



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

Version 2021 Introduction Type: Final Version Date:

PRODUCT INFORMATION		SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																							
Company Name: <input type="text" value="Camber Pharmaceuticals, Inc."/> Application: <input type="text" value="ANDA"/> Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): <input type="text" value="214957"/> Medical Device Class, if applicable: <input type="text"/> DUNS: <input type="text" value="11-856-3719"/> Proprietary Name (If Applicable) and Established Name: <input type="text" value="Gabapentin Tablets, USP 600 mg"/> Selling Unit NDC: <input type="text" value="31722-166-05"/> Unit of Use NDC: <input type="text"/> UPC: <input type="text" value="331722166010"/> UDI <input type="text"/> CVX Code: <input type="text"/> MVX Code: <input type="text"/> Description: <input type="text" value="Gabapentin Tablets, USP 600 mg"/> Active Ingredient(s): <input type="text" value="Gabapentin"/> URL for Additional Product Information: <input type="text" value="www.camberpharma.com"/> Address: <input type="text" value="1031 Centennial Ave (and) 800 Centennial Ave, Suite 1"/> Address 2: <input type="text"/> City: <input type="text" value="Piscataway"/> State: <input type="text" value="NJ"/> Zip: <input type="text" value="08854"/> Key Contact: <input type="text" value="Customer Service"/> Email: <input type="text" value="customerservice@camberpharma.com"/> Phone Number: <input type="text" value="1-866-827-3647"/> Fax: <input type="text" value="732-562-8788"/> Product Therapeutic Classification: <input type="text" value="Anitconvulsant"/>		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) <input type="text"/> Notes <input type="text"/> 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? <input type="text" value="**Yes"/> Special returns requirements for this product? <input type="text" value="No"/> d. Store product (unit of sale) upright? <input type="text" value="No"/> e. Shelf life: <input type="text" value="No"/> Protect product (unit of sale) from light? <input type="text" value="No"/> Initial shelf life at launch (if different): <input type="text" value="24"/> Months <input type="text" value="24"/> Months																																							
ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION																																							
The product is a legend device? <input type="text" value="No"/> if yes, enter class # <input type="text"/> a product kit? <input type="text" value="No"/> if yes, list NDCs of component parts reverse numbered? <input type="text"/> co-licensed? <input type="text" value="No"/> latex-free? <input type="text" value="Yes"/> preservative-free? <input type="text" value="Yes"/> 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"/> If Unit Dose, indicate NDC here: <input type="text"/>		Is the Product... Direct-Ship Only <input type="text"/> Is the Product... Neither <input type="text"/> Orphan Drug Status <input type="text"/> FDA Approval Status <input type="text"/> Allergens Present <input type="text" value="Corn, Alcohol, Wheat"/> Country of Origin <input type="text" value="USA"/> Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="Yes"/>																																							
Size: <input type="text" value="500 ct"/> Strength: <input type="text" value="600 mg"/> Dosage Form: <input type="text" value="Film coated tablets"/> Product Shape: <input type="text" value="Oval, biconvex"/> Product Color: <input type="text" value="White"/> Product Imprint: <input type="text" value="Debossed with '1' on the left side of the bisect and '1' on the right side of the bisect on one side and bisect on other side."/>		Unit of Sale <input type="text" value="x"/> <input type="text" value="Bottle"/> <input type="text"/> <input type="text" value="Box/Carton"/> <input type="text"/> <input type="text" value="Ampule"/> <input type="text"/> <input type="text" value="Glass"/> <input type="text"/> <input type="text" value="Tube"/> <input type="text"/> <input type="text" value="Vial Liquid Sgl"/> <input type="text"/> <input type="text" value="Vial Liquid Multi"/> <input type="text"/> <input type="text" value="Vial Powder Sgl"/> <input type="text"/> <input type="text" value="Vial Power Multi"/> <input type="text"/> <input type="text" value="Other: Write In"/> What is the NDC selling unit? <input type="text" value="1 Bottle of 500 Tablets"/> (Write-in, e.g. 1 Box of 10 Vials) Minimum order quantity? <input type="text" value="Yes"/> If Yes, how many of which package type? <input type="text" value="12"/> Each <input type="text"/> Inner/Carton/Pack <input type="text"/> Case																																							
FOR GENERIC DRUG PRODUCTS																																									
I. Orange Book Rating: <input type="text" value="AB"/> <input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable II. Generic Equivalent to What Brand?: <input type="text" value="Neurontin Tablet"/>																																									
