

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

Version 2021						Introduction Typ	oe: New Item		x	Final Version			Date:	5/5/	/2024
			PRODUCT INFORMA	TION						SPECIAL HAN	DLING AND STOR	AGE REQUIF	REMENTS*		
Company Name: Camber Pharmaceuticals, Inc.				Applicatio	n: ANDA	a. Tempe	a. Temperature – Indicate the USP temperature range for this product.								
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 216814			6814	Pr			Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F)								
Medical Device Class, if applicable:															
DUNS:	11-856-3719								Other Te	mperature Range F	Requirement	Excursions p	ermitted to 1	5°C - 30°C (59°F - 86°F)
Proprietary Name (If Applicable) as	nd Established Na	ame: Ibupr	ofen and Famotidine Tablets	300 mg/26.6 mg	9				(wr	ite in)	•				
Selling Unit NDC:	31722-315-90	i i	Unit of Use NDC:		31722-315-90	UPC: 3	31722315906		Notes						
UDI			CVX Code:			MVX Code:									
Description:								7							
									oduct to be shipped				No	1	
Active Ingredient(s): Ibuprofen and famotidine													_		
							b. Contac	ct for tempera	ture excursion que	estions:					
URL for Additional Product Inform		www.camberpharn	na.com						Name:			Soma Raju			
Address:	800 Centennial Av	ve, Suite 1				Address 2:			Number			732-529-042			
City:	Piscataway				State:		J Zip: 08854 ustomerservice@camberpharma.com			-mail:		somaraju@h	eterousa.cor	<u>n</u>	
Key Contact:	1-866-827-3647								-1-10			NI.	7		
Phone Number:		NOAID A Listanda	. 11		Fax:	732-562-8788	c. Special regulations for product in any state							No	-
Product Therapeutic Classification	1:	NSAID & histamin	e H ₂ -receptor antagonist						Special r	eturns requirement	s for this product?			No	
ADDITIONAL PRODUCT INFORMATION PRODUCT DESCRIPTION INFORMATION d. Store product (unit of sale) upright?									7						
	ADDITI	ONAL PRODUCT II	NFORMATION			PRODUCT DE	SCRIPTION INFORMATIO	d. Store	product (unit o	of sale) upright?				No	_
The product is?			Is the Product	Direct-Ship (Only					product (unit of sa	ile) from light?			No	
a legend device?		No	Is the Product	Unit of Use		Size:	90 ct	e. Shelf I						24	Months
if yes, enter class #		1	Orphan Drug Status						Initial sh	elf life at launch (i	if different):				Months
a product kit?		No	FD 4 4			Strength:	800 mg/26.6 mg				ORDER INFORM	IATION			
if yes, list NDCs of			FDA Approval Status				Coated tablet				ORDER INFORM	IATION			
component parts reverse numbered?		No				Dosage Form:	Coated tablet		Unit of S	alo.		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present							Bottle		1 Bottle of 90			
latex-free?		Yes	_	_			Modified oval			Box/Carton			g. 1 Box of 1	0 Vials)	
preservative-free?		Yes	Cori	ı, Dye		Product Shape):			Ampule		, , , , ,		,	
correctional institution block?		No				Product Color:	Blue / light blue			Glass		Minimum or	der quantity	?	Yes
opioid?		No				Product Color:	-			Tube					
Cannabinoid?		No	Country of Origin	USA		Product Imprir	Debossed with 'T396' on one si			Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	nit dose for					r roduct imprii	an engraved circle on the other	NOE .		Vial Liquid Multi		If Yes, how		ch package	type?
hospital scanning?			Is this product covered u							Vial Powder Sgl			Each		
If Unit Dose, indicate NDC here:			Trade Agreements Act (TAA)?	Yes					Vial Powder Multi			Inner/Carton	/Pack	
										Other: Write In			Case		
			FOR GENERIC DRUG PR	ODUCTS											
					A.,41	hariand Canasia *	If Authorinal Constin ather			DU	ARMACY ORDER	/ DILL LINIT			
				_	Auti		If Authorized Generic, other ection fields are not applica	alo.			ARMACT URDER				
	AB	-					ection fields are flot applica	Rec. sell	unit to custor	ner?		Rx billing ur		асу:	
II. Generic Equivalent to What Bran	nd?:	Duexis						OM-it- i-	4 \C-D				Each		
		DRIIG SUBB	LY CHAIN SECURITY ACT (Dece A) INFO	PMATION			(VVrite-in	e.g. 1 Vial)				Gram Milliliter		
		DRUG SUFF	ET CHAIN SECONTT ACT	DOCOA) INI OI	MATION								Millille		
Does supplier meet DSCSA definit	ion of manufactur	rer?	Yes		GLN:	0331722498975				ITEN	AND PACKING IN	NFORMATION	١		
Is product exempt from DSCSA?			No	-											
If ves. select exemption:					GCP:						Dimonei	ons (US msm	its)	Volume	Saleable #
Other exemption - Write in:					30F.					Weight Lbs.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No		If yes was ori	ginal product purch	ased	Item/Eac	h·		· · · · · · · · · · · · · · · · · · ·				
Is product sold by manufacturer's	exclusive distribu	utor?	Yes		direct from mf		u00u		•••	0.35	2.18	2.18	3.98	18.91	1
Has FDA granted waiver/exception			No		Provide sourc	e manufacturer for i	repackaged product	Box/Cart	on/Bundle/						
If yes, attach documentation fron	n FDA.							Inner Pac	k:						
								Case:		9	14.25	10.25	4.75	693.80	24
		G1	'IN AND HIBCC PRODUCT II	NFORMATION							14.20	10.20	4.70	030.00	2-7
II					·	·		Pallet:							
Saleable Unit of Measure	S	Saleable Quantity	HIBCC		GTIN		Unit of Use GTIN-14								
X Item/Each		1			0033	1722315906	00331722315906			T INFORMATION			NUOLESAL	ER USE ONI	I V
Box/Carton/Bundle/Inner Pack X Case		24			1000	1722315903			COS	TINFORMATION		1	WHOLESAL	ER USE UNI	-17:
X Case Pallet		24			1033	1722315903		Regular	Cost			Vendor #:			
1 canox	1				_				cost (WAC) (\$)		\$149.70	Whsl. Code	#:		
	1								- 3. (···································		ψ1 4 3.70	Fineline Code			
	1							As of date	e:	7/25/2023					
	1											1			
	-														
-			Attach copy of SAFETY DA	TA SHEET (SI	OS) or non hazar	d letter, PACKAGE IN	SERT, LABEL AND PHOTO	OF PRODUCT PA	ACKAGING and	BARCODE.					
*Please provide any additional info	ormation on nage	2				See new n 3 for D	esignated Drop Ship Only.		Signatur	e:					



