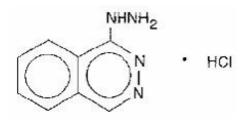
HYDRALAZINE HYDROCHLORIDE - hydralazine hydrochloride tablet Camber Pharmaceuticals, Inc.

HYDRALAZINE HYDROCHLORIDE TABLETS, USP

DESCRIPTION

HydrALAZINE hydrochloride, USP, is an antihypertensive, for oral administration. Its chemical name is 1 -hydrazinophthalazine monohydrochloride, and its structural formula is:



C₈H₈N₄.HCl

HydrALAZINE hydrochloride, USP is a white to off-white, odorless crystalline powder. It is soluble in water, slightly soluble in alcohol, and very slightly soluble in ether. It melts at about 275°C, with decomposition, and has a molecular weight of 196.64.

Each tablet for oral administration contains 10 mg, 25 mg, 50 mg or 100 mg hydrALAZINE hydrochloride, USP. Tablets also contain anhydrous lactose, microcrystalline cellulose, sodium starch glycolate, stearic acid and FD&C Yellow # 6.

CLINICAL PHARMACOLOGY

Although the precise mechanism of action of hydrALAZINE is not fully understood, the major effects are on the cardiovascular system. HydrALAZINE apparently lowers blood pressure by exerting a peripheral vasodilating effect through a direct relaxation of vascular smooth muscle. HvdrALAZINE, by altering cellular calcium metabolism, interferes with the calcium movements within the vascular smooth muscle that are responsible for initiating or maintaining the contractile state. The peripheral vasodilating effect of hydrALAZINE results in decreased arterial blood pressure (diastolic more than systolic); decreased peripheral vascular resistance; and an increased heart rate, stroke volume, and cardiac output. The preferential dilatation of arterioles, as compared to veins, minimizes postural hypotension and promotes the increase in cardiac output. HydrALAZINE usually increases renin activity in plasma, presumably as a result of increased secretion of renin by the renal juxtaglomerular cells in response to reflex sympathetic discharge. This increase in renin activity leads to the production of angiotensin II, which then causes stimulation of aldosterone and consequent sodium reabsorption. HydrALAZINE also maintains or increases renal and cerebral blood flow. HydrALAZINE is rapidly absorbed after oral administration, and peak plasma levels are reached at 1 to 2 hours. Plasma levels of apparent hydrALAZINE decline with a half-life of 3 to 7 hours. Binding to human plasma protein is 87%. Plasma levels of hydrALAZINE vary widely among individuals. HydrALAZINE is subject to polymorphic acetylation; slow acetylators generally have higher plasma levels of hydrALAZINE and require lower doses to maintain control of blood pressure. HydrALAZINE undergoes extensive hepatic metabolism; it is excreted mainly in the form of metabolites in the urine.

INDICATIONS & USAGE

Essential hypertension, alone or as an adjunct.

CONTRAINDICATIONS

Hypersensitivity to hydrALAZINE; coronary artery disease; mitral valvular rheumatic heart disease.

WARNINGS

In a few patients hydrALAZINE may produce a clinical picture simulating systemic lupus erythematosus including glomerulonephritis. In such patients hydrALAZINE should be discontinued unless the benefitto-risk determination requires continued antihypertensive therapy with this drug. Symptoms and signs usually regress when the drug is discontinued but residua have been detected many years later. Long-term treatment with steroids may be necessary. (See **PRECAUTIONS, Laboratory Tests.)**

PRECAUTIONS

GENERAL PRECAUTIONS

Myocardial stimulation produced by hydrALAZINE can cause anginal attacks and ECG changes of myocardial ischemia. The drug has been implicated in the production of myocardial infarction. It must, therefore, be used with caution in patients with suspected coronary artery disease.

The "hyperdynamic" circulation caused by hydrALAZINE may accentuate specific cardiovascular inadequacies. For example, hydrALAZINE may increase pulmonary artery pressure in patients with mitral valvular disease. The drug may reduce the pressor responses to epinephrine. Postural hypotension may result from hydrALAZINE but is less common than with ganglionic blocking agents. It should be used with caution in patients with cerebral vascular accidents.

