

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

Version 2021						Introduction Ty	ype: New Item		x Final Version			Date:	6/4/2	2024
			PRODUCT INFORMA	TION					SPECIAL HAI	NDLING AND STO	RAGE REQUIF	REMENTS*		
Company Name: Camber Pharmaceuticals				Applicati	ion: ANDA	a Temperati	a. Temperature – Indicate the USP temperature range for this product.							
Application Number for NDA/AN			ce):	21:	3709			u. remperati	Temperature Range	Controlled Room		and 25 C (68	° – 77° F)	
Medical Device Class, if applica			,-											
DUNS:	11-856-3719								Other Temperature Range	Requirement				
Proprietary Name (If Applicable)		me: Dextroampl	netamine Saccharate, Amphetamine Aspartate, Dextro	amphetamine Sulfate and Amp	hetamine Sulfate Tablets (Mo	xed Salts of a Single-Entity Amphetamine	Product) 10 mg		(write in)					
Selling Unit NDC:	31722-157-01		Unit of Use NDC:			UPC:	331722157018		Notes					
UDI			CVX Code:			MVX Code:								
Description:	Devtroamphetami	ine Saccharate Amn	hetamine Aspartate Devtro	amphotomine Su	Ifate and Amph	etamine Sulfate Tabl	lets (Mixed Salts of a Single-E	tity	Is this product to be shippe	nd to customers on	ico?		No	
Description.	Amphetamine Pro		rictariirie / opartate, Dextroi	amprictamine oc	mate and 7 mp	ictamine Ganate Tabl	icts (wincer balls of a bringle L	uty	Is this product to be shippe				No	1
Active Ingredient(s): Dextroamphetamine saccharate, amphetamine aspartate, dextroamphetamine sulfate, USP, and amphetamine sulfate, USP							nphetamine sulfate. USP		io uno product to be emppe	a to odotomoro on	a., 100.		110	1
							b. Contact fo	b. Contact for temperature excursion questions:						
URL for Additional Product Inform	mation:	www.camberpharm	a.com						Name:		Soma Raju			
Address:	800 Centennial Av	ve, Suite 1				Address 2:			Number:		732-529-042			
City:	Piscataway				State:	NJ	Zip : 08854		Group E-mail:		somaraju@h	eterousa.cor	<u>n</u>	
Key Contact:	Customer Service				Email:		camberpharma.com							
Phone Number:	1-866-827-3647				Fax:	732-562-8788		c. Special re	gulations for product in any				*Yes	
Product Therapeutic Classification	on:	Central nervous sy	stem (CNS) stimulant						Special returns requirement	nts for this product?			*Yes	
														_
	ADDITI	ONAL PRODUCT IN	IFORMATION			PRODUCT D	ESCRIPTION INFORMATION	d. Store prod	duct (unit of sale) upright?				No	
The product is?			Is the Product	Direct-Ship C	Only				Protect product (unit of s	ale) from light?			No	
a legend device?		No	Is the Product	Neither		Size:	100 ct	e. Shelf life:					24	Months
if yes, enter class #			Orphan Drug Status			Size.			Initial shelf life at launch	(if different):				Months
a product kit?		No				Strength:	10 mg							
if yes, list NDCs of			FDA Approval Status			ou chigan.				ORDER INFORI	MATION			
component parts						Dosage Form	Tablet							
reverse numbered?		No							Unit of Sale		What is the		unit?	
co-licensed?		No	Allergens Present				-	_	x Bottle		1 Bottle of 10			
latex-free?		Yes	Corn, Alc	ohol, Sugar		Product Shap	Round		Box/Carton		(Write-in, e.	g. 1 Box of 1	0 Vials)	
preservative-free?		Yes					L'abribber		Ampule			d		V
correctional institution block? opioid?	•	No No				Product Colo	r: Light blue		Glass Tube		Minimum or	der quantity	' '	Yes
Cannabinoid?		No	Country of Origin	USA			Debossed with T over 372 on one s	le	Vial Liquid Sgl					
If Unit Dose, is item bar coded to	unit dose for	INU	Country of Origin	UUA		Product Impr	int: and other side with one full bisect a two partial bisects	d	Vial Liquid Multi		If Yes how	many of whi	ch package t	tyne?
hospital scanning?	unit dose for		Is this product covered u	inder the			two partial bisects		Vial Powder Sql			Each	on package t	урс.
If Unit Dose, indicate NDC here:			Trade Agreements Act (Yes				Vial Powder Mult	i		Inner/Carton	/Pack	
				,					Other: Write In			Case		
			FOR GENERIC DRUG PF	ODUCTS										
					Au	thorized Generic	*If Authorized Generic, other	PHARMACY ORDER / BILL UNIT						
I. Orange Book Rating:	AB						section fields are not applicab	Rec. sell unit to customer? Rx billing unit to pharmacy:			acv.			
II. Generic Equivalent to What Bra		Adderall									TEX Similing the	Each	,.	
								(Write-in, e.g	ı. 1 Vial)			Gram		
		DRUG SUPP	LY CHAIN SECURITY ACT	(DSCSA) INFOR	RMATION							Milliliter		
Does supplier meet DSCSA defin		er?	Yes		GLN:	0860000397957			ITE	M AND PACKING I	NFORMATION			
Is product exempt from DSCSA?	•		No											
If yes, select exemption:					GCP:				Mainh !!	Dimens	ions (US msm	ts.)	Volume	Saleable #
Other exemption - Write in:						-			Weight Lbs.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No		If yes, was or	riginal product purcl	hased	Item/Each:	0.08	1.52	1.52	2.69	6.21	1
Is product sold by manufacturer's	's exclusive distribu	itor?	Yes		direct from m	nfr?			0.00	1.52	1.52	2.03	0.21	
Has FDA granted waiver/exception		oduct?	No		Provide sour	ce manufacturer for	repackaged product	Box/Carton/	Bundle/					
If yes, attach documentation fro	om FDA.							Inner Pack:						
			IN AND LUDGO PRODUCT	NEODMATION				Case:	2.03	9.8	6.5	3	191.1	24
		GI	IN AND HIBCC PRODUCT I	NFORMATION				D-U-4						
Saleable Unit of Measure		aleable Quantity	LUDOO		OTI		Helicat Head OTINI 44	Pallet:						
Saleable Utili Utivieasule		aleable Quantity	HIBCC			N-14 31722157018	Unit of Use GTIN-14	_						
V Itom/Epob	S				003	31722137010							ED LISE ONL	Y:
X Item/Each	S	1							COST INFORMATION			NHOLESALI		,
Box/Carton/Bundle/Inner Pack	S	1			103	31722157015			COST INFORMATION		1	WHOLESAL	LIK USE ONE	
	s				103	31722157015		Regular Cos			Vendor #:	WHOLESAL	ER USE ONE	
Box/Carton/Bundle/Inner Pack X Case	s	1			103	31722157015		Regular Cos	t	\$37.28	Vendor #:		ER OSE ONE	
Box/Carton/Bundle/Inner Pack X Case	s	1			103	31722157015		Regular Cos Invoice Cost	t	\$37.28		#:	EN OSE ONE	
Box/Carton/Bundle/Inner Pack X Case	s	1			103	31722157015			t	\$37.28	Vendor #: Whsl. Code	#:	EN OSE ONE	
Box/Carton/Bundle/Inner Pack X Case	s	1			103	31722157015		Invoice Cost	t (WAC) (\$)	\$37.28	Vendor #: Whsl. Code	#:	ER GGE GNE	
Box/Carton/Bundle/Inner Pack X Case	s	1			103	31722157015		Invoice Cost	t (WAC) (\$)	\$37.28	Vendor #: Whsl. Code	#:	EK GGE GKE	
Box/Carton/Bundle/Inner Pack X Case	s	1	Attach copy of SAFETY D	ATA SHEET (SD			INSERT, LABEL AND PHOTO	As of date:	t (WAC) (\$)	\$37.28	Vendor #: Whsl. Code	#:	EK GGE GKE	



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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL H	AZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply):						
a. Cytotoxic?	SDS Hazard Classification					
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	-					
Is the product a CA Prop 65 carcinogen?	x Organic Corrosive					
Is the product a CA Prop 65 reproductive toxicant?	Inorganic Oxidizer					
Does the product label bear a CA Prop 65 warning?	Steroid/Androgen Contact Hazard					
c. Contact Hazard?	Does the product have an Aerosol class? If yes, No					
d. Does this product require special clean-up instructions?	identify NFPA Storage Level:					
(If yes, attach SDS with special instructions.)	NFPA Storage Level:					
e. Does the product contain DEHP?						
	The state of the s					
Is this product regulated for shipment by DOT? No	Is the product a NIOSH hazardous drug?					
(if yes, answer a-e below and provide SDS)	If yes, indicate which:					
a. UN/Identification Number						
b. Proper Shipping Name	Hazardous Waste Identification					
c. DOT Hazard Class	Hazardous waste identification					
d. Packing Group e. Inhalation Hazard?	EPA Hazardous Waste Code: Waste Characteristics					
	Trace order trade code.					
Is this product regulated for shipment by IATA?						
(if yes, answer a-e below and provide SDS)	REMS or REGISTRY RESTRICTIONS					
a. UN/Identification Number						
b. Proper Shipping Name	Is there a REMS on this product?					
c. DOT Hazard Class	If Yes, is it managed with a pharmacy registry?					
d. Packing Group	Website URL:					
e. Inhalation Hazard?						
Is the product restricted for air shipment? If so, indicate restriction:	Med Guide Required No					
Passenger	Limited Distribution Requirement					
Cargo	Comments / Details: (For example, iPledge program?)					
Passenger & Cargo						
Is this a reportable quantity? No	REMS: No					
RQ Threshold:	REMS Program Manager Name: Phone:					
Is this a marine pollutant? No	Supplier Manages REMS registry exclusively:					
Is this product shipped utilizing an authorized DOT exception or Special Permit?	Wholesale distributor support:					
No (if yes, identify method below)	Provider Name: DEA #:					
Limited Quantity	Site Enrollment Number assigned NCPDP#:					
Consumer Commodity, ORM-D	by Supplier: NPI #:					
Small Quantity (49 CFR 173.4)						
Special Permit; DOT-SP	Comments					
Special Provision (listed in Column 7 of 49 CFR 172.101);						
SP#	Registry: No					
	Registry Program Contact Name: Phone:					
ADD'L STORAGE INFORMATION	Comments					
Is the Product						
Controlled Substance? Yes Controlled Substance Code 1100	RETURN INSTRUCTIONS					
Controlled by State(s)? Yes Listed Chemical (List I or II) No						
ARCOS Reportable? Yes If yes, indicate which:	Contact tel. # if product received damaged: 1-866-827-3647					
Schedule No. 2 Is it a scheduled listed chemical product?: No						
CLASS OF TRADE RESTRICTION:	is product returnable for credit.					
	URL/Link to returns policy:					
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	contact - customerservice@camberpharma.com					
Restricted to retail pharmacy only:	Special regulations or returns requirements for this					
Restricted to hospital, clinics, and physician offices only: No	product in certain states?					
Restricted from US territories? (explain in comments) No	If so, which states? Other requirements? Comments?					
Comments:	DEA Form 222 or its electronic equivalent is required for all returns in all states.					
MISCELLAN	EOUS NOTES and/or Image of Product Barcode:					
*Storage of this product must abide by the federally mandated DEA requirements outlined in 21 CFR Par	1301.72					
2.2.2.g. 2. 2.2.2 product mast aside by the localitary mandated beritioquilibrium oddinion in 21 of 1(1 a)						



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

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