

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

Version 2024						Introduction Type	New Item	x	Final Version			Date:	5/6/2	2025	
PRODUCT INFORMATION									SPECIAL HANDLING AND STORAGE REQUIREMENTS*						
Company Name:	Camber Pharmace	euticals, Inc.				Application:		a. Temperature – Ind	licate the USP temp	erature range for t	his product.				
Application Number for NDA/AN	DA/BLA; PMA/510((k): 206788	3			NDA 505(b) Type:	NOT APPLICABLE	Tempe	erature Range	Controlled Room	- between 20	and 25 C (68	° – 77° F)		
Medical Device Class, if applicat															
DUNS:	11-856-3719							7	Temperature Range	Requirement					
Proprietary Name (If Applicable) a		me: Eltromb	oopag Tablets 75 mg						write in)						
Selling Unit NDC:	31722-844-30		Unit of Use NDC:	3	1722-844-30	UPC: 331 MVX Code:	722844307	Notes							
02.			CVX Code:			WIVA Code.									
Description: Eltrombopag Tablets 75 mg Is this product to be shipped to customers on ice? No															
Active Ingredient(s): Eltrombopag clamine Is this product to be shipped to customers on dry ice? No															
Active ingrequent(s).															
URL for Additional Product Inform	nation:	www.camberpharma	.com					Name	:		Soma Raju				
Address:	800 Centennial Av	re, Suite 1				Address 2:		Numb			732-529-042				
City:	Piscataway				State:		p: 08854	Group	E-mail:		somaraju@h	eterousa.cor	<u>n</u>		
Key Contact: Phone Number:	Customer Service 1-866-827-3647				Email: Fax:	customerservice@car 732-562-8788	nberpharma.com	c. Special regulation	e for product in any	etatas?			No		
Product Therapeutic Classification		Thrombopoietin rece	antor agonist		1 0.	132-302-0100			al returns requiremen				No		
		monbopoleumece						Specia	ai returns requiremen	its for this product?			NO		
	ADDITIC	ONAL PRODUCT INF				PRODUCT DES	CRIPTION INFORMATION	d. Store product (uni	it of sale) upright?				No		
The product is?			Is the Product	Direct-Ship Onl	/				ct product (unit of s	ale) from light?			No		
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			5126.		Initial	shelf life at launch	(if different):				Months	
a product kit?		No				Strength:	75 mg			ORDER INFORM					
if yes, list NDCs of			FDA Approval Status			-				ORDER INFORM	ATION				
component parts reverse numbered?		No				Dosage Form:	Film-coated tablet	Unit o	f Salo		What is the	NDC selling	unit?		
co-licensed?		No	Allergens Present					x			1 Bottle of 30				
latex-free?		Yes	_	18//		Dreduct Cherry	Round, biconvex, bevel		Box/Carton			g. 1 Box of 10) Vials)		
preservative-free?		Yes	Dye,	Wheat		Product Shape:	edged		Ampule						
correctional institution block?		No				Product Color:	Off white to light yellow		Glass		Minimum or	der quantity	?	Yes	
opioid? Cannabinoid?		No		India			Debossed with 'H' on one side and		Tube						
If Unit Dose, is item bar coded to u	unit dose for	No	Country of Origin	India		Product Imprint:	'E13' on the other side		Vial Liquid Sgl Vial Liquid Multi		If Yes, how	many of whi	ch nackado f	2002	
hospital scanning?	init dose toi		Is this product covered u	nder the					Vial Powder Sgl			Each	chi package i	yper	
If Unit Dose, indicate NDC here:			Trade Agreements Act (T		0				Vial Powder Multi			Inner/Carton	/Pack		
									Other: Write In			Case			
			FOR GENERIC DRUG PRO	ODUCTS											
				_						HARMACY ORDER					
				_ L	Aut		Authorized Generic, other tion fields are not applicable			HARMACY URDER					
I. Orange Book Rating:	AB	Decements				360	aion neids are not applicable	Rec. sell unit to cust	omer?		Rx billing u		acy:		
II. Generic Equivalent to What Bra	nd?:	Promacta						(Write-in, e.g. 1 Vial)				Each Gram			
		DRUG SUPPL	Y CHAIN SECURITY ACT (DSCSA) INFORM	ATION			HCPCS J-Code:				Milliliter			
			`	,											
Does supplier meet DSCSA definit	tion of manufacture	er?	Yes	G	LN:	0331722498975			ITE	M AND PACKING I	NFORMATION	l			
Is product exempt from DSCSA?			No												
If yes, select exemption:				G	CP:				Weight Lbs.		ons (US msm		Volume	Saleable #	
Other exemption - Write in:			No					Item/Each:	-	Depth	Width	Height	(Cube)	Pieces	
Is product repackaged? Is product sold by manufacturer's	ovclusivo distribu	tor?	Yes		yes, was or irect from m	iginal product purchas	ea	item/Each:	0.09	1.5	1.5	2.5	5.63	1	
Has FDA granted waiver/exception			No			ce manufacturer for rep	backaged product	Box/Carton/Bundle/							
If yes, attach documentation from		· · · ·		- i			9.0 p	Inner Pack:							
	m FDA.							Case:	2.6	9.75	6.75	4	263.25	24	
	m FDA.														
	m FDA.	GTIN	NAND HIBCC PRODUCT IN	NFORMATION				D-II-4	2.0	0.70					
Saleable Unit of Measure				NFORMATION	CTIN	N-14	Unit of Use CTIN 14	Pallet:	2.0	0.10					
Saleable Unit of Measure	RFID tag(Y/N)	Saleable	NAND HIBCC PRODUCT IN HIBCC	NFORMATION	GTIN	N-14	Unit of Use GTIN-14	Pallet:	2.0	0.10					
Saleable Unit of Measure				NFORMATION		N-14 31722844307	Unit of Use GTIN-14 00331722844307			0.10					
	RFID tag(Y/N)	Saleable			0033	31722844307			DST INFORMATION	0.10		WHOLESAL	ER USE ONL	Y:	
x Item/Each Box/Carton/Bundle/Inner Pack Case	RFID tag(Y/N)	Saleable		NFORMATION	0033			CC				WHOLESALI	ER USE ONL	Y:	
Item/Each Box/Carton/Bundle/Inner Pack	RFID tag(Y/N)	Saleable Quantity 1		NFORMATION	0033	31722844307		CC Regular Cost	DST INFORMATION		Vendor #:		ER USE ONL	Y:	
x Item/Each Box/Carton/Bundle/Inner Pack Case	RFID tag(Y/N)	Saleable Quantity 1		NFORMATION	0033	31722844307		CC	DST INFORMATION		Vendor #: Whsl. Code	#:	ER USE ONL	Y:	
x Item/Each Box/Carton/Bundle/Inner Pack Case	RFID tag(Y/N)	Saleable Quantity 1		NFORMATION	0033	31722844307		CC Regular Cost Invoice Cost (WAC) (DST INFORMATION		Vendor #:	#:	ER USE ONL	Y:	
X Item/Each Box/Carton/Bundle/Inner Pack Case	RFID tag(Y/N)	Saleable Quantity 1		NFORMATION	0033	31722844307		CC Regular Cost	DST INFORMATION		Vendor #: Whsl. Code	#:	ER USE ONL	Y:	
x Item/Each Box/Carton/Bundle/Inner Pack Case	RFID tag(Y/N)	Saleable Quantity 1		NFORMATION	0033	31722844307		CC Regular Cost Invoice Cost (WAC) (DST INFORMATION		Vendor #: Whsl. Code	#:	ER USE ONL	Y:	
X Item/Each Box/Carton/Bundle/Inner Pack Case	RFID tag(Y/N)	Saleable Quantity 1 24	HIBCC		2033	31722844307 31722844301		CCC Regular Cost Invoice Cost (WAC) (As of date:	(\$) 5/14/2025		Vendor #: Whsl. Code	#:	ER USE ONL	Y:	
X Item/Each Box/Carton/Bundle/Inner Pack Case	RFID tag(Y/N)	Saleable Quantity 1 24	HIBCC		2033	31722844307 31722844301 rd letter, PACKAGE INS	00331722844307	CCC Regular Cost Invoice Cost (WAC) (As of date:	(\$) 5/14/2025 and BARCODE.		Vendor #: Whsl. Code	#:		Y:	

