



# 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:** ANDA  
**Application Number for NDA/ANDA/BLA; PMA/510(k):** 217068 **NDA 505(b) Type:** NOT APPLICABLE  
**Medical Device Class, if applicable:** \_\_\_\_\_  
**DUNS:** 11-856-3719  
**Proprietary Name (If Applicable) and Established Name:** Lisdexamfetamine Dimesylate Chewable Tablets 40 mg  
**Selling Unit NDC:** 31722-324-01 **Unit of Use NDC:** \_\_\_\_\_ **UPC:** 331722324014  
**UDI:** \_\_\_\_\_ **CVX Code:** \_\_\_\_\_ **MXV Code:** \_\_\_\_\_  
**Description:** Lisdexamfetamine Dimesylate Chewable Tablets 40 mg  
**Active Ingredient(s):** Lisdexamfetamine dimesylate  
**URL for Additional Product Information:** [www.camberpharma.com](http://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](mailto:customerservice@camberpharma.com)  
**Phone Number:** 1-866-827-3647 **Fax:** 732-562-8788  
**Product Therapeutic Classification:** Central nervous system (CNS) stimulant

## SPECIAL HANDLING AND STORAGE REQUIREMENTS\*

**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:**   
**Number:**   
**Group E-mail:**   
**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

**The product is?**  
 a legend device?   
 if yes, enter class # \_\_\_\_\_  
 a product kit?   
 if yes, list NDCs of component parts reverse numbered? \_\_\_\_\_  
 co-licensed?   
 latex-free?   
 preservative-free?   
 correctional institution block?   
 opioid?   
 Cannabinoid?   
 If Unit Dose, is item bar coded to unit dose for hospital scanning?    
 If Unit Dose, indicate NDC here: \_\_\_\_\_

**Is the Product... Direct-Ship Only**   
**Is the Product... Neither**   
**Orphan Drug Status**   
**FDA Approval Status** \_\_\_\_\_  
**Allergens Present**   
**Country of Origin**   
 Is this product covered under the Trade Agreements Act (TAA)?

## PRODUCT DESCRIPTION INFORMATION

**Size:**   
**Strength:**   
**Dosage Form:**   
**Product Shape:**   
**Product Color:**   
**Product Imprint:**

## ORDER INFORMATION

**Unit of Sale**  
 Bottle  
 Box/Carton  
 Ampule  
 Glass  
 Tube  
 Vial Liquid Sgl  
 Vial Liquid Multi  
 Vial Powder Sgl  
 Vial Powder Multi  
 Other: Write In \_\_\_\_\_

**What is the NDC selling unit?**   
 (Write-in, e.g. 1 Box of 10 Vials)  
**Minimum order quantity?**

**If Yes, how many of which package type?**  
 Each  
 Inner/Carton/Pack  
 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?** \_\_\_\_\_ **Rx billing unit to pharmacy:** \_\_\_\_\_  
 (Write-in, e.g. 1 Vial)  Each  
 Gram  
**HCPSC J-Code:** \_\_\_\_\_  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	1.88	1.88	3.23	11.42	1
Box/Carton/Bundle/Inner Pack:						
Case:	3.21	12.3	8.3	3.8	387.94	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		00331722324014	
<input checked="" type="checkbox"/> Box/Carton/Bundle/Inner Pack					
<input checked="" type="checkbox"/> Case	N	24		10331722324011	
<input type="checkbox"/> Pallet					

## COST INFORMATION

**Regular Cost** \_\_\_\_\_  
**Invoice Cost (WAC) (\$)**   
**As of date:**

**WHOLESALE USE ONLY:**  
**Vendor #:** \_\_\_\_\_  
**Whsl. Code #:** \_\_\_\_\_  
**Fineline Code:** \_\_\_\_\_

## 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  No

NFPA Storage Level:

NFPA Storage Level:

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

### 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  No

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

**REMS:**

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:**

Registry Program Contact Name:  Phone:

Comments

### ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance?  Yes  No  
 Controlled Substance Code  1205

Controlled by State(s)?  Yes  No  
 Listed Chemical (List I or II)  Yes  No

ARCOS Reportable?  Yes  No  
 If yes, indicate which:

Schedule No.  2  
 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  No

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  No

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

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

If so, which states? Other requirements? Comments?

DEA Form 222 or its electronic equivalent is required for all returns in all states.

### MISCELLANEOUS NOTES and/or Image of Product Barcode:

\*Storage of this product must abide by the federally mandated DEA requirements outlined in 21 CFR Part 1301.72.



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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
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"/>	<b>Purchase order daily receipt cut off time by supplier</b> 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"/>	<b>Overnight receipt available:</b> <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 <b>Priority Overnight receipt available:</b> <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> <b>Saturday Overnight receipt available:</b> <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"/>