In hypertensive patients with normal kidneys who are treated with hydrALAZINE, there is evidence of increased renal blood flow and a maintenance of glomerular filtration rate. In some instances where control values were below normal, improved renal function has been noted after administration of hydrALAZINE. However, as with any antihypertensive agent, hydrALAZINE should be used with caution in patients with advanced renal damage.

Peripheral neuritis, evidenced by paresthesia, numbness, and tingling, has been observed. Published evidence suggests an antipyridoxine effect, and that pyridoxine should be added to the regimen if symptoms develop.

INFORMATION FOR PATIENTS

Patients should be informed of possible side effects and advised to take the medication regularly and continuously as directed.

LABORATORY TESTS

Complete blood counts and antinuclear antibody titer determinations are indicated before and periodically during prolonged therapy with hydrALAZINE even though the patient is asymptomatic. These studies are also indicated if the patient develops arthralgia, fever, chest pain, continued malaise, or other unexplained signs or symptoms.

A positive antinuclear antibody titer requires that the physician carefully weigh the implications of the test results against the benefits to be derived from antihypertensive therapy with hydrALAZINE. Blood dyscrasias, consisting of reduction in hemoglobin and red cell count, leukopenia,

agranulocytosis, and purpura, have been reported. If such abnormalities develop, therapy should be discontinued.

Drug/Drug Interactions

MAO inhibitors should be used with caution in patients receiving hydrALAZINE. When other potent parenteral antihypertensive drugs, such as diazoxide, are used in combination with hydrALAZINE, patients should be continuously observed for several hours for any excessive fall in blood pressure. Profound hypotensive episodes may occur when diazoxide injection and hydrALAZINE are used concomitantly.

Drug/Food Interactions

Administration of hydrALAZINE with food results in higher plasma levels.

CARCINOGENESIS & MUTAGENESIS & IMPAIRMENT OF FERTILITY

In a lifetime study in Swiss albino mice, there was a statistically significant increase in the incidence of lung tumors (adenomas and adenocarcinomas) of both male and female mice given hydrALAZINE continuously in their drinking water at a dosage of about 250 mg/kg per day (about 80 times the maximum recommended human dose). In a 2-year carcinogenicity study of rats given hydrALAZINE by gavage at dose levels of 15, 30, and 60 mg/kg/day (approximately 5 to 20 times the recommended human daily dosage), microscopic examination of the liver revealed a small, but statistically significant, increase in benign neoplastic nodules in male and female rats from the high-dose group and in female rats from the intermediate-dose group. Benign interstitial cell tumors of the testes were also significantly increased in male rats from the high-dose group. The tumors observed are common in aged rats and a significantly increased incidence was not observed until 18 months of treatment. HydrALAZINE was shown to be mutagenic in bacterial systems (Gene Mutation and DNA Repair) and in one of two rat and one rabbit hepatocyte in vitro DNA repair studies. Additional in vivo and in vitro studies using lymphoma cells, germinal cells, and fibroblasts from mice, bone marrow cells from Chinese hamsters and fibroblasts from human cell lines did not demonstrate any mutagenic potential for hydrALAZINE.

The extent to which these findings indicate a risk to man is uncertain. While long-term clinical observation has not suggested that human cancer is associated with hydrALAZINE use, pidemiologic studies have so far been insufficient to arrive at any conclusions.

PREGNANCY

Pregnancy Category C: Animal studies indicate that hydrALAZINE is teratogenic in mice at 20 to 30 times the maximum daily human dose of 200 to 300 mg and possibly in rabbits at 10 to 15 times the maximum daily human dose, but that it is nonteratogenic in rats. Teratogenic effects observed were cleft palate and malformations of facial and cranial bones.

There are no adequate and well-controlled studies in pregnant women. Although clinical experience does not include any positive evidence of adverse effects on the human fetus, hydrALAZINE should be used during pregnancy only if the expected benefit justifies the potential risk to the fetus.

NURSING MOTHERS

It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when hydrALAZINE is administered to a nursing woman.

PEDIATRIC USE

Safety and effectiveness in pediatric patients have not been established in controlled clinical trials, although there is experience with the use of hydrALAZINE in pediatric patients. The usual recommended oral starting dosage is 0.75 mg/kg of body weight daily in four divided doses. Dosage may be increased gradually over the next 3 to 4 weeks to a maximum of 7.5 mg/kg or 200 mg daily.