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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? No	SDS Hazard Classification						
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? No 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?	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: NFPA Storage Level:						
Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name	Is the product a NIOSH hazardous drug? If yes, indicate which:						
c. DOT Hazard Class d. Packing Group	Hazardous Waste Identification						
e. Inhalation Hazard? Is this product regulated for shipment by IATA? No	EPA Hazardous Waste Code: Waste Characteristics						
(if yes, answer a-e below and provide SDS) a. UN/Identification Number	REMS or REGISTRY RESTRICTIONS						
b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	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#: NPI #:						
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Comments						
ADD'L STORAGE INFORMATION	Registry: Registry Program Contact Name: Comments No Phone:						
Is the Product							
Controlled Substance Code Controlled by State(s)? ARCOS Reportable? Schedule No. No Controlled Substance Code Listed Chemical (List I or II) No If yes, indicate which: Is it a scheduled listed chemical product?: No CLASS OF TRADE RESTRICTION:	RETURN INSTRUCTIONS Contact tel. # if product received damaged: I-866-827-3647 Is product returnable for credit: Yes						
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: Restricted to hospital, clinics, and physician offices only: No	Special regulations or returns requirements for this product in certain states?						
Restricted from US territories? (explain in comments) No Comments:	If so, which states? Other requirements? Comments?						
MISCELLANE	DUS 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?