



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

Version 2024 Introduction Type: Final Version Date:

PRODUCT INFORMATION	
Company Name:	Camber Pharmaceuticals, Inc.
Application Number for NDA/ANDA/BLA; PMA/510(k):	216841
Medical Device Class, if applicable:	
DUNS:	11-856-3719
Proprietary Name (If Applicable) and Established Name:	Rufinamide Oral Suspension 40 mg/mL
Selling Unit NDC:	31722-688-46
Unit of Use NDC:	31722-688-46
UPC:	331722688468
CVX Code:	
MXV Code:	
Description:	Rufinamide Oral Suspension 40 mg/mL
Active Ingredient(s):	Rufinamide, USP
URL for Additional Product Information:	www.camberpharma.com
Address:	800 Centennial Ave, Suite 1
City:	Piscataway
Key Contact:	Customer Service
Phone Number:	1-866-827-3647
Product Therapeutic Classification:	Anticonvulsant

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	<input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>
Other Temperature Range Requirement (write in)	
Notes	
Is this product to be shipped to customers on ice?	<input type="text" value="No"/>
Is this product to be shipped to customers on dry ice?	<input type="text" value="No"/>
b. Contact for temperature excursion questions:	
Name:	<input type="text" value="Soma Raju"/>
Number:	<input type="text" value="732-529-0423"/>
Group E-mail:	<input type="text" value="somaraju@heterousa.com"/>
c. Special regulations for product in any states?	
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="text" value="No"/>
e. Shelf life:	
Initial shelf life at launch (if different):	<input type="text" value="24"/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?		Is the Product... Direct-Ship Only	
a legend device?	<input type="text" value="No"/>	Is the Product... Unit of Use	
if yes, enter class #		Orphan Drug Status	
a product kit?	<input type="text" value="No"/>	FDA Approval Status	
if yes, list NDCs of component parts		Allergens Present	
reverse numbered?	<input type="text" value="No"/>	Alcohol	
co-licensed?	<input type="text" value="No"/>	Country of Origin	<input type="text" value="India"/>
latex-free?	<input type="text" value="Yes"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="No"/>
preservative-free?	<input type="text" value="No"/>		
correctional institution block?	<input type="text" value="No"/>		
opioid?	<input type="text" value="No"/>		
Cannabinoid?	<input type="text" value="No"/>		
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text" value=""/>		
If Unit Dose, indicate NDC here:	<input type="text" value=""/>		
		Size:	<input type="text" value="460 mL"/>
		Strength:	<input type="text" value="40 mg/mL"/>
		Dosage Form:	<input type="text" value="Oral suspension"/>
		Product Shape:	<input type="text" value="N/A"/>
		Product Color:	<input type="text" value="White"/>
		Product Imprint:	<input type="text" value="N/A"/>

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 Bottle of 460 mL Oral Suspension"/>
<input type="checkbox"/> Box/ Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	Minimum order quantity? <input type="text" value=""/>
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Sgl	<input type="text" value="12"/> Each
<input type="checkbox"/> Vial Powder Multi	<input type="text" value=""/>
<input type="checkbox"/> Other: Write In	<input type="text" value=""/>

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	<input type="text" value="AB"/>
II. Generic Equivalent to What Brand?:	<input type="text" value="Banzel"/>
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text" value=""/>	<input type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
HCPCS J-Code:	<input type="checkbox"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input type="text" value="Yes"/>
Is product exempt from DSCSA?	<input type="text" value="No"/>
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	<input type="text" value="No"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="Yes"/>
Has FDA granted waiver/exception/exemption for product?	<input type="text" value="No"/>
If yes, attach documentation from FDA.	
GLN:	<input type="text" value="0331722498975"/>
GCP:	
If yes, was original product purchased direct from mfr?	<input type="text" value=""/>
Provide source manufacturer for repackaged product	

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:	1.36	4	3.4	7.5	102.00	1
Case:	18.15	16.5	10.75	8.5	1507.69	12
Pallet:						

GTIN AND HIBCC PRODUCT INFORMATION				
Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14
<input checked="" type="checkbox"/> Item/Each	N	1		00331722688468
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	N	12		20331722688462
<input type="checkbox"/> Pallet				

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	<input type="text" value="\$375.00"/>	Whsl. Code #:	
As of date:	<input type="text" value="4/4/2024"/>	Fineline Code:	



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

Version 2024

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

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 Is the product a CA Prop 65 carcinogen? No
 Is the product a CA Prop 65 reproductive toxicant? No
 Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions?
 (If yes, attach SDS with special instructions.) No

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT?
 (if yes, answer a-e below and provide SDS) No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard? No

Is this product regulated for shipment by IATA?
 (if yes, answer a-e below and provide SDS) No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard? No

Is the product restricted for air shipment? If so, indicate restriction: No

Passenger
 Cargo
 Passenger & Cargo

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
 Special Provision (listed in Column 7 of 49 CFR 172.101);
 SP#

SDS Hazard Classification

Organic
 Inorganic
 Steroid/Androgen

Corrosive
 Oxidizer
 Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No
 NFPA Storage Level:

Is the product a NIOSH hazardous drug? No
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No
 If Yes, is it managed with a pharmacy registry?
 Website URL:

Med Guide Required No
 Limited Distribution Requirement
 Comments / Details: (For example, iPledge program?)

REMS: No

REMS Program Manager Name: Phone:
 Supplier Manages REMS registry exclusively:
 Wholesale distributor support:
 Provider Name: DEA #:
 Site Enrollment Number assigned by Supplier: NCPDP#:
 NPI #:

Comments

Registry: No

Registry Program Contact Name: Phone:
 Comments

ADD'L STORAGE INFORMATION

Is the Product...
 Controlled Substance? No Controlled Substance Code
 Controlled by State(s)? 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

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only: No

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 1-866-827-3647

Is product returnable for credit: Yes

URL/Link to returns policy: contact - customerservice@camberpharma.com

Special regulations or returns requirements for this product in certain states? No

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:



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

Version 2024

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