ADVERSE REACTIONS

Adverse reactions with hydrALAZINE are usually reversible when dosage is reduced. However, in some cases it may be necessary to discontinue the drug. The following adverse reactions have been observed, but there has not been enough systematic collection of data to support an estimate of their frequency.

Common: Headache, anorexia, nausea, vomiting, diarrhea, palpitations, tachycardia, angina pectoris **Less Frequent:** Digestive: constipation, paralytic ileus.

o *Cardiovascular:* hypotension, paradoxical pressor response, edema.

o **Respiratory:** dyspnea

o *Neurologic:* peripheral neuritis, evidenced by paresthesia, numbness, and tingling; dizziness; tremors; muscle cramps; psychotic reactions characterized by depression, disorientation, or anxiety.

o *Genitourinary:* difficulty in urination

o *Hematologic:* blood dyscrasias, consisting of reduction in hemoglobin and red cell count,

leukopenia, agranulocytosis, purpura; lymphadenopathy; splenomegaly.

o *Hypersensitivity Reactions:* rash, urticaria, pruritus, fever, chills, arthralgia, eosinophilia, and rarely, hepatitis.

o **Other:** nasal congestion, flushing, lacrimation, conjunctivitis.

OVERDOSAGE

Acute Toxicity: No deaths due to acute poisoning have been reported. Highest known dose survived: adults, 10 g orally.

Oral LD_{50} in rats: 173 and 187 mg/kg.

Signs and Symptoms: Signs and symptoms of overdosage include hypotension, tachycardia, headache, and generalized skin flushing.

Complications can include myocardial ischemia and subsequent myocardial infarction, cardiac arrhythmia, and profound shock.

Treatment: There is no specific antidote.

The gastric contents should be evacuated, taking adequate precautions against aspiration and for protection of the airway. An activated charcoal slurry may be instilled if conditions permit. These manipulations may have to be omitted or carried out after cardiovascular status has been stabilized, since they might precipitate cardiac arrhythmias or increase the depth of shock.

Support of the cardiovascular system is of primary importance. Shock should be treated with plasma expanders. If possible, vasopressors should not be given, but if a vasopressor is required, care should be taken not to precipitate or aggravate cardiac arrhythmia.

Tachycardia responds to beta blockers. Digitalization may be necessary, and renal function should be monitored and supported as required.

No experience has been reported with extracorporeal or peritoneal dialysis.

DOSAGE & ADMINISTRATION

Initiate therapy in gradually increasing dosages; adjust according to individual response. Start with 10 mg four times daily for the first 2 to 4 days, increase to 25 mg four times daily for the balance of the first week. For the second and subsequent weeks, increase dosage to 50 mg four times daily. For maintenance, adjust dosage to the lowest effective levels.

The incidence of toxic reactions, particularly the L.E. cell syndrome, is high in the group of patients receiving large doses of hydrALAZINE.

In a few resistant patients, up to 300 mg of hydrALAZINE daily may be required for a significant antihypertensive effect. In such cases, a lower dosage of hydrALAZINE combined with a thiazide and/or reserpine or a beta blocker may be considered. However, when combining therapy, individual titration is essential to ensure the lowest possible therapeutic dose of each drug.

HOW SUPPLIED

HydrALAZINE Hydrochloride Tablets, USP:

10 mg - Orange, round, unscored tablets debossed with 'H' on one side and '38' on the other side in bottles of

100 (NDC code: 31722-519-01),

500 (NDC code: 31722-519-05), and 1000 (NDC code: 31722-519-10).

25 mg - Orange, round, unscored tablets debossed with 'H' on one side and '39' on the other side in bottles of

100 (NDC code: 31722-520-01), 500 (NDC code: 31722-520-05), and 1000 (NDC code: 31722-520-10).

50 mg - Orange, round, unscored tablets debossed with 'H' on one side and '40' on the other side in bottles of

100 (NDC code: 31722-521-01), 500 (NDC code: 31722-521-05), and 1000 (NDC code: 31722-521-10).

100 mg - Orange, round, unscored tablets debossed with 'H' on one side and '41' on the other side in bottles of 100 (NDC code: 31722-522-01) and 500 (NDC code: 31722-522-05). Dispense in a tight, light-resistant container as defined in the USP.

