



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

Version 2021

Introduction Type:  New Item

Final Version

Date: 9/12/2023

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*			
Company Name: <input type="text" value="Camber Pharmaceuticals, Inc."/>		Application: <input type="text" value="ANDA"/>		a. Temperature – Indicate the USP temperature range for this product.		Temperature Range: <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>	
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): <input type="text" value="214419"/>				Other Temperature Range Requirement (write in): <input type="text"/>		Notes: <input type="text"/>	
Medical Device Class, if applicable: <input type="text"/>				Is this product to be shipped to customers on ice? <input type="checkbox"/> No		Is this product to be shipped to customers on dry ice? <input type="checkbox"/> No	
DUNS: <input type="text" value="11-856-3719"/>				b. Contact for temperature excursion questions:		Name: <input type="text" value="Soma Raju"/>	
Proprietary Name (If Applicable) and Established Name: <input type="text" value="Venlafaxine Extended-Release Tablets 75 mg"/>		Unit of Use NDC: <input type="text" value="31722-124-90"/>		UPC: <input type="text" value="331722124904"/>		Number: <input type="text" value="732-529-0423"/>	
Selling Unit NDC: <input type="text" value="31722-124-90"/>		CVX Code: <input type="text"/>		MVX Code: <input type="text"/>		Group E-mail: <input type="text" value="somaraju@heterousa.com"/>	
Description: <input type="text" value="Venlafaxine Extended-Release Tablets 75 mg"/>		Active Ingredient(s): <input type="text" value="Venlafaxine Hydrochloride, USP"/>		c. Special regulations for product in any states?		Special returns requirements for this product? <input type="checkbox"/> No	
URL for Additional Product Information: <input type="text" value="www.camberpharma.com"/>		Address: <input type="text" value="1031 Centennial Ave (and) 800 Centennial Ave, Suite 1"/>		Address 2: <input type="text"/>		d. Store product (unit of sale) upright? <input type="checkbox"/> No	
City: <input type="text" value="Piscataway"/>		State: <input type="text" value="NJ"/>		Zip: <input type="text" value="08854"/>		Protect product (unit of sale) from light? <input type="checkbox"/> No	
Key Contact: <input type="text" value="Customer Service"/>		Email: <input type="text" value="customerservice@camberpharma.com"/>		Fax: <input type="text" value="732-562-8788"/>		e. Shelf life: <input type="text" value="24"/> Months	
Phone Number: <input type="text" value="1-866-827-3647"/>		Product Therapeutic Classification: <input type="text" value="Selective Serotonin and Norepinephrine Reuptake Inhibitor (SNRI)"/>				Initial shelf life at launch (if different): <input type="text"/>	
ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION		ORDER INFORMATION			
The product is? a legend device? <input type="checkbox"/> No	Is the Product... Direct-Ship Only <input type="checkbox"/>	Size: <input type="text" value="90 ct"/>					
if yes, enter class # <input type="text"/>	Is the Product... Unit of Use <input type="text"/>	Strength: <input type="text" value="75 mg"/>					
a product kit? <input type="checkbox"/> No	Orphan Drug Status <input type="text"/>	Dosage Form: <input type="text" value="Film-coated tablet"/>					
if yes, list NDCs of component parts <input type="text"/>	FDA Approval Status <input type="text"/>	Product Shape: <input type="text" value="Round, biconvex"/>					
reverse numbered? <input type="checkbox"/> No	Allergens Present <input type="text" value="Corn, Alcohol, Wheat"/>	Product Color: <input type="text" value="White to off white"/>					
co-licensed? <input type="checkbox"/> No	Country of Origin <input type="text" value="USA"/>	Product Imprint: <input type="text" value="'393' on one side and blank on the other side"/>					
latex-free? <input type="checkbox"/> Yes	Is this product covered under the Trade Agreements Act (TAA)? <input type="checkbox"/> Yes	Unit of Sale: <input checked="" type="checkbox"/> Bottle, <input type="checkbox"/> Box/Carton, <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 Power Multi, <input type="checkbox"/> Other: Write In					
preservative-free? <input type="checkbox"/> Yes		What is the NDC selling unit? <input type="text" value="1 Bottle of 90 Tablets"/> (Write-in, e.g. 1 Box of 10 Vials)					
correctional institution block? <input type="checkbox"/> No		Minimum order quantity? <input type="text" value="yes"/>					
opioid? <input type="checkbox"/> No		If Yes, how many of which package type? <input type="text" value="24"/> Each, <input type="text"/> Inner/Carton/Pack, <input type="text"/> Case					
Cannabinoid? <input type="checkbox"/> No							
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="checkbox"/>							
If Unit Dose, indicate NDC here: <input type="text"/>							
FOR GENERIC DRUG PRODUCTS							
I. Orange Book Rating: <input type="text" value="AB"/>		Authorized Generic <input type="checkbox"/>		*If Authorized Generic, other section fields are not applicable			
II. Generic Equivalent to What Brand?: <input type="text" value="Venlafaxine Hydrochloride Tablets"/>							
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION							
Does supplier meet DSCSA definition of manufacturer? <input type="checkbox"/> Yes		GLN: <input type="text" value="0031722000000"/>					
Is product exempt from DSCSA? <input type="checkbox"/> No		GCP: <input type="text"/>					
If yes, select exemption: <input type="text"/>		If yes, was original product purchased direct from mfr? <input type="checkbox"/>		Provide source manufacturer for repackaged product <input type="text"/>			
Other exemption - Write in: <input type="text"/>							
Is product repackaged? <input type="checkbox"/> No							
Is product sold by manufacturer's exclusive distributor? <input type="checkbox"/> Yes							
Has FDA granted waiver/exception/exemption for product? <input type="checkbox"/> No							
If yes, attach documentation from FDA. <input type="text"/>							
GTIN AND HIBCC PRODUCT INFORMATION							
Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14			
<input checked="" type="checkbox"/> Item/Each	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="00331722124904"/>	<input type="text" value="00331722124904"/>			
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input checked="" type="checkbox"/> Case	<input type="text" value="24"/>	<input type="text"/>	<input type="text" value="10331722124901"/>	<input type="text"/>			
<input type="checkbox"/> Pallet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
ITEM AND PACKING INFORMATION							
	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces	
	Depth	Width	Height				
Item/Each:	0.12	2	2	3.75	15.00	1	
Box/Carton/Bundle/Inner Pack:							
Case:	3.3	12.5	8.5	4	425.00	24	
Pallet:							
COST INFORMATION				WHOLESALE USE ONLY:			
Regular Cost		Invoice Cost (WAC) (\$)		Vendor #:			
As of date: <input type="text" value="3/1/2023"/>		<input type="text" value="\$134.93"/>		<input type="text"/>		<input type="text"/>	
				Whsl. Code #:		<input type="text"/>	
				Fineline Code:		<input type="text"/>	

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: