

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

Version 2021						Introduction 7	ype: Post Launch Char	nge		x Final Version			Date:	10/10)/2024	
			PRODUCT INFORMA	TION						SPECIAL HAN	DLING AND STO	RAGE REQUI	REMENTS*			
Company Name:	Company Name: Camber Pharmaceuticals, Inc. Application:						a	Temperature	e - Indicate the USP tempe	rature range for t	his product					
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):										Temperature Range	Controlled Room		and 25 C (68	3° – 77° F)		
Medical Device Class, if applica			·,							. ,						
DUNS:	11-856-3719									Other Temperature Range I	Requirement					
Proprietary Name (If Applicable) a	and Established Nam	ne: SoSwe	et Syrup							(write in)	·					
Selling Unit NDC:	31722-959-01		Unit of Use NDC:			UPC:	031722959017			Notes						
UDI			CVX Code:			MVX Code:										
Description:	SoSweet Syrup									Is this product to be shipped	to customers on	ce?		No	1	
										Is this product to be shipped	to customers on	dry ice?		No		
Active Ingredient(s):		Purified water, sucro	se, glycerin, sorbitol and fla	voring												
								b	b. Contact for temperature excursion questions:							
URL for Additional Product Inform Address:		on: <u>www.camberpharma.com</u> 00 Centennial Ave, Suite 1				Address 2:			Name: Number:			Soma Raju 732-529-0423				
City:	Piscataway	re, Suite i			State:	NJ Zip: 08854			Number: Group E-mail:				somaraju@heterousa.com			
Key Contact:	Customer Service				Email:	customerservice@camberpharma.com			,	Group E-mail.		Sumarajuei	maraju@neterousa.com			
Phone Number:	1-866-827-3647				Fax:	-			. Special requ	lations for product in any	states?			No	1	
Product Therapeutic Classification		Pharmacy compound	dina vehicle							Special returns requirement				No		
		,													J	
	ADDITIO	NAL PRODUCT INF	ORMATION			PRODUCT	DESCRIPTION INFORMATIO)N d	I. Store produ	ct (unit of sale) upright?				No	1	
The product is?			Is the Product	Direct-Ship C	nlv				-	Protect product (unit of sa	le) from light?			No	i	
a legend device?	Ī	No	Is the Product	Neither	,		473 mL		. Shelf life:	r rotect product (unit or se	ie) iroin light:			36	Months	
if yes, enter class #			Orphan Drug Status			Size:				Initial shelf life at launch (if different):			- 00	Months	
a product kit?		No				0	N/A				,					
if yes, list NDCs of			FDA Approval Status			Strength:					ORDER INFORI	MATION				
component parts						Dosage Form	n: Clear syrup									
reverse numbered?		No								Unit of Sale		What is the		unit?		
co-licensed?		No	Allergens Present				11/4		-	x Bottle		1 Bottle of 4				
latex-free?		Yes	St	ıgar		Product Sha	pe: N/A		-	Box/Carton		(Write-in, e.	g. 1 Box of 1	0 Vials)		
preservative-free? correctional institution block?		No No					Colorless		-	Ampule Glass		Minimum o	dor quantity	,2	Yes	
opioid?		No				Product Col	or:		-	Tube		William O	uer quaritity	· ·	163	
Cannabinoid?	-	No	Country of Origin	USA			N/A			Vial Liquid Sql						
If Unit Dose, is item bar coded to			· -			Product Imp	rint:		ľ	Vial Liquid Multi		If Yes, how	many of wh	ich package	type?	
hospital scanning?			Is this product covered u							Vial Powder Sgl		6	Each			
If Unit Dose, indicate NDC here: Trade Agreements Act (TAA)?			Yes				Inner/Cartor	n/Pack								
										Other: Write In			Case			
			FOR GENERIC DRUG PR	ODUCTS												
						thorized Generic	*If Authorized Generic, other			DL	ARMACY ORDER	/ PILL LINIT				
				_	Au	thorized Generic	section fields are not applica	. 1. 1 .	PHARMACY ORDER / BILL UNIT							
I. Orange Book Rating: II. Generic Equivalent to What Brand?: Ora-Sweet						Coolin Holdo are not applied	Rec. sell unit to customer?			1	Rx billing unit to pharmacy:					
II. Generic Equivalent to What Bra	and r:	Jia-Sweet						(Write-in, e.g. 1 Vial)				Gram				
		DRUG SUPPLY	Y CHAIN SECURITY ACT (DSCSA) INFOR	MATION			,	(vviite iii, e.g.	i viai)			Milliliter			
				· · · ·												
Does supplier meet DSCSA defin		r?	Yes		GLN:	0331722498975				ITEN	I AND PACKING I	NFORMATIO	V			
Is product exempt from DSCSA?																