Store at 20°-25°C (68°-77°F) [See USP Controlled Room Temperature].

For more information, call 1-866-495-1995



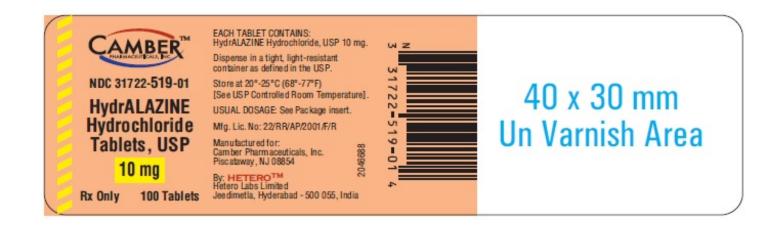
Manufactured for: Camber Pharmaceuticals, Inc. Piscataway, NJ 08854

By: **HETEROTM** Hetero Labs Limited Jeedimetla, Hyderabad - 500 055, India By: Annora Pharma Pvt. Ltd. Sangareddy - 502313, Telangana, India

Revised: 07/2019

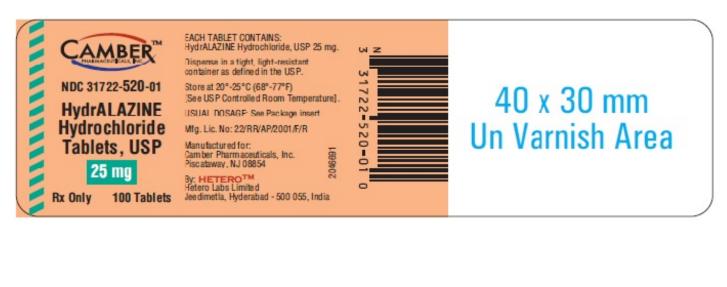
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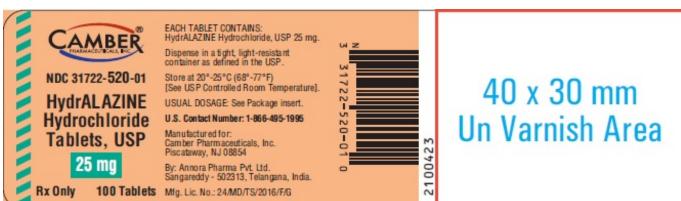
10 mg 100s