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? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? No c. Contact Hazard? No d. Does this product require special clean-up instructions? No (If yes, attach SDS with special instructions.)	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: Storage Level:				
e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class	Is the product a NIOSH hazardous drug? No 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	EPA Hazardous Waste Code: Waste Characteristics REMS or REGISTRY RESTRICTIONS Is there a REMS on this product?				
c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? Is the product restricted for air shipment? If so, indicate restriction: No	If Yes, is it managed with a pharmacy registry? Website URL: Med Guide Required No				
Passenger Cargo Passenger & Cargo Is this a reportable quantity? No	Limited Distribution Requirement Comments / Details: (For example, iPledge program?) REMS: No				
RQ Threshold: No 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 Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Image: Constraint of the second				
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101);	Comments				
ADD'L STORAGE INFORMATION	Registry: No Registry Program Contact Name: Phone: Comments				
Is the Product Controlled Substance? No Controlled Substance Code	RETURN INSTRUCTIONS				
Controlled by State(s)? No Listed Chemical (List I or II) No ARCOS Reportable? No If yes, indicate which: If yes, indicate which:	Contact tel. # if product received damaged: 1-866-827-3647 Is product returnable for credit: Yes URL/Link to returns policy:				
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?				
Comments:					
MISCELLANE	OUS NOTES and/or Image of Product Barcode:				



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Version 2024	FOR DESIGNATED DROP SHIP PRODUCT ONLY -	if not a designated drop ship, do not complete.
Order Method for	r Designated Drop Ship Product	Standard Order Receipt and Processing
. ,	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:
	hone: es or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:		Overnight receipt available:
		Priority Overnight receipt available:
No restriction: Select YES if sold to retail phan Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician o Restricted from US territories? (explain in con Comments:	ffices only: ments)	PO Receipt Cut off time: Image: Constraint of the constr
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	mation Required to Process PO:	Return Instructions Return Instructions Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: URL/Link to returns policy:
Mis	scellaneous Notes:	
		ADDITIONAL INFORMATION Is product order for scheduled patient procedure? Is product order for restocking purposes?