



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

Version 2024

Introduction Type:  New Item☒ Final VersionDate:  5/5/2025**PRODUCT INFORMATION**

Company Name:	Camber Pharmaceuticals, Inc.		Application:	ANDA		
Application Number for NDA/ANDA/BLA; PMA/510(k):	211186		NDA 505(b) Type:	NOT APPLICABLE		
Medical Device Class, if applicable:						
DUNS:	11-856-3719					
Proprietary Name (If Applicable) and Established Name:	Eslicarbazepine Acetate Tablets 400 mg					
Selling Unit NDC:	31722-429-30	Unit of Use NDC:	31722-429-30	UPC:	331722429306	
UDI		CVX Code:		MVX Code:		
Description:	Eslicarbazepine Acetate Tablets 400 mg					
Active Ingredient(s):	Eslicarbazepine acetate					
URL for Additional Product Information:	<a href="http://www.camberpharma.com">www.camberpharma.com</a>					
Address:	800 Centennial Ave, Suite 1		Address 2:			
City:	Piscataway		State:	NJ	Zip:	08854
Key Contact:	Customer Service		Email:	<a href="mailto:customerservice@camberpharma.com">customerservice@camberpharma.com</a>		
Phone Number:	1-866-827-3647		Fax:	732-562-8788		
Product Therapeutic Classification:	Anticonvulsant					

**SPECIAL HANDLING AND STORAGE REQUIREMENTS\***

<b>a. Temperature – Indicate the USP temperature range for this product.</b>	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77° F)
Other Temperature Range Requirement (write in)	Excursions permitted between 15°C to 30°C (59°F to 86°F).
Notes	
Is this product to be shipped to customers on ice?	<input type="text"/> No
Is this product to be shipped to customers on dry ice?	<input type="text"/> No
<b>b. Contact for temperature excursion questions:</b>	
Name:	Soma Raju
Number:	732-529-0423
Group E-mail:	<a href="mailto:somaraju@heterousa.com">somaraju@heterousa.com</a>
<b>c. Special regulations for product in any states?</b>	
Special returns requirements for this product?	<input type="text"/> No
<b>d. Store product (unit of sale) upright?</b>	
Protect product (unit of sale) from light?	<input type="text"/> No
<b>e. Shelf life:</b>	
Initial shelf life at launch (if different):	<input type="text"/> 24 Months

**ADDITIONAL PRODUCT INFORMATION**

The product is?		Is the Product...	Direct-Ship Only
a legend device?	<input type="text"/> No	Is the Product...	Unit of Use
if yes, enter class #		Orphan Drug Status	
a product kit?	<input type="text"/> No	FDA Approval Status	
if yes, list NDCs of component parts		Allergens Present	
reverse numbered?	<input type="text"/> No	Alcohol	
co-licensed?	<input type="text"/> No	Country of Origin	India
latex-free?	<input type="text"/> Yes	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text"/> No
preservative-free?	<input type="text"/> Yes		
correctional institution block?	<input type="text"/> No		
opioid?	<input type="text"/> No		
Cannabinoid?	<input type="text"/> No		
If Unit Dose, is it bar coded to unit dose for hospital scanning?			
If Unit Dose, indicate NDC here:			

**PRODUCT DESCRIPTION INFORMATION**

Size:	30 ct
Strength:	400 mg
Dosage Form:	Tablet
Product Shape:	Circular, biconvex
Product Color:	White to off-white
Product Imprint:	Engraved with 'E32' on one side and 'H' on the other side

**FOR GENERIC DRUG PRODUCTS**

I. Orange Book Rating:	AB	<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable
II. Generic Equivalent to What Brand?:	Aptiom		

**DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION**

Does supplier meet DSCSA definition of manufacturer?	<input type="text"/> Yes	GLN:	0031722498975
Is product exempt from DSCSA?	<input type="text"/> No	GCP:	
If yes, select exemption:		If yes, was original product purchased direct from mfr?	<input type="text"/>
Other exemption - Write in:		Provide source manufacturer for repackaged product	
Is product repackaged?	<input type="text"/> No		
Is product sold by manufacturer's exclusive distributor?	<input type="text"/> Yes		
Has FDA granted waiver/exception/exemption for product?	<input type="text"/> No		
If yes, attach documentation from FDA.			

**GTIN AND HIBCC PRODUCT INFORMATION**

Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	N	1		00331722429306	00331722429306
<input checked="" type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack					
<input checked="" type="checkbox"/> Case	N	24		20331722429300	
<input type="checkbox"/> Pallet					

**ORDER INFORMATION**

Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 Bottle of 30 Tablets
<input type="checkbox"/> Box/ Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
	Minimum order quantity? <input type="text"/> Yes
	If Yes, how many of which package type?
	<input type="text"/> 24 Each
	<input type="text"/> Inner/ Carton/ Pack
	<input type="text"/> Case

**PHARMACY ORDER / BILL UNIT**

Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text"/>	<input type="text"/> Each
(Write-in, e.g. 1 Vial)	<input type="text"/> Gram
HCP/CS J-Code:	<input type="text"/> Milliliter

**ITEM AND PACKING INFORMATION**

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:	0.04	1.5	1.5	2.49	5.60	1
Case:	1.04	9.75	6.8	4.5	298.35	24
Pallet:						

**COST INFORMATION**

Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$218.20	Whsl. Code #:	
As of date:	5/6/2025	Fineline Code:	