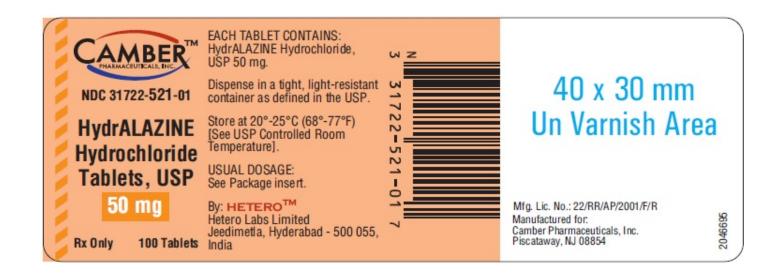


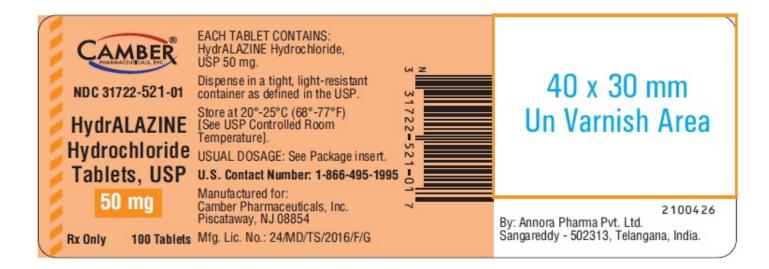
25 mg 100s



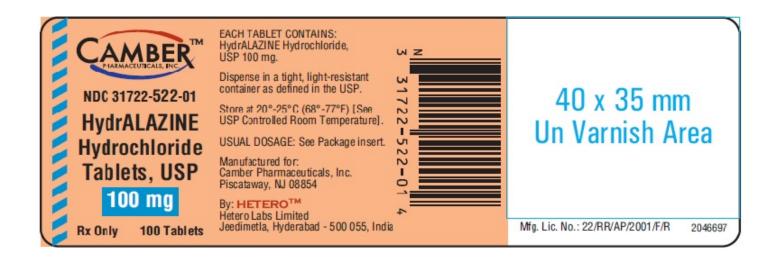


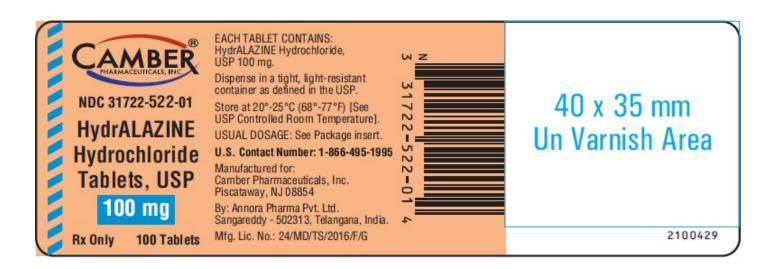
50mg 100s





100 mg 100s





HYDRALAZINE HYDROCHLORIDE hydralazine hydrochloride tablet							
Product Information							
Product T ype	HUMAN PRESCRIPTION DRUG Item Code (Source) NDC:31722-515					1722-519	
Route of Administration							
Active Ingredient/Active Moiety							
Ingredient Name Basis of						Strength	
HYDRALAZINE HYDRO CHLO RIDE UNII:26 NAK24LS8)	(UNII: FD171B778Y) (H	IYDRALAZINE -		HYDRALAZINE HYDROCHLORIDE		10 mg	
Inactive Ingredients							
	Ingredient	Name				Strength	
ANHYDROUS LACTOSE (UNII: 3SY	5LH9PMK)						
CELLULOSE, MICROCRYSTALLIN	NE (UNII: OP1R32D61U)						
SODIUM STARCH GLYCOLATE TY	PE A POTATO (UNII:	5856J3G2A2)					
STEARIC ACID (UNII: 4ELV7Z65AP)							
FD&C YELLOW NO.6 (UNII: H77VEI93A8)							
Product Characteristics							
Color ORAN	IGE	Score		n	o score		
Shape ROUN	١D	Size	e				
Flavor	Impri		Code				
Contains							
Packaging							
# Item Code	Package Description Marke			ting Start Date	Marketir	g End Date	
3 NDC:31722-519-10 1000 in 1 BOT	NDC:31722-519-10 1000 in 1 BOTTLE; Type 0: Not a Combination Product 01/01/2010						
Marketing Information							
Marketing Category Applicat	tion Number or Mon	ograph Citation	Marketing Start Date Marketing En			ng End Date	
ANDA ANDA0409	01		0 1/0 1/2	0 10			

