INSTRUCTIONS FOR RETURN OF RECALLED PRODUCT *CONSUMER*

Dear **CAMBER** Customer,

In response to your Recall Response Form recently received, the attached label is an authorization for your return of the following product distributed by **CAMBER.**

Item Description	NDC	Lot #	Expiration Date
Atovaquone Oral Suspension USP 750mg/5mL	**31722-629-21**	**E220182**	12/2023

Please follow the instructions below to ensure your return is received and handled properly**.**
We cannot guarantee credit will be issued for your return if these instructions are not followed.

Product Return Instructions

1. Your product return package must be shipped with ***both*** Return Authorization shipping label(s) and pre-paid FedEx shipping label affixed to the exterior of your shipping carton. The Return Authorization shipping label(s) is (are) authorization for your return of the recalled products. DO NOT SEND PROOF OF PURCHASE WITH PRODUCT

(PLEASE DO NOT SHIP ANY OTHER PRODUCT WITH THIS RETURN)

2. Please make sure the product you are returning is the recalled product. The cost of any drug products that are received which are not the subject of this recall will not be reimbursed.

3. **For reimbursement**, fill out **Consumer Recall Return Response Form** and send it with a copy of your "Proof of Purchase" such as a pharmacy receipt or a claim from your medical/prescription benefit provider to Inmar via email to rxrecalls@inmar.com or by fax to 817-868-5362, or by mail to Attn. Recall Coordinator One West Fourth Street, Suite 500, Winston Salem, NC, 27101.

4. Ship your return package using the pre-paid FedEx shipping label via FedEx to Inmar. To arrange pick up or to find a drop off location go to http://www.fedex.com or call 1-800-go-fedex (463-3339)

5. *PLEASE DO NOT COPY OR DUPLICATE THE SHIPPING LABELS.* Copies of shipping labels are not valid and will not be accepted.

If you have any questions regarding your return, please contact Inmar at 877-597-0878.

CONSUMER RECALL RETURN RESPONSE FORM

Product Recall Verification/Response Form

Atovaquone Oral Suspension USP 750mg/5mL

If you are a Consumer, complete the form below.

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the recall instructions and have taken the appropriate action.

Any adverse events associated with recalled product? [ ] Yes [ ] No

If Yes, please explain:_____

Please check the appropriate box(es):

[ ] Consumer [ ] Other _____

Contact Name (please print)_____

Address_____

City_____ State_____ Zip_____

Telephone #_____

Contact Signature _____Date_____

Product Description	NDC Number	Package Size	Lot Numbers	Expiry Date	QTY Returning (in bottles)
Atovaquone Oral Suspension USP 750mg/5mL	31722-629-21	210mL HDPE Bottle	E220182	12/2023	

If you are a Consumer, we are providing reimbursement for returned product. To qualify for reimbursement, **the product must be returned to Inmar, along with the proof of purchase**.

Purchased From: _____

Address_____

City_____ State_____ Zip_____

If you have any questions regarding this form or product return, please contact Inmar at 1-877-597-0878. Office hours 9am to 5pm EST Mon thru Fri.

Please fax this form to: 1-817-868-5362 or e-mail this form to: rxrecalls@inmar.com or mail to: Inmar, Attn: Recall Coordinator, One West Fourth Street., Suite 500 Winston-Salem, NC 27101.

Inmar Product Processing ID RCL048-2023 / Inmar Event ID N130915

URGENT DRUG RECALL NOTICE – CONSUMER LEVEL

Recalling Firm:
Camber Pharmaceuticals, Inc.
800 Centennial Ave.
Piscataway, NJ 08854

Date: March 15th, 2023

Product Description	NDC Number	Package Size	Lot Numbers	Expiry Dates	**Distribution Dates**
Atovaquone Oral Suspension USP 750mg/5mL	31722-629-21	210mL HDPE Bottle	E220182	12/2023	6/2022

REASON: Provide a description of the reason and health hazard for the recall.

The recall has been initiated due to the potential Bacillus Cereus contamination in the Product for Batch No: E220182.

LEVEL: Specify the level of the recall.

This recall is being carried out to the Consumer level and is for batch E220182 which is referenced above. This recall is being conducted with the knowledge of the Food and Drug Administration.

ACTION: Describes actions to be taken by direct customers

1. Immediately examine your inventory, stop dispensing, and quarantine the batch subject to recall.
2. Please carry out a physical count and record this data on the verification response form included with this letter.
3. Complete and return the attached response form ***even if you do not have the recalled product.***
4. Notifications of this recall are being sent to all direct distributor accounts of Camber through Inmar. If you further distributed this product, please forward this notification to your retail and consumer customers as it is a **CONSUMER LEVEL RECALL**.
5. Completed Recall Return Response form can be submitted by any of the below methods:

   Fax to 1-817-868-5362

   E-mail to: rxrecalls@inmar.com

   Or mail to:

   Inmar, Attn: Recall Coordinator, One West Fourth Street., Suite 500 Winston-Salem, NC 27101.

   If you are a Consumer, we are providing reimbursement for returned product. To qualify for reimbursement, the product must be returned to Inmar, along with the proof of purchase.

Other Information: Provide necessary contact information for distributor, retailer, and consumer for recall, including contact for medical and product questions and cost recovery information.

If you have any questions about the return of the product, please contact Inmar at 1-877-597-0878.

(Operation time is, Mon -Fri 9:00am to 5:00pm EST; outside of those operating hours we have voicemail and email that will be responded to in the next business day).

If you have medical questions call 1-866-495-1995 or Customer Service-related questions, please contact Camber at 1-732-529-0433.

This recall is being made with the knowledge of Food and Drug Administration.

We appreciate your immediate attention and cooperation, and sincerely regret any inconvenience caused by this action.

AUTHORIZED BY:

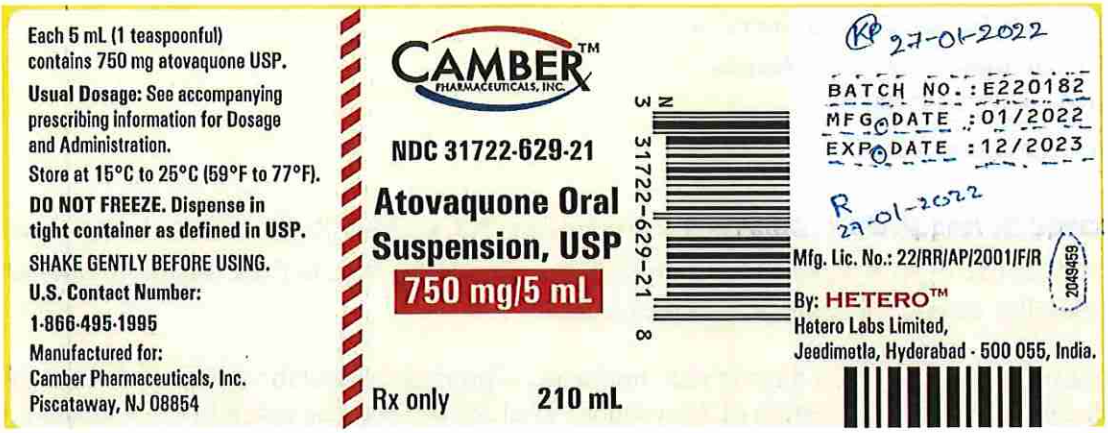
Name: Raghunath Chigurupati

Title: Manager, Regulatory Affairs

Signature: _____

Date: 03/15/2023

Container Label of Batch No. E220182



Mono Carton of Batch No. E220182

31/1/2023

31/1/23