

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

Version 2021					Introduction	Туре:	New Item		X F	inal Version			Date:	11/8/	2023	
		PRODUCT INFORM	ATION							SPECIAL HAN	DLING AND STOP	AGE REQUI	REMENTS*			
Company Name: Camber Pharmaceuticals, Inc.				Application: ANDA			a. Temperature – Indicate the USP temperature range for this product.									
Application Number for NDA/AN	DA/BLA (drug); PMA/510(k)(n	ned device):	21680	0					Temperatu		Controlled Room		and 25 C (68	° – 77° F)		
Medical Device Class, if applicat	ble:															
DUNS:	11-856-3719								Other Tem	perature Range F	Requirement					
Proprietary Name (If Applicable) a		Bupropion Hydrochloride Extende							(write	in)						
Selling Unit NDC:	31722-067-60	Unit of Use NDC	31	1722-067-60	UPC:	33172206	67607		Notes							
UDI		CVX Code:			MVX Code:											
Description:	Bupropion Hydrochloride Exte	ended-Release Tablets, USP (SR) 1	50 mg								to customers on i			No		
Active Instructional Support to Use shipped to customers on dry ice? No																
Active Ingredient(s): Bupropion Hydrochloride b. Contact for temperature excursion questions:																
URL for Additional Product Inform	nation: www.camb	erpharma.com						b. contact io	Name:	re excursion que	50015.	Soma Raju				
Address:	1031 Centennial Ave (and) 80	00 Centennial Ave, Suite 1			Address 2:				Number:			732-529-042	3			
City:	Piscataway					Zip: 0	08854	Group E-mail:				somaraju@h	somaraju@heterousa.com			
Key Contact:	Customer Service			Email:	customerservice	@camberph	harma.com									
Phone Number:	1-866-827-3647			Fax:	732-562-8788			c. Special reg	-	r product in any				No		
Product Therapeutic Classification	n: Aminoketo	one Antidepressant (NDRI)							Special ret	urns requirement	s for this product?			No		
		DUCT INFORMATION		_	PRODUCT	DESCRIPT	ION INFORMATION	d Store read	luot (unit -f	cala) unright?				No		
	ADDITIONAL PRO		Discus Of L. C. L		PRODUCT	DESCRIPT	TON INFORMATION	d. Store prod		sale) upright?						
The product is?		Is the Product	Direct-Ship Only Unit of Use	/					Protect pr	oduct (unit of sa	Ie) from light?			No		
a legend device? if yes, enter class #	No	Is the Product Orphan Drug Status	Unit of Use		Size:	60	CT	e. Shelf life:	Initial above	f life at launch (i	f difforont).			24	Months Months	
a product kit?	No	Orphan Drug Status				15	i0 mg		initial she	r fife at launch (i	r amerent):				wonths	
if yes, list NDCs of		FDA Approval Status			Strength:	10	io nig				ORDER INFORM	IATION				
component parts					Dosage For	Fil	m coated tablet									
reverse numbered?	No				Dosage For				Unit of Sa				NDC selling	unit?		
co-licensed?	No	Allergens Present								lottle		1 Bottle of 6				
latex-free?	Yes	_	Dye		Product Sha		ound, biconvex, bevel			lox/Carton		(Write-in, e.	g. 1 Box of 10) Vials)		
preservative-free?	Yes		-				lged			mpule					Mar	
correctional institution block? opioid?	No No	-			Product Col	or:	reen			lass ube		Minimum or	der quantity	r [Yes	
Cannabinoid?	No	Country of Origin	India			. 'V1	1 49' on one side and			'ial Liquid Sgl						
If Unit Dose, is item bar coded to u					Product Imp		ain on other side			'ial Liquid Multi		If Yes, how	many of whi	ch package t	ype?	
hospital scanning?		Is this product covered							V	ial Powder Sql			Each			
If Unit Dose, indicate NDC here:		Trade Agreements Act	(TAA)? No	0						'ial Power Multi			Inner/Carton	Pack		
									C	Other: Write In			Case			
		FOR GENERIC DRUG P	RODUCTS					-								
				Aut	horized Generic	*If Author	ized Generic, other			рн	ARMACY ORDER					
L One and Death Death and	AB1			Au	nonzed Generic		elds are not applicable	Rec. sell unit	to oustome							
I. Orange Book Rating: II. Generic Equivalent to What Bran		® SR						Rec. sen unit	to custome		1	RX billing u	nit to pharma Each	icy:		
I. Generic Equivalent to what Brand 7: Weinbutilities 3K							(Write-in, e.g. 1 Vial) Gram									
	DRU	G SUPPLY CHAIN SECURITY ACT	(DSCSA) INFORMA	ATION					.,				Milliliter			
Does supplier meet DSCSA definit	tion of manufacturer?	Yes	GI	LN:	0331722000000					ITEN	AND PACKING I	NFORMATION	N			
Is product exempt from DSCSA?		No														
If yes, select exemption:			G	CP:						Weight Lbs.		ons (US msm	,	· · · · · · · · · · · · · · · · · · ·	Saleable #	
Other exemption - Write in:		No			alast and tool .	ahaas d		14 mm / = 1			Depth	Width	Height	(Cube)	Pieces	
Is product repackaged? Is product sold by manufacturer's	exclusive distributor?	Yes		yes, was or rect from m	iginal product pur	chased		Item/Each:		0.17	1.85	1.85	3.23	11.05	1	
Has FDA granted waiver/exception		No			e manufacturer fo	or repackad	aed product	Box/Carton/B	Bundle/							
If yes, attach documentation from							9 p	Inner Pack:								
								Case:		4.6	11.69	8.5	4.5	447.14	24	
		GTIN AND HIBCC PRODUCT	INFORMATION							4.0	11.00	0.0	4.0	447.14	24	
Saleable Unit of Measure	<u> </u>							Pallet:								
X Item/Each	Saleable Qu	antity HIBCC		GTI	N-14 31722067607		Unit of Use GTIN-14 00331722067607									
Box/Carton/Bundle/Inner Pack				0033					COST	INFORMATION			WHOLESALE	R USE ONL	Y:	
X Case	24			3033	31722067608											
Pallet								Regular Cost	t			Vendor #:				
								Invoice Cost	(WAC) (\$)		\$13.80	Whsl. Code				
						_		1		0400000		Fineline Co	de:			
						-		As of date:	1	0/16/2023						
₽		Attach conviol SAFETY F		or non bazor		INSEPT I	LABEL AND PHOTO OF P			BARCODE		ļ				
*Please provide any additional info	ormation on name 2	Allach copy of SAFETY L	ATA SHEET (SDS)	or non nazar			ed Drop Ship Only.	NODUCI PACKA	Signature:							
i lease provide any additional line	ormation on page 2.				See new p. 3 101	Designate	a brop onlp only.		orginature							