HYDRALAZINE HYDROCHLORIDE

hydralazine hydrochloride tablet

Product Information

		TIOWAIN P	PRESCRIPTION DRUG	item C	ode (Source)	NDC.5	1722-520
Route of Administra	ation	ORAL					
Active Ingredien	t/Active N	Aoiety					
	Ι	ngredient Na	ame		Basis of St	trength	Streng
HYDRALAZINE HYD UNII:26NAK24LS8)	ROCHLORI	DE (UNII: FD171	B778Y) (HYDRALAZINE -		HYDRALAZINE HYDROCHLORIDI	E	25 mg
Inactive Ingredi	ents						
		In	gredient Name				Strength
ANHYDRO US LACTO	DSE (UNII: 35	SY5LH9PMK)					
CELLULOSE, MICRO	CRYSTALI	L INE (UNII: OP1	R32D61U)				
SODIUM STARCH GI	LYCOLATE	ТҮРЕ А РОТА	TO (UNII: 5856J3G2A2)				
STEARIC ACID (UNII:	4ELV7Z65A	AP)					
FD&C YELLOW NO.							
Product Charact	eristics						
Color	OR	ANGE	Score			no score	
Color Shape	OR	ANGE UND	Size			6 m m	
Color Shape Flavor	OR						
Color Shape Flavor Contains	OR		Size			6 m m	
Color Shape Flavor Contains	OR		Size			6 m m	
Color Shape Flavor Contains Packaging	OR	UND	Size Imprint Code	Marke		6 mm H;39	ng End Dat
Color Shape Flavor Contains Packaging I tem Code	OR	UND Package	Size Imprint Code Description		ting Start Date	6 mm H;39	ıg End Dat
Color Shape Flavor Contains Value Contains	OR RO 100 in 1 BO	UND Package TTLE; Type 0:	Size Imprint Code Description Not a Combination Product	Marke 0 1/0 1/20 0 1/0 1/20	ting Start Date 10	6 mm H;39	ıg End Dat
Color Shape Flavor Contains C	0 R RO 100 in 1 BO 500 in 1 BO	UND Package TTLE; Type 0: TTLE; Type 0:	Size Imprint Code Description	0 1/0 1/20	ting Start Date 10 10	6 mm H;39	ıg End Dat
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C J or S hap e S hap e T or C or	OR RO 100 in 1 BO 500 in 1 BO 1000 in 1 B	Package TTLE; Type 0: DTTLE; Type 0: OTTLE; Type 0	Size Imprint Code Description Not a Combination Product Not a Combination Product	0 1/0 1/20 0 1/0 1/20	ting Start Date 10 10	6 mm H;39	ng End Dat
C J or S hap e S hap e T or C or	OR RO 100 in 1 BO 500 in 1 BO 1000 in 1 B f or matio	Package TTLE; Type 0: DTTLE; Type 0: OTTLE; Type 0	Size Imprint Code Description Not a Combination Product Not a Combination Product	0 1/0 1/20 0 1/0 1/20 0 1/0 1/20	ting Start Date 10 10	6 mm H;39 Marketir	ıg End Dat
C J or S hap e S tap c T at ins C tains C t	OR RO 100 in 1 BO 500 in 1 BO 1000 in 1 B f or matio	Package TTLE; Type 0: TTLE; Type 0: OTTLE; Type 0 OTTLE; Type 0	Size Imprint Code Pescription Not a Combination Product Not a Combination Product Not a Combination Product	0 1/0 1/20 0 1/0 1/20 0 1/0 1/20	ting Start Date 10 10 10 10	6 mm H;39 Marketir	

hydralazine hydrochloride tablet

Product Information			
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:31722-521
Route of Administration	ORAL		

	nt/Activ	e Moie	ety					
Ingredient Name						Basis of Strength		Strengt
						HYDRALAZINE HYDROCHLORIDE		50 mg
Inactive Ingredi	ents							
			Ingredient	Name				Strength
ANHYDROUS LACTO	OSE (UNI	I: 3SY5L	H9 PMK)					
CELLULOSE, MICRO			, ,					
SODIUM STARCH G			E A POTATO (UNII:	5856J3G2A2)				
STEARIC ACID (UNII			24.0.)					
FD&C YELLOW NO.	. 6 (UNII: I	H//VE19	3A8)					
Product Charact	teristics							
Color		ORANG	E	Score			no score	
Shape		ROUND		Size			8 m m	
Flavor				Imprint Code			H;40	
Contains								
Packaging								
# Item Code			Package Descripti		Marke	ting Start Date	Marketi	ng End Dat
1 NDC:31722-521-01					0 1/0 1/20			
2 NDC:31722-521-05	500 in 1 BOTTLE; Type 0: Not a Combination Product			bination Product	0 1/0 1/20	0 10		
3 NDC:31722-521-10	1000 in 1	I BOTTL	E; Type 0: Not a Co	mbination Product	0 1/0 1/20	0 10		
3 NDC:31722-521-10	1000 in 1	I BOTTL	.E; Type 0: Not a Col	mbination Product	0 1/0 1/20) 10		
			.E; Type 0: Not a Cor	mbination Product	0 1/0 1/20) 10		
	forma	tion	.E; Type 0: Not a Con n Number or Mon			o 10 e ting Start Date	Marketi	ng End Date
Marketing Inf Marketing Categor	format	tion	n Number or Mon			eting Start Date	Marketi	ng End Date
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Marketing Inf Marketing Categor ANDA HYDRALAZII hydralazine hydrocl	format ry Apj ANDA NE HY hloride ta	tion plicatio A040901 ZDRO	n Number or Mone		Marko	eting Start Date	Marketi	ng End Date
Marketing Information Marketing Categor Marketing Categor ANDA HYDRALAZIN hydralazine hydroch Product Information	format ry Apj ANDA NE HY hloride ta	tion plicatio A040901 ZDRO	n Number or Mone	ograph Citation	Mark (0 1/0 1/2)	e ting Start Date		ng End Dat
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Marketing Inf Marketing Categor ANDA HYDRALAZII hydralazine hydrocl Product Informa	format ry App ANDA NE HY hloride ta	tion plicatio A040901 ZDRO	n Number or Mono OCHLORIDE	ograph Citation	Mark (0 1/0 1/2)	e ting Start Date		
Marketing Inf Marketing Categor ANDA HYDRALAZIP hydralazine hydroch Product Informa Product Type Route of Administr	format ry App ANDA NE HY hloride ta ation	tion plicatio A040901 (DRO Ablet	n Number or Mono OCHLORIDE HUMAN PRESCRIPT ORAL	ograph Citation	Mark (0 1/0 1/2)	e ting Start Date		
ANDA HYDRALAZII nydralazine hydrocl Product Informa Product Type	format ry App ANDA NE HY hloride ta ation	tion plicatio A040901 (DRO ablet e Moie	n Number or Mono OCHLORIDE HUMAN PRESCRIPT ORAL	ograph Citation	Mark (0 1/0 1/2)	e ting Start Date	NDC:	31722-522
Marketing Inf Marketing Categor ANDA HYDRALAZIP hydralazine hydroch Product Informa Product Type Route of Administr	format ry App ANDA NE HY hloride ta ation ation	tion plicatio A040901 7DRO ablet e Moie Ingre	n Number or Mono OCHLORIDE HUMAN PRESCRIPT ORAL	ograph Citation	Mark (0 1/0 1/2)	eting Start Date D 10 Code (Source)	NDC:	

