

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

Version 2021						Introduction Ty	rpe:	New Item		x Final Version			Date:	2/22/	/2024
			PRODUCT INFORMA	TION						SPECIAL I	ANDLING AND STO	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): 216811							Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F)								
Medical Device Class, if applicable:															
DUNS:	11-856-3719									Other Temperature Ran	ge Requirement	Excursions	permitted bet	ween 15° to 3	0° С (59° -
Proprietary Name (If Applicable) a		ame: Icosa	pent Ethyl Capsules 0.5 g							(write in)		86° F)			
Selling Unit NDC:	31722-298-24		Unit of Use NDC:		31722-298-24		331722298247			Notes					
UDI			CVX Code:			MVX Code:			l						
Description:	Icosapent Ethyl C	apsules 0.5 g								Is this product to be shi	ped to customers on	ice?		No	
										Is this product to be shi	ped to customers on	dry ice?		No	
Active Ingredient(s): Icosapent Ethyl						II		_							
URL for Additional Product Information: www.camberpharma.com						b. Contact fo	r temperature excursion	questions:	Cama Daiu						
Address:		www.camberpharma Ave (and) 800 Cente			1	Address 2:			+	Name: Number:		Soma Raju 732-529-042	າາ		
City:	Piscataway	Ave (and) 000 Cente	Titilai Ave, Suite 1		State:		Zip : 08854			Group E-mail:			heterousa.com	n	
Key Contact:	Customer Service				customerservice@	customerservice@camberpharma.com			0.0up 2u		<u>oomaraja o</u>	iotoro do di co	<u></u>		
Phone Number:	1-866-827-3647				Fax:	732-562-8788			c. Special reg	gulations for product in	iny states?			No	1
Product Therapeutic Classification	n:	Omega-3 fatty acid	I antilipemic							Special returns requirer	ents for this product?			No	
-															1
	ADDITI	ONAL PRODUCT IN	IFORMATION			PRODUCT DE	ESCRIPTION II	NFORMATION	d. Store product (unit of sale) upright?						
The product is?			Is the Product	Direct-Ship (Only					Protect product (unit of	f sale) from light?			No	1
a legend device?		No	Is the Product	Unit of Use		Size:	240 ct		e. Shelf life:	. ,	, .			24	Months
if yes, enter class #			Orphan Drug Status			Size.				Initial shelf life at laun	h (if different):				Months
a product kit?		No				Strength:	0.5 g								
if yes, list NDCs of			FDA Approval Status			g					ORDER INFORI	MATION			
component parts		1				Dosage Form:		lled soft gelatin		11-2-40-1-		\A/b-a4 i-a 4b-a	NDC asilina		
reverse numbered? co-licensed?		No No	Allergens Present				capsule			Unit of Sale x Bottle			NDC selling 40 Capsules	unit?	
latex-free?		Yes	_				Oval cap	neula		Box/Carton			g. 1 Box of 1	0 Viale)	
preservative-free?		Yes	Soy,	Animal		Product Shape	e:	Soulc		Ampule		(vviite iii, e.	.g. 1 Dox 01 1	o viais)	
correctional institution block?		No					Clear, trans	parent capsule containing		Glass		Minimum o	rder quantity	?	Yes
opioid?		No				Product Color	clear to light	yellow colored solution		Tube					
Cannabinoid?		No	Country of Origin	USA		Product Imprii	Imprinte	d with "547' with		Vial Liquid Sg					
If Unit Dose, is item bar coded to u	unit dose for					Froduct Imprii	white in	(Vial Liquid Mu				ch package	type?