**WHOLESALE USE ONLY:**

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			
<b>Is this product (check all that apply):</b>			
a. Cytotoxic?	<input type="checkbox"/> No		
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	<input type="checkbox"/> No		
Is the product a CA Prop 65 carcinogen?	<input type="checkbox"/> No		
Is the product a CA Prop 65 reproductive toxicant?	<input type="checkbox"/> No		
Does the product label bear a CA Prop 65 warning?	<input type="checkbox"/> No		
c. Contact Hazard?	<input type="checkbox"/> No		
d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.)	<input type="checkbox"/> No		
e. Does the product contain DEHP?	<input type="checkbox"/> No		
<b>Is this product regulated for shipment by DOT?</b> (if yes, answer a-e below and provide SDS)			
a. UN/Identification Number	<input type="text"/>		
b. Proper Shipping Name	<input type="text"/>		
c. DOT Hazard Class	<input type="text"/>		
d. Packing Group	<input type="text"/>		
e. Inhalation Hazard?	<input type="text"/>		
<b>Is this product regulated for shipment by IATA?</b> (if yes, answer a-e below and provide SDS)			
a. UN/Identification Number	<input type="text"/>		
b. Proper Shipping Name	<input type="text"/>		
c. DOT Hazard Class	<input type="text"/>		
d. Packing Group	<input type="text"/>		
e. Inhalation Hazard?	<input type="text"/>		
<b>Is the product restricted for air shipment? If so, indicate restriction:</b>		<input type="checkbox"/> No	
<input type="checkbox"/> Passenger			
<input type="checkbox"/> Cargo			
<input type="checkbox"/> Passenger & Cargo			
<b>Is this a reportable quantity?</b> <input type="checkbox"/> No			
RQ Threshold: <input type="text"/>			
<b>Is this a marine pollutant?</b> <input type="checkbox"/> No			
<b>Is this product shipped utilizing an authorized DOT exception or Special Permit?</b>			
<input type="checkbox"/> No (if yes, identify method below)			
<input type="checkbox"/> Limited Quantity			
<input type="checkbox"/> Consumer Commodity, ORM-D			
<input type="checkbox"/> Small Quantity (49 CFR 173.4)			
<input type="checkbox"/> Special Permit; DOT-SP			
<input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);			
SP# <input type="text"/>			
ADD'L STORAGE INFORMATION			
<b>Is the Product...</b>			
Controlled Substance?	<input type="checkbox"/> No	Controlled Substance Code	<input type="text"/>
Controlled by State(s)?	<input type="checkbox"/> No	Listed Chemical (List I or II)	<input type="checkbox"/> No
ARCOS Reportable?	<input type="checkbox"/> No	If yes, indicate which:	<input type="text"/>
Schedule No.	<input type="text"/>	Is it a scheduled listed chemical product?:	<input type="checkbox"/> No
CLASS OF TRADE RESTRICTION:			
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices		<input type="checkbox"/> Yes	
Restricted to retail pharmacy only:		<input type="checkbox"/> No	
Restricted to hospital, clinics, and physician offices only:		<input type="checkbox"/> No	
Restricted from US territories? (explain in comments)		<input type="checkbox"/> No	
Comments: <input type="text"/>			
SDS Hazard Classification			
<input checked="" type="checkbox"/> Organic	<input type="checkbox"/> Corrosive		
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer		
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard		
Does the product have an Aerosol class? If yes, identify NFPA Storage Level:		<input type="checkbox"/> No	
NFPA Storage Level:		<input type="text"/>	
Is the product a NIOSH hazardous drug?		<input type="checkbox"/> No	
If yes, indicate which:		<input type="text"/>	
Hazardous Waste Identification			
EPA Hazardous Waste Code:		Waste Characteristics <input type="text"/>	
REMS or REGISTRY RESTRICTIONS			
Is there a REMS on this product?		<input type="checkbox"/> No	
If Yes, is it managed with a pharmacy registry?		<input type="text"/>	
Website URL:		<input type="text"/>	
Med Guide Required		<input type="checkbox"/> No	
Limited Distribution Requirement		<input type="text"/>	
Comments / Details: (For example, iPledge program?)		<input type="text"/>	
<b>REMS:</b>		<input type="checkbox"/> No	
REMS Program Manager Name:		Phone: <input type="text"/>	
Supplier Manages REMS registry exclusively:		<input type="text"/>	
Wholesale distributor support:		<input type="text"/>	
Provider Name:		DEA #: <input type="text"/>	
Site Enrollment Number assigned by Supplier:		NCPDP#: <input type="text"/>	
NPI #: <input type="text"/>			
Comments		<input type="text"/>	
<b>Registry:</b>		<input type="checkbox"/> No	
Registry Program Contact Name:		Phone: <input type="text"/>	
Comments		<input type="text"/>	
RETURN INSTRUCTIONS			
Contact tel. # if product received damaged:		1-866-827-3647	
Is product returnable for credit:		<input type="checkbox"/> Yes	
URL/Link to returns policy:		<input type="text"/>	
		contact - customerservice@camberpharma.com	
Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No			
If so, which states? Other requirements? Comments? <input type="text"/>			
MISCELLANEOUS NOTES and/or Image of Product Barcode:			
<input type="text"/>			



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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
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p>	<p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
<p><b>Expedited Freight Charges or Other Designated Drop Ship Fees:</b></p> <p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p><b>Overnight and Priority Overnight PO Processing</b></p> <p><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
<p><b>Class of Trade Restriction:</b></p> <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input type="text"/></p>	
<p><b>Other Data Information Required to Process PO:</b></p> <p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p><b>Return Instructions</b></p> <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>
<p><b>Miscellaneous Notes:</b></p> <p><input type="text"/></p>	<p><b>ADDITIONAL INFORMATION</b></p> <p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>