



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

Version 2024			Introduction Type: New Item		☒ Final Version		Date: 10/23/2025																																	
PRODUCT INFORMATION						SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																		
Company Name: Camber Pharmaceuticals, Inc. Application Number for NDA/ANDA/BLA; PMA/510(k): 214957 Medical Device Class, if applicable: DUNS: 11-856-3719 Proprietary Name (If Applicable) and Established Name: Gabapentin Tablets, USP 800 mg Selling Unit NDC: 31722-167-05 UDI Description: Gabapentin Tablets, USP 800 mg Active Ingredient(s): Gabapentin, 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 Application: ANDA NDA 505(b) Type: NOT APPLICABLE UPC: 331722167055 CVX Code: MVX Code: State: NJ Zip: 08854 Email: customerservice@camberpharma.com Fax: 732-562-8788						a. Temperature – Indicate the USP temperature range for this product. Temperature Range Store at 25°C (77°F) Other Temperature Range Requirement (write in) Excursions permitted between 15°C to 30°C (59°F to 86°F) Notes Is this product to be shipped to customers on ice? No Is this product to be shipped to customers on dry ice? No 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? *Yes Special returns requirements for this product? No d. Store product (unit of sale) upright? No Protect product (unit of sale) from light? No e. Shelf life: 24 Initial shelf life at launch (if different): Months																																		
ADDITIONAL PRODUCT INFORMATION						PRODUCT DESCRIPTION INFORMATION																																		
The product is? a legend device? No if yes, enter class # a product kit? No if yes, list NDCs of component parts reverse numbered? No co-licensed? No latex-free? Yes preservative-free? Yes correctional institution block? No opioid? No Cannabinoid? No 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 Corn, Alcohol, Wheat Country of Origin USA Is this product covered under the Trade Agreements Act (TAA)? Yes						Size: 500 ct Strength: 800 mg Dosage Form: Film coated tablet Product Shape: Oval, biconvex Product Color: White Product Imprint: Debossed with 'T' on the left side of the blisc and '3' on the right side of the blisc on one side and blisc on other side																												
FOR GENERIC DRUG PRODUCTS																																								
I. Orange Book Rating: AB II. Generic Equivalent to What Brand?: Neurontin Authorized Generic ☐ *If Authorized Generic, other section fields are not applicable																																								
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION																																								
Does supplier meet DSCSA definition of manufacturer? Yes Is product exempt from DSCSA? No If yes, select exemption: Other exemption - Write in: Is product repackaged? No Is product sold by manufacturer's exclusive distributor? Yes Has FDA granted waiver/exception/exemption for product? No If yes, attach documentation from FDA. GLN: 0331722498975 shipments to non-controlled substance states GCP: 0843368117603 shipments to controlled substance states If yes, was original product purchased direct from mfr? Provide source manufacturer for repackaged product																																								
GTIN AND HIBCC PRODUCT INFORMATION																																								
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WHOLESALE USE ONLY:																																								
Signature:																																								

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING AND BARCODE.

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature:



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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?	No		
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?			
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?			
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#			
ADD'L STORAGE INFORMATION			
Is the Product...			
Controlled Substance?	No	Controlled Substance Code	
Controlled by State(s)?	Yes	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 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			
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?		Yes	
If so, which states? Other requirements? Comments?			
This product is classified as a Schedule V controlled substance in Alabama, Kentucky, Montana, North Dakota, Tennessee, Utah, Virginia, and West Virginia.			
MISCELLANEOUS NOTES and/or Image of Product Barcode:			

Release DATE



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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 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: Fax Number: Fax Number: Phone No.: Site Address:	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: Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight and Priority Overnight PO Processing Overnight receipt available: PO Receipt cut off time: Days of week overnight is available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Priority Overnight receipt available: PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: Order receipt method: Phone: Phone #: Fax: Fax #: EDI: Overnight Fees apply: Other fees apply:
Class of Trade Restriction: 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:	
Other Data Information Required to Process PO: Patient Procedure Date: Physician Name: Physician/Clinic Phone #: Physician State License #: Physician/Clinic DEA #: Physician/Clinic Specialty:	Return Instructions 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?