

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

Version 2021						Introduction T	уре:	New Item		x Final \	ersion/			Date:	9/12/	2023	
	PRODUCT INFORMATION									SPECIAL HANDLING AND STOR				AGE REQUIREMENTS*			
Company Name: Camber Pharmaceuticals, Inc.							Application: ANDA			re - Indicate the	USP temper	ature range for th	nis product.				
Application Number for NDA/ANI				Temperature Range Controlled Room – between 20 and 25 C (68° – 7						° – 77° F)							
Medical Device Class, if applicab	ole:				_												
DUNS:	11-856-3719		Other Temperate	ure Range Re	quirement												
Proprietary Name (If Applicable) a										(write in)							
Selling Unit NDC:	31722-124-90				31722-124-90	UPC:				Notes							
UDI		CVX Code:				MVX Code:											
Description:	Venlafaxine Extende	d-Release Tablets	75 mg		Is this product to	be shipped	o customers on ic	e?		No							
		Is this product to	be shipped	o customers on d	ry ice?		No										
Active Ingredient(s): Venlafaxine Hydrochloride, USP																	
	b. Contact fo	r temperature ex	cursion ques	tions:	0 0 :												
URL for Additional Product Inform Address:	ation: www.camberpharma.com 1031 Centennial Ave (and) 800 Centennial Ave, Suite 1					Address 2:				Name: Number:			Soma Raju 732-529-042	•			
City:	Piscataway	(and) 800 Centen		State:	NJ	Zip:	08854	Group E-mail:				somaraju@he					
Key Contact:	-	ustomer Service					camberpha			Group L-man.			30maraja@nc	terousa.com			
Phone Number:	1-866-827-3647			Email: Fax:		732-562-8788			c. Special regulations for product in any states?				No				
Product Therapeutic Classification	n: S	elective Seratonin	and Norepinephrine Reupta			Special returns	-				No						
				(	,						- 1						
	TION INFORMATION	d. Store product (unit of sale) upright?															
The product is?		Direct-Ship On	lv				Protect product (unit of sale) from light?				No						
a legend device?	N	0	Is the Product						e. Shelf life:	. rotoot produc	· (u.m. o. ou.	, og			24	Months	
if yes, enter class #		Orphan Drug Status				Size:	9	0 ct		Initial shelf life	at launch (if	different):				Months	
a product kit?	N	0				Strength:	7	'5 mg	1		-	•					
if yes, list NDCs of			FDA Approval Status			Strength.	75 mg					ORDER INFORM	ATION				
component parts						Dosage Form	n: F	ilm-coated tablet									
reverse numbered?	N								4	Unit of Sale			What is the		unit?		
co-licensed?	N		Allergens Present						4	x Bottle			1 Bottle of 90		0 \ (" - 1 - \		
preservative-free?	Yes Corn, Alcohol, Wheat					Product Shap	pe: R	Round, biconvex			Box/Carton Ampule			(Write-in, e.g. 1 Box of 10 Vials)			
correctional institution block?	Yes						-		+	Glass	e		Minimum order quantity?			yes	
opioid?						Product Cold	or: V	Vhite to off white		Tube			William Or	uer quaritity		yes	
Cannabinoid?	oid? No Country of Origin USA					Product Impr	'3	393' on one side and blank	†		quid Sgl						
If Unit Dose, is item bar coded to unit dose for								n the other side			quid Multi		If Yes, how	many of whi	ch package	type?	
hospital scanning? Is this product covered under the							_		Ī	Vial Po	owder Sql		24	Each			
If Unit Dose, indicate NDC here:  Trade Agreements Act (TAA)?  Yes											ower Multi			Inner/Carton	/Pack		
										Other:	Write In			Case			
			FOR GENERIC DRUG PR	ODUCTS													
				_													
				L	Au	thorized Generic		orized Generic, other	PHARMACY ORDER / BILL UNIT								
I. Orange Book Rating: AB							Section	fields are not applicable	Rec. sell unit to customer?				Rx billing unit to pharmacy:				
II. Generic Equivalent to What Brand?: Venlafaxine Hydrochloride Tablets							(Write-in, e.g. 1 Vial)						Each				
		DRIIG SHIPPLY	Y CHAIN SECURITY ACT (	DSCSA) INFORM	IATION				(Write-in, e.g	. 1 Vial)				Gram Milliliter			
		D1100 0011 E	TOTALL OLOGICITY ACT	DOGGA) IIII GIUI	ATION				1					wiiiiiiitei			
Does supplier meet DSCSA definit	tion of manufacturer	?	Yes		GLN:	0331722000000					ITEM A	ND PACKING IN	IFORMATION	l			
Is product exempt from DSCSA?																	
If yes, select exemption:					GCP:							Dimensio	ons (US msm	its.)	Volume	Saleable #	
Other exemption - Write in:									1	Wei	ght Lbs.	Depth	Width	Height	(Cube)	Pieces	
Is product repackaged?			No	T I	f yes, was or	iginal product			Item/Each:		0.12	2	2	3.75	15.00	1	
Is product sold by manufacturer's	exclusive distributor	?	Yes		ourchased di	rect from mfr?					0.12		2	3.73	15.00	'	
Has FDA granted waiver/exception		uct?	No		Provide source	ce manufacturer fo	r repack	aged product	Box/Carton/E	Bundle/							
If yes, attach documentation from	n FDA.								Inner Pack:								
		CTIA	I AND HIBCC PRODUCT II	NEODMATION					Case:		3.3	12.5	8.5	4	425.00	24	
		GIII	AND RIBCC PRODUCT II	NFORMATION					Pallet:								
Saleable Unit of Measure	Sale	able Quantity	HIBCC		GTII	N-14		Unit of Use GTIN-14	Pallet:								
x Item/Each	Sale	1	. 11500			31722124904		00331722124904									
Box/Carton/Bundle/Inner Pack							1 '		COST INFORMATION				WHOLESALER USE ONLY:				
X Case		24			1033	10331722124901											
Pallet									Regular Cost				Vendor #:				
												\$134.93	3 Whsl. Code #:				
													Fineline Cod	de:			
							-		As of date:	3/1/20	23						
1			Attack conversion FETT 15:	TA CHEET (OCC)	\ a= aa:: !	diamas DAOKACE	INICEDT	LABEL AND PHOTO OF P	I DODUCT DAG:	ACINO DASS	ODE		L				
*Please provide any additional info	armatian on nace 2		Auach copy of SAFETY DA	IIA SHEET (SDS)	or non nazar				-KODUCT PACK	AGING and BARC Signature:	ODE.						
riease provide any additional into	ormation on page 2.					see new p. 3 for	pesigna	ted Drop Ship Only.		oignature:							