	L		Yes											Volume	Saleable #	
If yes, select exemption:	L	Other exemption: (V			GCP:					Woight I ha	Dimens	ions (US msr	nts.)		Pieces	
Other exemption - Write in:	L		Vrite in) oduct exempt from DSCSA							Weight Lbs.	Dimens Depth	ions (US msr Width	nts.) Height	(Cube)		
Other exemption - Write in: Is product repackaged?		OTC pro	Vrite in) oduct exempt from DSCSA No		If yes, was or	iginal product pur	chased	lt lt	tem/Each:	Weight Lbs.			-		1	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	's exclusive distributo	OTC pro	Vrite in) oduct exempt from DSCSA No Yes		If yes, was or direct from m	fr?				1.4	Depth	Width	Height	(Cube)	1	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio	's exclusive distributo	OTC pro	Vrite in) oduct exempt from DSCSA No		If yes, was or direct from m	fr?	chased repackaged product	В	Box/Carton/Bu	1.4	Depth	Width	Height	(Cube)	1	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	's exclusive distributo	OTC pro	Vrite in) oduct exempt from DSCSA No Yes		If yes, was or direct from m	fr?		B	Box/Carton/Bu nner Pack:	1.4	Depth 2.76	Width 2.76	Height 7	(Cube) 53.32		
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio	's exclusive distributo	OTC pro	Vrite in) oduct exempt from DSCSA No Yes No	NFORMATION	If yes, was or direct from m	fr?		B	Box/Carton/Bu	1.4	Depth	Width	Height	(Cube)	6	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio	's exclusive distributo	OTC pro	Vrite in) oduct exempt from DSCSA No Yes	NFORMATION	If yes, was or direct from m	fr?		B Ir C	Box/Carton/Bu nner Pack:	1.4	Depth 2.76	Width 2.76	Height 7	(Cube) 53.32		
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio	's exclusive distribute on/exemption for pro om FDA.	OTC pro	Vrite in) oduct exempt from DSCSA No Yes No	NFORMATION	If yes, was or direct from m Provide source	fr?		B Ir C	Box/Carton/Bu nner Pack: Case:	1.4	Depth 2.76	Width 2.76	Height 7	(Cube) 53.32		
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro Saleable Unit of Measure x Item/Each	's exclusive distribute on/exemption for pro om FDA.	OTC pro	Vrite in) oduct exempt from DSCSA No Yes No No	NFORMATION	If yes, was or direct from m Provide source	fr? ce manufacturer fo	r repackaged product	B Ir C	Box/Carton/Bu nner Pack: Case:	1.4 indle/	Depth 2.76	Width 2.76 6.25	Height 7 8.5	(Cube) 53.32 438.28	6	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro Saleable Unit of Measure X tem/Each Box/Carton/Bundle/Inner Pack	's exclusive distribute on/exemption for pro om FDA.	OTC pro	Vrite in) oduct exempt from DSCSA No Yes No No	NFORMATION	If yes, was or direct from m Provide source	fr? ce manufacturer fo	r repackaged product	B Ir C	Box/Carton/Bu nner Pack: Case:	1.4	Depth 2.76	Width 2.76 6.25	Height 7 8.5	(Cube) 53.32	6	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro Saleable Unit of Measure x	's exclusive distribute on/exemption for pro om FDA.	OTC property of the property o	Vrite in) oduct exempt from DSCSA No Yes No No	NFORMATION	If yes, was or direct from m Provide source	fr? ce manufacturer fo	r repackaged product	B Ir C	Box/Carton/Bunner Pack: Case:	1.4 indle/	Depth 2.76	Width 2.76 6.25	Height 7 8.5	(Cube) 53.32 438.28	6	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro Saleable Unit of Measure X tem/Each Box/Carton/Bundle/Inner Pack	's exclusive distribute on/exemption for pro om FDA.	OTC pro	Vrite in) oduct exempt from DSCSA No Yes No No	NFORMATION	If yes, was or direct from m Provide source	fr? ce manufacturer fo	r repackaged product	B Ir C	Box/Carton/Bu nner Pack: Case: Pallet:	1.4 8.85 COST INFORMATION	2.76 8.25	Width 2.76 6.25 Vendor #:	Height 7 8.5	(Cube) 53.32 438.28	6	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro Saleable Unit of Measure x	's exclusive distribute on/exemption for pro om FDA.	OTC pro	Vrite in) oduct exempt from DSCSA No Yes No No	NFORMATION	If yes, was or direct from m Provide source	fr? ce manufacturer fo	r repackaged product	B Ir C	Box/Carton/Bunner Pack: Case:	1.4 8.85 COST INFORMATION	2.76 8.25	Vidth 2.76 6.25 Vendor #: Whsl. Code	Height 7 8.5 WHOLESAL	(Cube) 53.32 438.28	6	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro Saleable Unit of Measure x	's exclusive distribute on/exemption for pro om FDA.	