: _____</p> </div>	<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
<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						
ADD'L STORAGE INFORMATION							
<p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> Yes Controlled Substance Code: 2782</p> <p>Controlled by State(s)? <input type="checkbox"/> Yes Listed Chemical (List I or II) <input type="checkbox"/> No</p> <p>ARCOS Reportable? <input type="checkbox"/> Yes If yes, indicate which: _____</p> <p>Schedule No. 5 Is it a scheduled listed chemical product?: <input type="checkbox"/> No</p>							
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: _____</p>							
RETURN INSTRUCTIONS							
<p>Contact tel. # if product received damaged: 1-866-827-3647</p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</p> <p>URL/Link to returns policy: _____ contact - customerservice@camberpharma.com</p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No</p> <p>If so, which states? Other requirements? Comments? _____</p>							
MISCELLANEOUS NOTES and/or Image of Product Barcode:							
<p>*Storage of this product must abide by the federally mandated DEA requirements outlined in 21 CFR Part 1301.72.</p>							



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

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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 <input type="checkbox"/> b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> 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"/>	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"/>