	ents				
Inactive Ingredients Ingredient Name					
ANHYDRO US LACTOSE (UNII: 3S Y5LH9 PMK)					
CELLULOSE, MICROCRYSTALLINE (UNII: OP1R32D61U)					
SO DIUM STARCH G	LYCOLA	TE TYPE A POTATO (UN	NII: 5856J3G2A2)		
STEARIC ACID (UNII	: 4ELV7Z	65AP)			
FD&C YELLOW NO	6 (UNII:	H77VEI93A8)			
Product Charact	eristics	5			
Color		ORANGE Score		no score	
Shape		ROUND Size		11mm	
Flavor	vor Imprint Code			H;41	
Contains					
Packaging					
		Package Descrij	ption	Marketing Start Date	Marketing End Date
# Item Code	100 in 1	Package Descrij BOTTLE; Type 0: Not a Co	•	Marketing Start Date	Marketing End Date
 # Item Code 1 NDC:31722-522-01 			ombination Product	-	Marketing End Date
# Item Code 1 NDC:31722-522-01		BOTTLE; Type 0: Not a Co	ombination Product	0 1/0 1/20 10	Marketing End Date
# Item Code 1 NDC:31722-522-01		BOTTLE; Type 0: Not a Co	ombination Product	0 1/0 1/20 10	Marketing End Date
 # Item Code 1 NDC:31722-522-01 2 NDC:31722-522-05 	500 in 1	BOTTLE; Type 0: Not a Co BOTTLE; Type 0: Not a Co	ombination Product	0 1/0 1/20 10	Marketing End Date
1 NDC:31722-522-01	500 in 1 forma	BOTTLE; Type 0: Not a Co BOTTLE; Type 0: Not a Co	ombination Product ombination Product	0 1/0 1/20 10	Marketing End Date

Labeler - Camber Pharmaceuticals, Inc. (826774775)

Establishment

11

Name	Address	ID/FEI	Business Operations
Hetero Labs Limited Unit III		676162024	ANALYSIS(31722-519, 31722-520, 31722-521, 31722-522), MANUFACTURE(31722-519, 31722-520, 31722-521, 31722-522)

Establishment

Name	Address	ID/FEI	Business Operations
Annora Pharma Private Limited		650980746	ANALYSIS(31722-519, 31722-520, 31722-521, 31722-522), MANUFACTURE(31722-519, 31722-520, 31722-521, 31722-522)

Revised: 8/2019

Camber Pharmaceuticals, Inc.