

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

Version 2021						Introduction 1	Туре:	New Item]	000	Final Version			Date:	2/22	/2022
PRODUCT INFORMATION									SPECIAL HAN	DLING AND STOR	RAGE REQUI	REMENTS*				
Company Name: Camber Pharmaceuticals, Inc. Application: ANDA							a. Temperature – Indicate the USP temperature range for this product.									
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 075903 Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F)																
Medical Device Class, if applical																
DUNS:	82-677-4775										perature Range F	Requirement				
Proprietary Name (If Applicable) a		ame: Li	sinopril Tablets 40mg 100ct						.	(write	e in)					
Selling Unit NDC: UDI	31722-180-01		Unit of Use NDC: CVX Code:			UPC: MVX Code:	33172	2180016	+	Notes						
						WVX Code.			1							
Description: Oral Solid - tablet, round, yellow, Upper: E6 Lower: Plain											to customers on i			No No		
Active Ingredient(s):		Lisinopril							+	is this pro	auct to be snipped	to customers on	ury ice?		INO	_
Active ingredient(s).		Lisinopin							b. Contact fo	r temperatu	re excursion que	estions:				
URL for Additional Product Inform	nation:									Name:			Soma Raju			
Address:		Ave (and) 800 Ce	entennial Ave, Suite 1			Address 2:				Number:			732-529-04			
City:	Piscataway			State:	NJ Zip: 08854			Group E-mail:			somaraju@heterousa.com					
Key Contact:	Customer Service			Email:		sustomerservice@camberpharma.com 32-562-8788			Supplied to a manufaction of the supplied of t					NI.	1	
Phone Number:	1-866-827-3647 Fax:			rax:	732-562-8788			c. Special regulations for product in any states? Special returns requirements for this product?			No No					
Product Therapeutic Classification	n:									Special re	turns requirement	s for this product?			No	
ADDITIONAL PRODUCT INFORMATION PRODUCT DESCRIPTION INFORMATION d. Store product (unit of sale) upright?											1					
The product is?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0.2.	Is the Product	Direct-Ship C	nly		D_00		u. otore proc		oduct (unit of sa	la) fram limbt?			No	1
a legend device?		No	Is the Product	Neither	/illy			100ct	e. Shelf life:	Protect p	oduct (unit of sa	ie) from light?			24	Months
if yes, enter class #		INO	Orphan Drug Status			Size:		10001	c. onen me.	Initial she	If life at launch (i	if different):			2.4	Months
a product kit?		No				Ctuo m mth.		40mg								
if yes, list NDCs of			FDA Approval Status			Strength:						ORDER INFOR	MATION			
component parts						Dosage Form	m:	Oral Solid - Tablet								
reverse numbered?		No	Allanana Barrana							Unit of Sa				NDC selling	unit?	
co-licensed?		No Yes	Allergens Present					Round			Bottle Box/Carton		1 bottle of 1	oo tablets .g. 1 Box of 1	O \/iolo\	
preservative-free?		Yes				Product Sha	ape:	Round			Ampule		(vviite-iii, e	.y. 1 box 01 1	U Viais)	
correctional institution block?		No						Yellow			Blass		Minimum o	rder quantity	1?	Yes
opioid?		No				Product Col	or:				ube					
Cannabinoid?		No	Country of Origin	USA		Product Imp	rint.	Upper: E6 Lower: Plain			/ial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for										/ial Liquid Multi				ich package	type?
hospital scanning?			Is this product covered u								/ial Powder Sql		24	Each	/D1	
If Unit Dose, indicate NDC here:			Trade Agreements Act (AA)?							/ial Power Multi Other: Write In			Inner/Cartor Case	л/Раск	
			FOR GENERIC DRUG PR	ODUCTS					1		Suici. Wille III			Joase		
			TOR OLIVERIO BROOT R	555515												
					Au	thorized Generic	*If Aut	thorized Generic, other			PH	ARMACY ORDER	/ BILL UNIT			
I. Orange Book Rating:	AB						section	n fields are not applicable	Rec. sell unit	t to custome	er?		Rx billing u	nit to pharm	acv:	
II. Generic Equivalent to What Bra	ınd?:	Zestril		_					I			1		Each		
					(Write-in, e.g. 1 Vial) Gram											
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION												Milliliter				
Dana aumuliau maat DSCSA dafini		2	Voo	_	CI Ni	0224722000000					ITEM	I AND PACKING I	NEODMATIO	M		
Does supplier meet DSCSA defini Is product exempt from DSCSA?	nion or manuractu	lei :	Yes No	-	GLN:	0331722000000					TIEW	PACKING I	NI-OKWATIO	N-		
					GCP:				1			Dimone	ions (US msı	nte \	Valuma	Calaabla#
If yes, select exemption: Other exemption - Write in:					GCP:				J.		Weight Lbs.	Depth	Width	Height	Volume (Cube)	Saleable # Pieces
Is product repackaged?			No		If yes, was or	riginal product pur	chased		Item/Each:			Бери				
Is product sold by manufacturer's	exclusive distribu	utor?	No	7	direct from m						0.1		1.5	3.5	0	1
Has FDA granted waiver/exception		roduct?	No		Provide sour	ce manufacturer fo	or repac	kaged product	Box/Carton/E	Bundle/					0	
If yes, attach documentation from	m FDA.								Inner Pack:							
			GTIN AND HIBCC PRODUCT II	JEODMATION					Case:		2.55	10	7	4.5	0	24
			GTIN AND HIBCC PRODUCT II	NFORMATION					Pallet:							
Saleable Unit of Measure	5	Saleable Quantity	HIBCC		GTI	N-14		Unit of Use GTIN-14	l'allet.						0	
X Item/Each		1				31722180016						1				
Box/Carton/Bundle/Inner Pack										COST	INFORMATION			WHOLESAL	ER USE ONL	_Y:
X Case		24			103	31722180013										
Pallet									Regular Cos				Vendor #:			
	-								Invoice Cost	(WAC) (\$)		\$15.00	Whsl. Code			
	-								As of date:				I memie Co	uc.		
			Attach copy of SAFETY DA	TA SHEET (SD	S) or non haza	ard letter, PACKAGE	INSER	T, LABEL AND PHOTO OF F	PRODUCT PACK	AGING and	BARCODE.					
*Please provide any additional inf	ormation on nogo	2				See new n 3 for	r Docian	nated Dron Shin Only		Signature						



