



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

Version 2021 Introduction Type: Final Version Date:

PRODUCT INFORMATION	
Company Name:	Camber Pharmaceuticals, Inc.
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	215523
Medical Device Class, if applicable:	
DUNS:	82-677-4775
Proprietary Name (If Applicable) and Established Name:	Dexmethylphenidate HCl ER 10mg 100ct
Selling Unit NDC:	31722-230-01
Unit of Use NDC:	
UPC:	331722230018
CVX Code:	
MVX Code:	
Description:	Oral solid capsule, capsule shaped, white/white, M10 and AC
Active Ingredient(s):	Dexmethylphenidate Hydrochloride
URL for Additional Product Information:	
Address:	1031 Centennial Ave (and) 800 Centennial Ave, Suite 1
City:	Piscataway
Key Contact:	Customer Service
Phone Number:	1-866-827-3647
Product Therapeutic Classification:	
Address 2:	
State:	NJ
Zip:	08854
Email:	customerservice@camberpharma.com
Fax:	732-562-8788

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	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:	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?	<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:	<input type="text" value="24"/> Months
Initial shelf life at launch (if different):	<input type="text" value=""/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? if yes, enter class #	<input type="text" value="No"/>	Is the Product... Direct-Ship Only	<input type="text" value="Neither"/>
a product kit? if yes, list NDCs of component parts reverse numbered?	<input type="text" value="No"/>	Is the Product... Orphan Drug Status	<input type="text" value=""/>
co-licensed?	<input type="text" value="No"/>	FDA Approval Status	<input type="text" value=""/>
latex-free?	<input type="text" value="No"/>	Allergens Present	<input type="text" value=""/>
preservative-free?	<input type="text" value="Yes"/>	Country of Origin	<input type="text" value="USA"/>
correctional institution block?	<input type="text" value="No"/>	Size:	<input type="text" value="100ct"/>
opioid?	<input type="text" value="No"/>	Strength:	<input type="text" value="10mg"/>
Cannabinoid?	<input type="text" value="No"/>	Dosage Form:	<input type="text" value="Oral Solid - Capsule"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text" value="No"/>	Product Shape:	<input type="text" value="Capsule Shaped"/>
If Unit Dose, indicate NDC here:	<input type="text" value=""/>	Product Color:	<input type="text" value="White/ White"/>
		Product Imprint:	<input type="text" value="M10 and AC"/>
		Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="No"/>

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 bottle of 100 capsules"/>
<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	Minimum order quantity? <input type="text" value="Yes"/>
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Power Multi	
<input type="checkbox"/> Other: Write In	
	If Yes, how many of which package type?
	<input type="text" value=""/> Each
	<input type="text" value=""/> Inner/ Carton/Pack
	<input checked="" type="checkbox"/> Case

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

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text" value=""/>	<input type="text" value=""/>
(Write-in, e.g. 1 Vial)	<input type="text" value=""/> Each
	<input type="text" value=""/> Gram
	<input type="text" value=""/> 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:	<input type="text" value=""/>
Is product repackaged?	<input type="text" value="No"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="No"/>
Has FDA granted waiver/exemption/exemption for product?	<input type="text" value="No"/>
If yes, attach documentation from FDA.	
GLN:	<input type="text" value="0331722000000"/>
GCP:	<input type="text" value=""/>
If yes, was original product purchased direct from mfr?	<input type="text" value=""/>
Provide source manufacturer for repackaged product	<input type="text" value=""/>

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.1		2.093	3.725		1
Box/ Carton/ Bundle/ Inner Pack:						
Case:	3	14.5	10.25	4.75		24
Pallet:						

GTIN AND HIBCC PRODUCT INFORMATION				
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" value="00331722230018"/>	
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	<input type="text" value="24"/>		<input type="text" value="10331722230015"/>	
<input type="checkbox"/> Pallet				