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

Version 2021 For Design	ated Drop Ship Only Products, Please Use Page 3					
MATERIAL H/	AZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply): a. Cytotoxic? No b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? No Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? C. Contact Hazard? C. Contact Hazard? No (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No	x Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Image: Contact Hazard Is the product a NIOSH hazardous drug? No					
(if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? Is this product regulated for shipment by IATA? No	If yes, indicate which: Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics					
(if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	No If Yes, is it managed with a pharmacy registry? Website URL:					
Is the product restricted for air shipment? If so, indicate restriction: No Passenger Cargo Passenger & Cargo Is this a reportable quantity? RQ Threshold: Is this a marine pollutant? Is this product shipped utilizing an authorized DOT exception or Special Permit?	Med Guide Required No Limited Distribution Requirement Image: Suppler Manager Name: REMS Program Manager Name: No Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: Image: Supplice Name Name:					
(if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Provider Name: DEA #: Site Enrollment Number assigned NCPDP#: by Supplier: NPI #: Comments Registry: No Provider Name:					
ADD'L STORAGE INFORMATION	Registry Program Contact Name: Phone: Comments					
Is the Product Controlled Substance? Controlled Substance? Controlled by State(s)? No Listed Chemical (List I or II) ARCOS Reportable? No If yes, indicate which: Is it a scheduled listed chemical product?: No CLASS OF TRADE RESTRICTION: No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes Restricted to retail pharmacy only:	RETURN INSTRUCTIONS Contact tel. # if product received damaged: 1-866-827-3647 Is product returnable for credit: Ves URL/Link to returns policy: contact - customerservice@camberpharma.com Special regulations or returns requirements for this					
Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments) No Comments:	product in certain states? No If so, which states? Other requirements? Comments?					
MISCELLANI	EOUS NOTES and/or Image of Product Barcode:					



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

Version 2021 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
Purchase orders may be accepted by: a. EDI b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone:	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight receipt available: Image: Comparison of the co
Class of Trade Restriction:	PO Receipt Cut off time:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	Saturday Overnight receipt available: PO Receipt Cut off time: Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date:	Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?
Miscellaneous Notes:	
	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure?