



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

Version 2024 Introduction Type: Final Version Date:

PRODUCT INFORMATION **SPECIAL HANDLING AND STORAGE REQUIREMENTS***

Company Name: Camber Pharmaceuticals, Inc. **Application:** ANDA
Application Number for NDA/ANDA/BLA; PMA/510(k): 209267 **NDA 505(b) Type:** NOT APPLICABLE
Medical Device Class, if applicable:
DUNS: 11-856-3719
Proprietary Name (If Applicable) and Established Name: Erlotinib Tablets 150 mg
Selling Unit NDC: 31722-265-30 **Unit of Use NDC:** 31722-265-30 **UPC:** 331722265300
UDI **CVX Code:** **MXV Code:**
Description: Erlotinib Tablets 150 mg
Active Ingredient(s): Erlotinib hydrochloride
URL for Additional Product Information: www.camberpharma.com
Address: 800 Centennial Ave, Suite 1 **Address 2:**
City: Piscataway **State:** NJ **Zip:** 08854
Key Contact: Customer Service **Email:** customerservice@camberpharma.com
Phone Number: 1-866-827-3647 **Fax:** 732-562-8788
Product Therapeutic Classification: Kinase inhibitor

a. Temperature – Indicate the USP temperature range for this product.
 Temperature Range:
 Other Temperature Range Requirement (write in):
 Notes:
 Is this product to be shipped to customers on ice?
 Is this product to be shipped to customers on dry ice?
b. Contact for temperature excursion questions:
Name: Soma Raju
Number: 732-529-0423
Group E-mail: somaraju@heterousa.com
c. Special regulations for product in any states?
 Special returns requirements for this product?
d. Store product (unit of sale) upright?
Protect product (unit of sale) from light?
e. Shelf life: Months
 Initial shelf life at launch (if different): Months

| ADDITIONAL PRODUCT INFORMATION | | PRODUCT DESCRIPTION INFORMATION | |
|--|----------------------------------|--|---|
| The product is? a legend device? | <input type="text" value="No"/> | Is the Product... Is the Product... Orphan Drug Status | Direct-Ship Only Unit of Use <input type="text"/> |
| if yes, enter class # a product kit? | <input type="text" value="No"/> | FDA Approval Status | Size: <input type="text" value="30 ct"/> |
| if yes, list NDCs of component parts reverse numbered? | <input type="text"/> | Allergens Present | Strength: <input type="text" value="150 mg"/> |
| co-licensed? | <input type="text" value="No"/> | Dairy, Lactose | Dosage Form: <input type="text" value="Film-coated tablet"/> |
| latex-free? | <input type="text" value="Yes"/> | Country of Origin | Product Shape: <input type="text" value="Round, biconvex"/> |
| preservative-free? | <input type="text" value="Yes"/> | India | Product Color: <input type="text" value="White"/> |
| opioid? | <input type="text" value="No"/> | Is this product covered under the Trade Agreements Act (TAA)? | Product Imprint: <input type="text" value="Debossed with 'H' on one side and '22' on the other side"/> |
| Cannabinoid? | <input type="text" value="No"/> | | |
| If Unit Dose, is item bar coded to unit dose for hospital scanning? | <input type="text"/> | | |
| If Unit Dose, indicate NDC here: | <input type="text"/> | | |

ORDER INFORMATION

| Unit of Sale | What is the NDC selling unit? |
|--|---|
| <input checked="" type="checkbox"/> Bottle | <input type="text" value="1 Bottle of 30 Tablets"/> |
| <input type="checkbox"/> Box/Carton | <input type="text" value="(Write-in, e.g. 1 Box of 10 Vials)"/> |
| <input type="checkbox"/> Ampule | |
| <input type="checkbox"/> Glass | Minimum order quantity? <input type="text" value="Yes"/> |
| <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="1"/> Each |
| <input type="checkbox"/> Vial Powder Multi | <input type="text"/> Inner/Carton/Pack |
| <input type="checkbox"/> Other: Write In | <input type="text"/> Case |

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: Authorized Generic *If Authorized Generic, other section fields are not applicable
 II. Generic Equivalent to What Brand?:

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?
 (Write-in, e.g. 1 Vial)
HCPCS J-Code:
Rx billing unit to pharmacy:
 Each
 Gram
 Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer?
 Is product exempt from DSCSA?
 If yes, select exemption:
 Other exemption - Write in:
 Is product repackaged?
 Is product sold by manufacturer's exclusive distributor?
 Has FDA granted waiver/exception/exemption for product?
 If yes, attach documentation from FDA.
GLN:
GCP:
 If yes, was original product purchased direct from mfr?
 Provide source manufacturer for repackaged product

ITEM AND PACKING INFORMATION

| Item/Each: | Weight Lbs. | Dimensions (US msmts.) | | | Volume (Cube) | Saleable # Pieces |
|-----------------------------------|-------------|------------------------|-------|--------|---------------|-------------------|
| | | Depth | Width | Height | | |
| Item/Each: | 0.13 | 2.2 | 1.8 | 3.5 | 13.86 | 1 |
| Box/Carton/Bundle/ Inner Pack: | | | | | | |
| Case: | 3.85 | 11.25 | 9.25 | 4.25 | 442.27 | 24 |
| Pallet: | | | | | | |

GTIN AND HIBCC PRODUCT INFORMATION

| Saleable Unit of Measure | RFID tag(Y/N) | Saleable Quantity | HIBCC | GTIN-14 | Unit of Use GTIN-14 |
|--|---------------|-------------------|-------|----------------|---------------------|
| <input checked="" type="checkbox"/> Item/Each | N | 1 | | 00331722265300 | 00331722265300 |
| <input checked="" type="checkbox"/> Box/Carton/Bundle/Inner Pack | | | | | |
| <input checked="" type="checkbox"/> Case | N | 24 | | 20331722265304 | |
| <input type="checkbox"/> Pallet | | | | | |

COST INFORMATION **WHOLESALE USE ONLY:**

Regular Cost
Invoice Cost (WAC) (\$)
 As of date:
Vendor #:
Whsl. Code #:
Fineline Code:

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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
- 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)

- 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)

- 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:

- Passenger No
- Cargo No
- Passenger & Cargo No

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#

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:

SDS Hazard Classification

- Organic Corrosive
- Inorganic Oxidizer
- Steroid/Androgen Contact Hazard

Does the product have an Aerosol class? If yes, identify No

NFPA Storage Level:

NFPA Storage Level:

Is the product a NIOSH hazardous drug? Yes

If yes, indicate which: Group 1 items (antineoplastic)

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? No

Website URL:

Med Guide Required No

Limited Distribution Requirement No

Comments / Details: (For example, iPledge program?)

REMS: No

REMS Program Manager Name:

Phone:

Supplier Manages REMS registry exclusively: No

Wholesale distributor support: No

Provider Name:

DEA #:

Site Enrollment Number assigned by Supplier:

NCPDP#:

NPI #:

Comments

Registry: No

Registry Program Contact Name:

Phone:

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](mailto: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)

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