OTC pro	Vrite in) oduct exempt from DSCSA No Yes No No	NFORMATION	If yes, was or direct from m Provide source	fr? ce manufacturer fo	r repackaged product	B Ir C P	Box/Carton/Bunner Pack: Case: Pallet: Regular Cost Invoice Cost (V	1.4 8.85 COST INFORMATION WAC) (\$)	2.76 8.25	Width 2.76 6.25 Vendor #:	Height 7 8.5 WHOLESAL	(Cube) 53.32 438.28	6	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro Saleable Unit of Measure x	's exclusive distribute on/exemption for pro om FDA.	OTC pro	Vrite in) oduct exempt from DSCSA No Yes No No	NFORMATION	If yes, was or direct from m Provide source	fr? ce manufacturer fo	r repackaged product	B Ir C P	Box/Carton/Bu nner Pack: Case: Pallet:	1.4 8.85 COST INFORMATION	2.76 8.25	Vidth 2.76 6.25 Vendor #: Whsl. Code	Height 7 8.5 WHOLESAL	(Cube) 53.32 438.28	6	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro Saleable Unit of Measure x Item/Each Box/Carton/Bundle/Inner Pack x Case	's exclusive distribute on/exemption for pro om FDA.	OTC pro	Vrite in) oduct exempt from DSCSA No Yes No No	NFORMATION	If yes, was or direct from m Provide source	fr? ce manufacturer fo	r repackaged product	B Ir C P	Box/Carton/Bunner Pack: Case: Pallet: Regular Cost Invoice Cost (V	1.4 8.85 COST INFORMATION WAC) (\$)	2.76 8.25	Vidth 2.76 6.25 Vendor #: Whsl. Code	Height 7 8.5 WHOLESAL	(Cube) 53.32 438.28	6	
Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptic If yes, attach documentation fro Saleable Unit of Measure x Item/Each Box/Carton/Bundle/Inner Pack x Case	's exclusive distribute on/exemption for pro om FDA.	OTC pro or? duct? GTIN feable Quantity 1 6	Vrite in) oduct exempt from DSCSA No Yes No No HAND HIBCC PRODUCT II		If yes, was or direct from m Provide source	fr? De manufacturer fo	r repackaged product	B Ir C C P P A A A	Box/Carton/Bunner Pack: Case: Callet: Regular Cost Cost (Notes of date:	1.4 8.85 COST INFORMATION NAC) (\$) 7/16/2019	2.76 8.25	Vidth 2.76 6.25 Vendor #: Whsl. Code	Height 7 8.5 WHOLESAL	(Cube) 53.32 438.28	6	



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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?	SDS Hazard Classification x Organic Corrosive Oxidizer Inorganic Oxidizer 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? Is this product regulated for shipment by DOT?	identify NFPA Storage Level: NFPA Storage Level: Is the product a NIOSH hazardous drug? No						
(if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class	If yes, indicate which: Hazardous Waste Identification						
d. Packing Group e. Inhalation Hazard?	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#: NCPDP#: NPI #:						
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Comments Registry: No						
	Registry Program Contact Name: Phone:						
ADD'L STORAGE INFORMATION	Comments						
Is the Product Controlled Substance? No Controlled Substance Code	RETURN INSTRUCTIONS						
Controlled by State(s)? ARCOS Reportable? Schedule No. No Listed Chemical (List I or II) If yes, indicate which: Is it a scheduled listed chemical product?: No CLASS OF TRADE RESTRICTION:	Contact tel. # if product received damaged: 1-866-827-3647 Yes						
	URL/Link to returns policy:						
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Ye	contact - customerservice@camberpharma.com						
Restricted to retail pharmacy only:	Special regulations or returns requirements for this						
Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) No.							
Comments:							
MISCELL	NEOUS NOTES and/or Image of Product Barcode:						



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FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop S	nip Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI		Purchase order daily receipt cut off time by supplier Cut off time:
b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Phone:	per:	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 Designa	ed Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order:		Overnight receipt available: 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, clinic Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	s and physician offices	Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information Required to F	rocess 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?