



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

Version 2024			Introduction Type: New Item		☒ Final Version		Date: 10/22/2025				
PRODUCT INFORMATION						SPECIAL HANDLING AND STORAGE REQUIREMENTS*					
Company Name: Camber Pharmaceuticals, Inc.						Application: ANDA					
Application Number for NDA/ANDA/BLA; PMA/510(k): 075903						NDA 505(b) Type: NOT APPLICABLE					
Medical Device Class, if applicable:											
DUNS: 11-856-3719											
Proprietary Name (If Applicable) and Established Name: Lisinopril Tablets, USP 20 mg											
Selling Unit NDC: 31722-178-10						Unit of Use NDC:					
UDI						UPC: 331722178105					
CVX Code:						MVX Code:					
Description: Lisinopril Tablets, USP 20 mg											
Active Ingredient(s): Lisinopril, USP											
URL for Additional Product Information: www.camberpharma.com											
Address: 800 Centennial Ave, Suite 1						Address 2:					
City: Piscataway						State: NJ					
Key Contact: Customer Service						Zip: 08854					
Phone Number: 1-866-827-3647						Email: customerservice@camberpharma.com					
						Fax: 732-562-8788					
Product Therapeutic Classification: Angiotensin converting enzyme (ACE) inhibitor											
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? co-licensed? No latex-free? Yes preservative-free? Yes correctional institution block? No opioid? No Cannabinoid? No						Is the Product... Direct-Ship Only Neither Orphan Drug Status FDA Approval Status Allergens Present Corn Country of Origin USA Is this product covered under the Trade Agreements Act (TAA)? Yes					
If Unit Dose, is item bar coded to unit dose for hospital scanning?						Size: 1000 ct Strength: 20 mg Dosage Form: Tablet Product Shape: Round, flat faced, beveled edge Product Color: Red Product Imprint: Debossed with 'E 4' on one side and plain on the other side					
If Unit Dose, indicate NDC here:											
FOR GENERIC DRUG PRODUCTS											
I. Orange Book Rating: AB ☐ Authorized Generic *If Authorized Generic, other section fields are not applicable											
II. Generic Equivalent to What Brand?: Zestril											
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 GCP: If yes, was original product purchased direct from mfr? Provide source manufacturer for repackaged product											
GTIN AND HIBCC PRODUCT INFORMATION											
Saleable Unit of Measure RFID tag(Y/N) Saleable Quantity HIBCC GTIN-14 Unit of Use GTIN-14											
☒ Item/Each N 1 00331722178105											
☒ Box/ Carton/ Bundle/ Inner Pack N 12 10331722178102											
☐ Case											
☐ Pallet											
ITEM AND PACKING INFORMATION											
Weight Lbs. Dimensions (US msmts.) Volume (Cube) Saleable # Depth Width Height Pieces											
Item/Each: 0.57 2.8 2.8 4.5 35.28 1											
Box/ Carton/ Bundle/ Inner Pack:											
Case: 7.65 12 9 5 540.00 12											
Pallet:											
COST INFORMATION											
Regular Cost Vendor #:											
Invoice Cost (WAC) (\$) \$75.00 Whsl. Code #:											
As of date: 7/27/2022 Fineline Code:											
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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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

- a. Cytotoxic?
- b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
Is the product a CA Prop 65 carcinogen?
Is the product a CA Prop 65 reproductive toxicant?
Does the product label bear a CA Prop 65 warning?

- c. Contact Hazard?
- d. Does this product require special clean-up instructions?
(If yes, attach SDS with special instructions.)
- e. Does the product contain DEHP?

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:

- Passenger
 Cargo
 Passenger & Cargo

Is this a reportable quantity?

RQ Threshold:

Is this a marine pollutant?

Is this product shipped utilizing an authorized DOT exception or Special Permit?

- (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? | <input type="text" value="No"/> | Controlled Substance Code | <input type="text"/> |
| Controlled by State(s)? | <input type="text" value="No"/> | Listed Chemical (List I or II) | <input type="text" value="No"/> |
| ARCOS Reportable? | <input type="text" value="No"/> | If yes, indicate which: | <input type="text"/> |
| Schedule No. | <input type="text" value="No"/> | Is it a scheduled listed chemical product?: | <input type="text" value="No"/> |

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:

SDS Hazard Classification

- | | |
|---|--|
| ☒ Organic | <input type="text" value="No"/> Corrosive |
| ☐ Inorganic | <input type="text" value="No"/> Oxidizer |
| ☐ Steroid/Androgen | <input type="text" value="No"/> Contact Hazard |

Does the product have an Aerosol class? If yes, identify NFPA Storage Level:

NFPA Storage Level:

Is the product a NIOSH hazardous drug?

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

Waste Characteristics

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?

If Yes, is it managed with a pharmacy registry?

Website URL:

Med Guide Required

Limited Distribution Requirement

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

REMS:

REMS Program Manager Name:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned

by Supplier:

Phone:

DEA #:

NCPDP#:

NPI #:

Comments

Registry:

Registry Program Contact Name:

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?

No

If so, which states? Other requirements? Comments:

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? ☐