

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

Version 2024				Introduction Type:	New Item		x Final Version			Date:	4/2/	2025
		PRODUCT INFORMAT	ION				SPECIAL HAN	IDLING AND STOP	RAGE REQUI	REMENTS*		
Company Name: Camber Pharmaceuticals, Inc. ANDA					a. Temperature – Indicate the USP temperature range for this product.							
Application Number for NDA/AN	DA/BLA; PMA/510(k):	206788		NDA 505(b) Type:	NOT APPLICABLE		Temperature Range	Controlled Room		and 25 C (68	° – 77° F)	
Medical Device Class, if applical												
DUNS:	11-856-3719						Other Temperature Range	Requirement				
Proprietary Name (If Applicable) a		Eltrombopag Tablets 12.5 mg				I	(write in)					
Selling Unit NDC:	31722-841-30	Unit of Use NDC:	31722-841-30		722841306	. I I I I I I I I I I I I I I I I I I I	Notes					
UDI		CVX Code:		MVX Code:								
Description:	Eltrombopag Tablets 12.5 mg						Is this product to be shippe	d to customers on i	ice?		No	
							Is this product to be shippe	d to customers on o	dry ice?		No	
Active Ingredient(s):	Eltrombopa	g olamine										
UDI for Additional Draduct Inform	unur combo	rpharma.com					emperature excursion qu Name:	estions:	Soma Raju			
URL for Additional Product Inform Address:	800 Centennial Ave, Suite 1	iphama.com		Address 2:			Number:		732-529-042	23		
City:	Piscataway		State:	NJ Zi	o: 08854		Group E-mail:			neterousa.cor	n	
Key Contact:	Customer Service		Email:	customerservice@can							_	
Phone Number:	1-866-827-3647		Fax:	732-562-8788		c. Special regu	lations for product in any	states?			No	
Product Therapeutic Classificatio	n: Thrombopoi	etin receptor agonist					Special returns requirement	ts for this product?			No	
						_						_
	ADDITIONAL PROD	UCT INFORMATION		PRODUCT DESC	CRIPTION INFORMATION	d. Store produc	ct (unit of sale) upright?				No	
The product is?		Is the Product	Direct-Ship Only				Protect product (unit of sa	ale) from light?			No	1
a legend device?	No	Is the Product	Unit of Use	Size:	30 ct	e. Shelf life:					36	Months
if yes, enter class #		Orphan Drug Status		0.201			Initial shelf life at launch (if different):				Months
a product kit?	No			Strength:	12.5 mg			ORDER INFOR				
if yes, list NDCs of component parts		FDA Approval Status			Film-coated tablet			ORDER INFORM	WATION			
reverse numbered?	No			Dosage Form:	Film-coaled lablel		Unit of Sale		What is the	NDC selling	unit?	
co-licensed?	No	Allergens Present				Γ	x Bottle		1 Bottle of 3			
latex-free?	Yes		10 I	Dec deci Oberra	Round, biconvex, bevel		Box/Carton			g. 1 Box of 1	0 Vials)	
preservative-free?	Yes	Dye, V	vneat	Product Shape:	edged		Ampule					
correctional institution block?	No			Product Color:	Off white		Glass		Minimum o	rder quantity	?	Yes
opioid?	No	-	1 11				Tube					
Cannabinoid?	No	Country of Origin	India	Product Imprint:	Debossed with 'H' on one side and 'E10' on the other side	_	Vial Liquid Sgl					
If Unit Dose, is item bar coded to u hospital scanning?	Init dose for	Is this product covered un	dor the			-	Vial Liquid Multi Vial Powder Sql			many of whi Each	ch package	type?
If Unit Dose, indicate NDC here:							viai Fuwuei Syi		24			
		Trade Agreements Act (TA	AA)? No				Vial Powder Multi			Inner/Cartor	/Pack	
Il Onit Dose, indicate NDC here:		Trade Agreements Act (TA	AA)? No			-	Vial Powder Multi Other: Write In			Inner/Cartor Case	/Pack	
i onit Dose, indicate NDC nere:											/Pack	
I Onit Dose, indicate NDC nere:		FOR GENERIC DRUG PRO									I/Pack	
ii Onit Dose, indicate NDC nere.			DUCTS		Authorized Generic, other		Other: Write In	IARMACY ORDER	R / BILL UNIT		I/Pack	
	AB		DUCTS		Authorized Generic, other tion fields are not applicable	Rec. sell unit to	Other: Write In	IARMACY ORDER		Case		
I. Orange Book Rating: II. Generic Equivalent to What Bra			DUCTS			Rec. sell unit to	Other: Write In	IARMACY ORDER				
I. Orange Book Rating:	nd?: Promacta	FOR GENERIC DRUG PRO	AL			(Write-in, e.g. 1	Other: Write In PP Coustomer? Vial)	IARMACY ORDER		Case nit to pharm Each Gram		
I. Orange Book Rating:	nd?: Promacta		AL				Other: Write In PP Coustomer? Vial)			Case nit to pharm		
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I. Orange Book Rating: II. Generic Equivalent to What Bra Does supplier meet DSCSA defini	nd?: Promacta	FOR GENERIC DRUG PRO SUPPLY CHAIN SECURITY ACT (D Yes	AL			(Write-in, e.g. 1	Other: Write In Pto customer? Vial)	IARMACY ORDER	Rx billing u	Case nit to pharma Each Gram Milliliter		
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HDA Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2024 For Designa	ted Drop Ship Only Products, Please Use Page 3
MATERIAL HA	ZARD 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? 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? No	x Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Image: Contact Hazard
(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 a NIOSH hazardous drug? If yes, indicate which: Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics
Is this product regulated for shipment by IATA? No (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? No If Yes, is it managed with a pharmacy registry? No Website URL: Image: Colored and Col
Is the product restricted for air shipment? If so, indicate restriction: Passenger No Cargo Passenger & Cargo Is this a reactable quantity? No	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?) REMS: No
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 Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101);	REMS: No REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: Provider Name: Site Enrollment Number assigned DEA #: by Supplier: NPI #:
SP#	Registry: No Registry Program Contact Name: Phone:
ADD'L STORAGE INFORMATION Is the Product Controlled Substance Code	Comments RETURN INSTRUCTIONS
Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No ARCOS Reportable? No If yes, indicate which: No Schedule No. Is it a scheduled listed chemical product?: No	KEI URN INSTRUCTIONS Contact tel. # if product received damaged: 1-866-827-3647 Is product returnable for credit: Yes URL/Link to returns policy: Yes
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	contact - customerservice@camberpharma.com
Restricted to retail pharmacy only: No Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments) No	Special regulations or returns requirements for this product in certain states? No If so, which states? Other requirements? Comments?
MISCELLANE	OUS NOTES and/or Image of Product Barcode:



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

Version 2024	FOR DESIGNATED DROP SHIP PRODUCT ONLY - if r	ot a designated drop ship, do not complete.	
Order Method for Des	signated 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 Expedited Freight Charges o		Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Da Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt: Overnight and Priority Overnight PO Processing	ays
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:		Days of week overnight is available: Monday	
Comments:	s only:	Days of week overnight is available: Tuesday Tuesday Wednessi Priority Overnight receipt available: Friday PO Receipt Cut off time: PO Receipt Cut off time: Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Policity	/ day
Other Data Informati	ion 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?	
Miscell	aneous Notes:		
		ADDITIONAL INFORMATION	
		Is product order for scheduled patient procedure? Is product order for restocking purposes?	