



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

Version 2021 Introduction Type:  New Item  Final Version Date: 6/6/2024

**PRODUCT INFORMATION** **SPECIAL HANDLING AND STORAGE REQUIREMENTS\***

Company Name: Camber Pharmaceuticals, Inc. Application: ANDA  
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 216800  
 Medical Device Class, if applicable:  
 DUNS: 11-856-3719  
 Proprietary Name (If Applicable) and Established Name: Bupropion Hydrochloride Extended-Release Tablets, USP (SR) 100 mg  
 Selling Unit NDC: 31722-066-05 Unit of Use NDC: UPC: 331722066051  
 UDI CVX Code: MVX Code:  
 Description: Bupropion Hydrochloride Extended-Release Tablets, USP (SR) 100 mg  
 Active Ingredient(s): Bupropion hydrochloride, USP  
 URL for Additional Product Information: [www.camberpharma.com](http://www.camberpharma.com)  
 Address: 800 Centennial Ave, Suite 1 Address 2:  
 City: Piscataway State: NJ Zip: 08854  
 Key Contact: Customer Service Email: [customerservice@camberpharma.com](mailto:customerservice@camberpharma.com)  
 Phone Number: 1-866-827-3647 Fax: 732-562-8788  
 Product Therapeutic Classification: Aminoketone antidepressant (NDR)

**a. Temperature – Indicate the USP temperature range for this product.**  
 Temperature Range:   
 Other Temperature Range Requirement (write in): Excursions permitted between 15° and 30°C (59° and 86°F)  
 Notes:  
 Is this product to be shipped to customers on ice?  No  
 Is this product to be shipped to customers on dry ice?  No

**b. Contact for temperature excursion questions:**  
 Name: Soma Raju  
 Number: 732-529-0423  
 Group E-mail: [somaraju@heterousa.com](mailto:somaraju@heterousa.com)

**c. Special regulations for product in any states?**  No  
 Special returns requirements for this product?  No

**d. Store product (unit of sale) upright?**  No  
 Protect product (unit of sale) from light?  No

**e. Shelf life:** Initial shelf life at launch (if different):  Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? <input type="checkbox"/> No	Is the Product... Direct-Ship Only <input type="checkbox"/>	Size: 500 ct	
if yes, enter class # a product kit? <input type="checkbox"/> No	Is the Product... Neither <input type="checkbox"/>	Strength: 100 mg	
if yes, list NDCs of component parts reverse numbered? <input type="checkbox"/>	Orphan Drug Status <input type="checkbox"/>	Dosage Form: Film coated tablet	
co-licensed? <input type="checkbox"/> No	FDA Approval Status <input type="checkbox"/>	Product Shape: Round, biconvex, bevel edged	
latex-free? <input type="checkbox"/> No	Allergens Present	Product Color: Red	
preservative-free? <input type="checkbox"/> Yes	Dye <input type="checkbox"/>	Product Imprint: Imprinted with 'V1 48' on one side and plain on other side	
correctional institution block? <input type="checkbox"/> No	Country of Origin: India <input type="checkbox"/>		
opioid? <input type="checkbox"/> No	Is this product covered under the Trade Agreements Act (TAA)? <input type="checkbox"/> No		
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"/>			

**ORDER INFORMATION**

Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 Bottle of 500 Tablets
<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	Minimum order quantity? <input type="checkbox"/> Yes
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Multi	<input type="text" value="12"/> Each
<input type="checkbox"/> Other: Write In	<input type="text"/> Inner/ Carton/Pack
	<input type="text"/> Case

**FOR GENERIC DRUG PRODUCTS**

I. Orange Book Rating:   Authorized Generic \*If Authorized Generic, other section fields are not applicable  
 II. Generic Equivalent to What Brand?: Wellbutrin SR

**PHARMACY ORDER / BILL UNIT**

Rec. sell unit to customer?  Rx billing unit to pharmacy:  
 (Write-in, e.g. 1 Vial)  Each  
 Gram  
 Milliliter

**DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION**

Does supplier meet DSCSA definition of manufacturer?  Yes  No  
 Is product exempt from DSCSA?  No  
 If yes, select exemption:  
 Other exemption - Write in:   
 Is product repackaged?  No  
 Is product sold by manufacturer's exclusive distributor?  Yes  
 Has FDA granted waiver/exception/exemption for product?  No  
 If yes, attach documentation from FDA.  
 GLN: 0331722498975  
 GCP:   
 If yes, was original product purchased direct from mfr?   
 Provide source manufacturer for repackaged product

**ITEM AND PACKING INFORMATION**

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/Carton/Bundle/Inner Pack:	0.55	2.87	2.87	5	41.18	1
Case:	7.1	12	9.18	5.75	633.42	12
Pallet:						

**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	1		00331722066051	
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	12		30331722066052	
<input type="checkbox"/> Pallet				

**COST INFORMATION** **WHOLESALE USE ONLY:**

Regular Cost   
 Invoice Cost (WAC) (\$)   
 As of date: 10/16/2023  
 Vendor #:   
 Whsl. Code #:   
 Finline Code:



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For Designated Drop Ship Only Products, Please Use Page 3

## MATERIAL HAZARD 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?  No  
 Does the product label bear a CA Prop 65 warning?  No

c. Contact Hazard?  No

d. Does this product require special clean-up instructions?  
 (If yes, attach SDS with special instructions.)  No

e. Does the product contain DEHP?  No

Is this product regulated for shipment by DOT?  
 (if yes, answer a-e below and provide SDS)  No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?  No

Is this product regulated for shipment by IATA?  
 (if yes, answer a-e below and provide SDS)  No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?  No

Is the product restricted for air shipment? If so, indicate restriction:  No

Passenger  
 Cargo  
 Passenger & Cargo

Is this a reportable quantity?  No  
 RQ Threshold:

Is this a marine pollutant?  No

Is this product shipped utilizing an authorized DOT exception or Special Permit?  
 No (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#

### ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance?  No      Controlled Substance Code

Controlled by State(s)?  No      Listed Chemical (List I or II)  No

ARCOS Reportable?  No      If yes, indicate which:

Schedule No.       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:  No

Restricted to hospital, clinics, and physician offices only:  No

Restricted from US territories? (explain in comments)  No

Comments:

### SDS Hazard Classification

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:

Is the product a NIOSH hazardous drug?  No  
 If yes, indicate which:

### Hazardous Waste Identification

EPA Hazardous Waste Code:       Waste Characteristics:

### REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?  No  
 If Yes, is it managed with a pharmacy registry?  
 Website URL:

Med Guide Required  No  
 Limited Distribution Requirement  No  
 Comments / Details: (For example, iPledge program?)

**REMS:**  No

REMS Program Manager Name:       Phone:

Supplier Manages REMS registry exclusively:  No

Wholesale distributor support:  No

Provider Name:       DEA #:

Site Enrollment Number assigned by Supplier:       NCPDP#:

NPI #:

Comments

**Registry:**  No

Registry Program Contact Name:       Phone:

Comments

### RETURN INSTRUCTIONS

Contact tel. # if product received damaged:  1-866-827-3647

Is product returnable for credit:  Yes

URL/Link to returns policy:  contact - customerservice@camberpharma.com

Special regulations or returns requirements for this product in certain states?  No

If so, which states? Other requirements? Comments?

### MISCELLANEOUS NOTES and/or Image of Product Barcode:

