

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

Version 2021						Introduction	Туре:	New Item	[	x Final Version			Date:	6/23	/2024
			PRODUCT INFORMA	TION						SPECIAL HAN	DLING AND STOP	RAGE REQUII	REMENTS*		
Company Name:	Camber Pharmaceu	uticals. Inc.				Applica	ation:	ANDA	a. Temperatur	e – Indicate the USP temp	erature range for t	his product.			
Application Number for NDA/ANI			;e);	215	5767					Temperature Range	Controlled Room	- between 20	and 25 C (68	° – 77° F)	
Medical Device Class, if applicab			,							, i i i i i i i i i i i i i i i i i i i					
DUNS:	11-856-3719									Other Temperature Range	Requirement	Excursions p	permitted to 1	5° to 30°C	
Proprietary Name (If Applicable) and	nd Established Nam	ne: Famot	idine Tablets, USP 40 mg							(write in)		(59° to 86°F	)		
Selling Unit NDC:	31722-018-01		Unit of Use NDC:			UPC:	3317220	018012		Notes					
UDI			CVX Code:			MVX Code:									
Description:	Famotidine Tablets,	. USP 40 ma								Is this product to be shippe	d to customers on i	ce?		No	1
••••		,								Is this product to be shippe				No	
Active Ingredient(s):	1	Famotidine, USP													1
b. Contact for temperature excursion questions:															
URL for Additional Product Inform		www.camberpharma	a.com							Name:		Soma Raju			
Address:	800 Centennial Ave, Suite 1			Address 2:				Number:			23				
City:	Piscataway				NJ Zip: 08854			Group E-mail:			somaraju@heterousa.com				
Key Contact:		Customer Service Email:			customerservice@camberpharma.com								1		
Phone Number:	1-866-827-3647				Fax:	732-562-8788	732-562-8788			c. Special regulations for product in any states? No					
Product Therapeutic Classification	n: l	Histamine-2 (H <sub>2</sub> ) rec	ceptor antagonist							Special returns requirement	ts for this product?			No	
															1
	ADDITIO	NAL PRODUCT IN	FORMATION			PRODUCT	DESCRIP	TION INFORMATION	d. Store produ	ct (unit of sale) upright?				No	
The product is?			Is the Product	Direct-Ship C	nly					Protect product (unit of sa	ale) from light?			No	
a legend device?	1	No	Is the Product	Neither		Size:	1	00 ct	e. Shelf life:					24	Months
if yes, enter class #			Orphan Drug Status			OIZC.				Initial shelf life at launch (	if different):				Months
a product kit?		No				Strength:	4	l0 mg							
if yes, list NDCs of			FDA Approval Status				_					MATION			
component parts						Dosage For	m: F	ilm-coated tablet							
reverse numbered?		No				-			r	Unit of Sale			NDC selling	unit?	
co-licensed?		No	Allergens Present							x Bottle		1 Bottle of 1			
latex-free?	-	Yes	c	orn		Product Sha	ape:	Round, biconvex		Box/Carton		(vvrite-in, e.	g. 1 Box of 1	u viais)	
preservative-free? correctional institution block?		Yes No					14	Vhite		Ampule Glass					Yes
opioid?		No				Product Col	lor:	vriite		Tube		Minimum of	rder quantity	· · ·	res
Cannabinoid?		No	Country of Origin	India			D	Debossed with 'T' on one side		Vial Liquid Sgl					
If Unit Dose, is item bar coded to u		INO	obuility of origin	India		Product Imp		ind '12' on the other side		Vial Liquid Ogl		If Yes how	many of whi	ch package	tvne?
hospital scanning?			Is this product covered u	inder the						Vial Powder Sgl			Each	on puonago	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If Unit Dose, indicate NDC here:	-		Trade Agreements Act (		No					Vial Powder Multi			Inner/Cartor	/Pack	
			<b>3</b>	,						Other: Write In			Case		
			FOR GENERIC DRUG PR	ODUCTS											
					Au	thorized Generic	*If Autho	orized Generic, other	-	PH	IARMACY ORDER	/ BILL UNIT			
I. Orange Book Rating:	AB						section f	fields are not applicable	Rec. sell unit t	o customer?		Rx billing u	nit to pharm	acv.	
Il Generic Equivalent to What Brand?: Pepcid						Rec. sell unit to customer? Rx billing unit to pharmacy:									
		•							(Write-in, e.g. 1 Vial) Gram						
		DRUG SUPPL	Y CHAIN SECURITY ACT (	(DSCSA) INFOR	MATION								Milliliter		
Does supplier meet DSCSA definit	tion of manufacture	er?	Yes		GLN:	0331722498975				ITEN	I AND PACKING I	NFORMATIO	N		
Is product exempt from DSCSA?			No												
If yes, select exemption:					GCP:					Weight Lbs.	Dimensi	ions (US msn	nts.)	Volume	Saleable #
Other exemption - Write in:										Weight LDS.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No			riginal product pur	rchased		Item/Each:	0.09	1.6	1.6	2.63	6.72	1
Is product sold by manufacturer's			Yes	_	direct from n										
Has FDA granted waiver/exception		duct?	No		Provide sour	ce manufacturer fo	or repacka	aged product	Box/Carton/Bu	indle/					
If yes, attach documentation from	n FDA.								Inner Pack:						
		GTI	N AND HIBCC PRODUCT I	NEORMATION					Case:	2.5	10	7	4	280	24
		GI	N AND HIBCC PRODUCT I	NORWATION					Pallet:						
Saleable Unit of Measure	Sal	leable Quantity	HIBCC		GT	N-14		Unit of Use GTIN-14	railet.						
X Item/Each	Ca	1	THEOD			31722018012									
Box/Carton/Bundle/Inner Pack	-						1 '		·	COST INFORMATION			WHOLESAL	ER USE ONL	.Y:
X Case	-	24			203	31722018016						1			
Pallet	-								Regular Cost			Vendor #:			
	1 1				1				Invoice Cost (	NAC) (\$)	\$15.00	Whsl. Code	#:		
												Fineline Co			
									As of date:	2/18/2022					
	Im														
			Attach copy of SAFETY DA	ATA SHEET (SD	S) or non haza	ard letter, PACKAGE	E INSERT,	, LABEL AND PHOTO OF P	RODUCT PACKA	GING and BARCODE.					
*Please provide any additional info	ormation on page 2.					See new p. 3 for	r Designat	ted 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 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:						



## **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?