hospital scanning?			Is this product covered u							Vial Powder S		12	Each		
If Unit Dose, indicate NDC here:			Trade Agreements Act (TAA)?	Yes					Vial Power Mu			Inner/Cartor	/Pack	
									<u>l </u>	Other: Write In			Case		
			FOR GENERIC DRUG PR	ODUCIS											
					Aut	horized Generic *	*If Authorized C	Seperic other			PHARMACY ORDER	/ BILL LINIT			
L Common Borolo Bodinon	AB			_	Aut			re not applicable	Poo cell unit	t to customer?	THARMAOTORDER				
I. Orange Book Rating: II. Generic Equivalent to What Bra		Vascepa							Rec. Sell ullil	t to customer?		KX billing u	nit to pharm Each	acy:	
II. Generic Equivalent to What Bra	mur.	v азсера							(Write-in, e.g	ı 1 Vial)			Gram		
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION (Wile-ni, e.g. 1 Vial) (Wile-ni, e.g. 1 Vial)															
Does supplier meet DSCSA definit	tion of manufactu	rer?	Yes		GLN:	0331722000000					EM AND PACKING I	NFORMATIO	N		
Is product exempt from DSCSA?			No												
If yes, select exemption:					GCP:] [Weight Lbs		ions (US msr	•	Volume	Saleable #
Other exemption - Write in:									1	Weight Eb	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No			ginal product purch	nased		Item/Each:	0.52	2.86	2.86	5.4	44.17	1
Is product sold by manufacturer's			Yes No	-	direct from mf				Bay/O						
Has FDA granted waiver/exception If yes, attach documentation from		roduct?	INO		Provide sourc	e manufacturer for	гераскадеа р	roduct	Box/Carton/E	Sunale/					
ii yes, attacii documentation iroi	III FDA.								Case:						
		GT	IN AND HIBCC PRODUCT I	NFORMATION					I Cusc.	6.7	12.25	9	6	661.50	12
									Pallet:						
Saleable Unit of Measure	8	Saleable Quantity	HIBCC		GTIN	I-14		Use GTIN-14							
X Item/Each		1			0033	1722298247	00331	722298247		<u> </u>					
Box/Carton/Bundle/Inner Pack										COST INFORMATION	N N		WHOLESAL	ER USE ONL	.Y:
X Case		12			1033	1722298244			II <u>.</u>	_		l			
Pallet									Regular Cost		0400 1=	Vendor #: Whsl. Code			
	-								Invoice Cost	(AAWC) (9)	\$189.15	Fineline Co			
									As of date:			i illellile CO	uc.		
									Ш						
-			Attach copy of SAFETY Da	ATA SHEET (SI	DS) or non hazar	d letter, PACKAGE II	NSERT, LABEI	AND PHOTO OF F	PRODUCT PACK	AGING and BARCODE.					
*Please provide any additional infe	ormation on page	2.				See new p. 3 for D	Designated Dro	p 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?	SDS Hazard Classification 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? Is this product regulated for shipment by DOT?	identify NFPA Storage Level: NFPA Storage Level: Is the product a NIOSH hazardous drug? No					
(if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class	If yes, indicate which: Hazardous Waste Identification					
d. Packing Group e. Inhalation Hazard?	EPA Hazardous Waste Code: Waste Characteristics					
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?	REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:					
Is the product restricted for air shipment? If so, indicate restriction: Passenger Cargo Passenger & Cargo	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)					
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)	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#: NCPDP#: NPI #:					
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Comments Registry: No					
	Registry Program Contact Name: Phone:					
ADD'L STORAGE INFORMATION	Comments					
Is the Product Controlled Substance? No Controlled Substance Code	RETURN INSTRUCTIONS					
Controlled by State(s)? ARCOS Reportable? Schedule No. No Listed Chemical (List I or II) If yes, indicate which: Is it a scheduled listed chemical product?: No CLASS OF TRADE RESTRICTION:	Contact tel. # if product received damaged: 1-866-827-3647 Yes					
	URL/Link to returns policy:					
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Ye	contact - customerservice@camberpharma.com					
Restricted to retail pharmacy only:	Special regulations or returns requirements for this					
Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) No.	product in certain states? If so, which states? Other requirements? Comments?					
Comments:						
MISCELL	NEOUS 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 fo	r Designated Drop Ship 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:	Fax Number: Fax Number: Phone No.: Site Address:	Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt:					
F	Name: Phone:	Ships regular ground for 3-10 days receipt:					
Expedited Freight Charg	ges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing					
Expedited freight fees billed with each order:		Overnight receipt available:					
Drop Ship service fee billed with each order:		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 only: Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician of Restricted from US territories? (explain in conficulty) Comments:	offices only:	Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:					
Other Data Infor	rmation Required to Process 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?					
Mis	scellaneous Notes:						
		ADDITIONAL INFORMATION					
		Is product order for scheduled patient procedure? Is product order for restocking purposes?					