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost	<input type="text" value=""/>	Vendor #:	<input type="text" value=""/>
Invoice Cost (WAC) (\$)	<input type="text" value="\$106.00"/>	Whsl. Code #:	<input type="text" value=""/>
As of date:	<input type="text" value=""/>	Fineline Code:	<input type="text" value=""/>

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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION																	
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/> No</p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger & Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/></p> <p>RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit? <input type="checkbox"/> (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity <input type="checkbox"/> Consumer Commodity, ORM-D <input type="checkbox"/> Small Quantity (49 CFR 173.4) <input type="checkbox"/> Special Permit; DOT-SP <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); SP# <input type="text"/></p>	<div style="background-color: #2c4e64; color: white; padding: 2px; text-align: center; font-weight: bold;">SDS Hazard Classification</div> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p>Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/></p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? <input type="checkbox"/> No If yes, indicate which: <input type="text"/></p>	<input checked="" type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard										
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<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard																
Hazardous Waste Identification																	
EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/>																	
REMS or REGISTRY RESTRICTIONS																	
<p>Is there a REMS on this product? <input type="checkbox"/> No</p> <p>If Yes, is it managed with a pharmacy registry? <input type="text"/></p> <p>Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/></p> <p>Limited Distribution Requirement <input type="checkbox"/></p> <p>Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p>REMS: <input type="checkbox"/> No</p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="checkbox"/></p> <p>Wholesale distributor support: <input type="checkbox"/></p> <p>Provider Name: <input type="text"/> DEA #: <input type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input type="text"/> NCPDP#: <input type="text"/></p> <p>NPI #: <input type="text"/></p> <p>Comments <input type="text"/></p> <p>Registry: <input type="checkbox"/> No</p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments <input type="text"/></p>																	
RETURN INSTRUCTIONS																	
<p>Contact tel. # if product received damaged: <input type="text"/> 1-866-827-3647</p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</p> <p>URL/Link to returns policy: <input type="text"/> contact - customerservice@camberpharma.com</p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No</p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>																	
ADD'L STORAGE INFORMATION																	
<p>Is the Product...</p> <table style="width:100%; border: none;"> <tr> <td style="width: 20%;">Controlled Substance?</td> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 20%;">Controlled Substance Code</td> <td style="width: 50%;"><input type="text"/> 1724</td> </tr> <tr> <td>Controlled by State(s)?</td> <td><input type="checkbox"/> No</td> <td>Listed Chemical (List I or II)</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>ARCOS Reportable?</td> <td><input type="checkbox"/></td> <td>If yes, indicate which:</td> <td><input type="text"/></td> </tr> <tr> <td>Schedule No.</td> <td><input type="text"/> 2</td> <td>Is it a scheduled listed chemical product?:</td> <td><input type="checkbox"/> No</td> </tr> </table>		Controlled Substance?	<input type="checkbox"/> Yes	Controlled Substance Code	<input type="text"/> 1724	Controlled by State(s)?	<input type="checkbox"/> No	Listed Chemical (List I or II)	<input type="checkbox"/> No	ARCOS Reportable?	<input type="checkbox"/>	If yes, indicate which:	<input type="text"/>	Schedule No.	<input type="text"/> 2	Is it a scheduled listed chemical product?:	<input type="checkbox"/> No
Controlled Substance?	<input type="checkbox"/> Yes	Controlled Substance Code	<input type="text"/> 1724														
Controlled by State(s)?	<input type="checkbox"/> No	Listed Chemical (List I or II)	<input type="checkbox"/> No														
ARCOS Reportable?	<input type="checkbox"/>	If yes, indicate which:	<input type="text"/>														
Schedule No.	<input type="text"/> 2	Is it a scheduled listed chemical product?:	<input type="checkbox"/> No														
CLASS OF TRADE RESTRICTION:																	
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> No</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>																	
MISCELLANEOUS NOTES and/or Image of Product Barcode:																	
<input type="text"/>																	



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"/> 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:	
<input type="text"/>	
	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>