

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

Version 2021						Introduction	Туре:	Post Launch Change	X	Final Version			Date:	11/19	/2024
			PRODUCT INFORMA	TION						SPECIAL HAN	IDLING AND STOP	RAGE REQUIR	EMENTS*		
Company Name:	Camber Pharmaceuticals	s. Inc.				Applica	ation:	ANDA	a. Temperature – Indic	ate the USP temp	erature range for t	his product.			
Application Number for NDA/AN			e):	202	2682					ature Range	Controlled Room		and 25 C (68	° – 77° F)	
Medical Device Class, if applicat									· ·	0					
DUNS:	11-856-3719								Other Te	emperature Range I	Requirement				
Proprietary Name (If Applicable) a	nd Established Name:	Atomo	xetine Hydrochloride Capsul						(w	rite in)					
Selling Unit NDC:	31722-714-30		Unit of Use NDC:	-	31722-714-30		3317227	14303	Notes						
UDI			CVX Code:			MVX Code:									
Description:	Atomoxetine Hydrochlori	de Capsules, I	JSP 10 mg							roduct to be shipped				No	
Is this product to be shipped to customers on dry ice? No															
Active Ingredient(s): Atomoxetine hydrochloride, USP															
								b. Contact for temperature excursion questions:							
URL for Additional Product Inform Address:		camberpharma	a.com		1	Address 2:			Name: Number			Soma Raju 732-529-042	2		
City:	800 Centennial Ave, Suite 1 Piscataway State:				NJ Zip: 08854			Group E-mail:			s eterousa.cor	n			
Key Contact:	Customer Service Email:				merservice@camberpharma.com				Somarajaen	01010030.001	<u>.</u>				
Phone Number:	1-866-827-3647				732-562-8788			c. Special regulations	for product in any	states?			No		
Product Therapeutic Classification	n: Selec	tive norepinep	hrine reuptake inhibitor (SN	RI)	1			Special returns requirements for this prod							
•					1					•	•				
	ADDITIONAL	PRODUCT IN	FORMATION			PRODUCT	DESCRIPT	TION INFORMATION	d. Store product (unit	of sale) upright?				No	
The product is?			Is the Product	Direct-Ship O	Inly					product (unit of sa	ale) from light?			No	
a legend device?	No		Is the Product	Unit of Use		0.	30	0 ct	e. Shelf life:					24	Months
if yes, enter class #			Orphan Drug Status			Size:				helf life at launch (	if different):				Months
a product kit?	No					Strength:	10	) mg							
if yes, list NDCs of			FDA Approval Status			Su'engui.					ORDER INFORM	IATION			
component parts						Dosage For	m: Ha	ard gelatin capsule							
reverse numbered?	No		All			-			Unit of	-		What is the 1 Bottle of 30		unit?	
co-licensed? latex-free?	No Yes		Allergens Present				C	apsule	X	Bottle Box/Carton		(Write-in, e.		) \/iale)	
preservative-free?	Yes		Animal	Products		Product Sha	ape:	apsule		Ampule		(write-iii, e.	J. I DOX OF I	) viais)	
correctional institution block?	No					De la cal	w	/hite opaque cap and		Glass		Minimum or	der quantity	?	Yes
opioid?	No					Product Col		hite opaque body		Tube					
Cannabinoid?	No		Country of Origin	India		Product Imp		nprinted with 'I' on cap		Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	init dose for					i roudet imp	ar	nd '105' on body		Vial Liquid Multi		If Yes, how		ch package t	ype?
hospital scanning?			Is this product covered u							Vial Powder Sgl			Each		
If Unit Dose, indicate NDC here:			Trade Agreements Act (	IAA)?	No					Vial Powder Multi Other: Write In			Inner/Carton	/Pack	
			FOR GENERIC DRUG PR	ODUCTO						Other: white in			Case		
			FOR GENERIC DRUG PR	ODUCIS											
					Au	thorized Generic	*If Author	rized Generic, other	PHARMACY ORDER / BILL UNIT						
I. Orange Book Rating:	AB			_				ields are not applicable	Rec. sell unit to custo				it to pharma		
I. Generic Equivalent to What Brand?: Strattera								Rec. sell unit to customer? Rx billing unit to pharmacy:				icy.			
									(Write-in, e.g. 1 Vial)				Gram		
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION															
Does supplier meet DSCSA definit	tion of manufacturer?		Yes	_	GLN:	0331722498975				ITEN	I AND PACKING I	NFORMATION	-		
Is product exempt from DSCSA?			No												
If yes, select exemption:					GCP:					Weight Lbs.		ions (US msm	,		Saleable #
Other exemption - Write in:			No		M	1			li ang li ang		Depth	Width	Height	(Cube)	Pieces
Is product repackaged? Is product sold by manufacturer's	ovolucivo distributor?		Yes	_	If yes, was or direct from m	iginal product pur	rchased		Item/Each:	0.06	1.55	1.55	2.55	6.13	1
Has FDA granted waiver/exception		, —	No			ce manufacturer fo	or renacka	and product	Box/Carton/Bundle/						
If yes, attach documentation from		·			Trovide Sour		orrepuerta	igea product	Inner Pack:						
,									Case:	1.9	9.75	6.75	4	263.25	24
		GTI	N AND HIBCC PRODUCT I	NFORMATION						1.9	9.75	0.75	4	203.25	24
									Pallet:						
Saleable Unit of Measure		e Quantity	HIBCC			N-14		Unit of Use GTIN-14							
X Item/Each		1	00331722714303 00331722714303						WHOLESALER USE ONLY:						
Box/Carton/Bundle/Inner Pack X Case		24			202	31722714307	-		008	T INFORMATION			VHULESALI	ER USE UNL	1:
Pallet	2				203	01122114301	-		Regular Cost			Vendor #:			
									Invoice Cost (WAC) (\$	)	\$48,83	Whsl. Code	#:		
											÷	Fineline Co			
									As of date:	12/1/2024		]			
												1			
μ									Ц			<u> </u>			
			Attach copy of SAFETY DA	ATA SHEET (SD	S) or non haza										
*Please provide any additional information on page 2. See new p. 3 for Designated Drop Ship Only. Signature:															

## HDA🔾

## **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							
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:						



## **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         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?