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"/> GLN: <input type="text" value="0331722000000"/> If yes, select exemption: <input type="text"/> Other exemption - Write in: <input type="text"/> GCP: <input type="text"/> 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/exemption/exemption for product? <input type="text" value="No"/> If yes, attach documentation from FDA. <input type="text"/> If yes, was original product purchased direct from mfr? <input type="text"/> Provide source manufacturer for repackaged product <input type="text"/>																																									
GTIN AND HIBCC PRODUCT INFORMATION																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Saleable Unit of Measure</th> <th>Saleable Quantity</th> <th>HIBCC</th> <th>GTIN-14</th> <th>Unit of Use GTIN-14</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Item/Each</td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> <td><input type="text" value="00331722166058"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Box/Carton/Bundle/Inner Pack</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Case</td> <td><input type="text" value="12"/></td> <td><input type="text"/></td> <td><input type="text" value="10331722166055"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Pallet</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>				Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14	<input checked="" type="checkbox"/> Item/Each	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="00331722166058"/>	<input type="text"/>	<input type="checkbox"/> Box/Carton/Bundle/Inner Pack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> Case	<input type="text" value="12"/>	<input type="text"/>	<input type="text" value="10331722166055"/>	<input type="text"/>	<input type="checkbox"/> Pallet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
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ORDER INFORMATION																																									
PHARMACY ORDER / BILL UNIT Rec. sell unit to customer? <input type="text"/> (Write-in, e.g. 1 Vial) Rx billing unit to pharmacy: <input type="text"/> Each <input type="text"/> Gram <input type="text"/> Milliliter																																									
ITEM AND PACKING INFORMATION																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item/Each:</th> <th rowspan="2">Weight Lbs.</th> <th colspan="3">Dimensions (US msmts.)</th> <th rowspan="2">Volume (Cube)</th> <th rowspan="2">Saleable # Pieces</th> </tr> <tr> <th>Depth</th> <th>Width</th> <th>Height</th> </tr> </thead> <tbody> <tr> <td></td> <td>1.05</td> <td>3.25</td> <td>3.25</td> <td>6.75</td> <td>71.30</td> <td>1</td> </tr> <tr> <td>Box/Carton/Bundle/Inner Pack:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Case:</td> <td>13.2</td> <td>13.5</td> <td>10.25</td> <td>7.5</td> <td>1,037.81</td> <td>12</td> </tr> <tr> <td>Pallet:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces	Depth	Width	Height		1.05	3.25	3.25	6.75	71.30	1	Box/Carton/Bundle/Inner Pack:							Case:	13.2	13.5	10.25	7.5	1,037.81	12	Pallet:						
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COST INFORMATION		WHOLESALE USE ONLY:																																							
Regular Cost <input type="text"/> Invoice Cost (WAC) (\$) <input type="text" value="\$80.00"/> As of date: <input type="text"/>		Vendor #: <input type="text"/> Whsl. Code #: <input type="text"/> Fineline Code: <input type="text"/>																																							

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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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
- 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 Yes Controlled Substance Code
- Controlled by State(s)? Yes No Listed Chemical (List I or II) No Yes If yes, indicate which:
- ARCOS Reportable? No Yes If yes, indicate which:
- Schedule No. Is it a scheduled listed chemical product?: No Yes

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 Yes
- Restricted to hospital, clinics, and physician offices only: No Yes
- Restricted from US territories? (explain in comments) No Yes

Comments:

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 Yes 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 Yes If Yes, is it managed with a pharmacy registry? No Yes Website URL:

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

REMS: No Yes REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: No Yes Wholesale distributor support: No Yes Provider Name: DEA #: Site Enrollment Number assigned by Supplier: NCPDP#: NPI #:

Comments

Registry: No Yes Registry Program Contact Name: Phone: Comments

RETURN INSTRUCTIONS

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

Is product returnable for credit: No Yes

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

Special regulations or returns requirements for this product in certain states? No Yes If so, which states? Other requirements? Comments?

This product is classified as a schedule V controlled substance in Alabama, Kentucky, Michigan, North Dakota, Tennessee, Virginia, and West Virginia.

MISCELLANEOUS 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 Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> 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"/>	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 Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>