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For Designated Drop Ship Only Products, Please Use Page 3

M.F	TERIAL HAZ	ARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply): a. Cytotoxic?	No	SDS Hazard Classification					
 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? 	X Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard						
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?	No No	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: NFPA Storage Level:					
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	No	Is the product a NIOSH hazardous drug? If yes, indicate which:	No				
c. DOT Hazard Class d. Packing Group		Hazardous Waste Identification					
e. Inhalation Hazard?	No	EPA Hazardous Waste Code:		Waste Characteristics			
Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS)	No	REMS of	REGISTRY RESTRICTIONS				
a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	No	Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:	No				
Is the product restricted for air shipment? If so, indicate restriction: Passenger Cargo Passenger & Cargo	No	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)					
Is this a reportable quantity? RQ Threshold: Is this a marine pollutant? No 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)		REMS: REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier:	No	Phone: DEA #: NCPDP#: NPI #:			
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101);		Comments					
SP#		Registry: Registry Program Contact Name:	No	Phone:			
ADD'L STORAGE INFORMATION		Comments		· ·			
Is the Product Controlled Substance? Controlled Substance Code Controlled by State(s)? ARCOS Reportable? No Listed Chemical (List I or II) If yes, indicate which:	No	RI Contact tel. # if product received damaged:	RETURN INSTRUCTIONS 1-866-827-3647				
Schedule No. Is it a scheduled listed chemical product?: CLASS OF TRADE RESTRICTION:		Is product returnable for credit:	Yes				
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	Yes	URL/Link to returns policy:	rvice@camberpharma.com				
Restricted to retail pharmacy only:	No	Special regulations or returns requirements for this					
Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments)	No No	product in certain states? If so, which states? Other requirements? Comments?					
Comments:							
М	ISCELLANEC	UUS 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 S	nip Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI		Purchase order daily receipt cut off time by supplier Cut off time:
b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Phone:	per:	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 Designa	ed Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order:		Overnight receipt available: PO Receipt cut off time:
Drop Ship miscellaneous fees billed: Comments:		Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday
		Priority Overnight receipt available:
Class of Trade Restriction		PO Receipt Cut off time:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinic Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	s and physician offices	Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information Required to F	rocess PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:		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?