

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

Version 2021						Introduction Type	e: New Item		x Final Version			Date:	6/6/	/2024
			PRODUCT INFORMA	TION					SPECIAL HAN	IDLING AND STOR	RAGE REQUI	REMENTS*		
Company Name:	Camber Pharmac	euticals. Inc.				Application	: ANDA	a. Temperati	ure - Indicate the USP temp	erature range for t	his product.			
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 216800						Temperature Range Controlled Room – between 20 and 25 C (68° – 77° F)								
Medical Device Class, if applicable:														
DUNS:	11-856-3719							_	Other Temperature Range	Requirement	Excursions i	permitted bet	ween 15° and	130°C (59°
Proprietary Name (If Applicable) a		ame: Bupro	pion Hydrochloride Extende	d-Release Table	ets. USP (SR) 15	50 ma		Т	(write in)	. toquiromont	and 86°F)	Joinnition Dot		. 00 0 (00
Selling Unit NDC:	31722-067-05	amo: Dupi.	Unit of Use NDC		0.0, 00. (0.1)		1722067058	1	Notes		,			
UDI			CVX Code:			MVX Code:	2200.000	1						
								-						
Description:	Bupropion Hydrod	chloride Extended-R	elease Tablets, USP (SR) 15	0 mg					Is this product to be shippe				No	-
Active Ingredient(s): Bupropion hydrochloride, USP							-	Is this product to be shippe	a to customers on o	ary ice?		No		
Active ingredients).							h Contact fo	or temperature excursion qu	actions:					
URL for Additional Product Information: www.camberpharma.com						b. Contact ic	Name:	estions:	Soma Raju					
Address:	800 Centennial A		ia.com			Address 2:		+	Number:		732-529-042	23		
City:	Piscataway	ve, Suite i			State:		ip: 08854	-	Group E-mail:				m	
Key Contact:	Customer Service	3				customerservice@ca	mbernharma com				somaraju@heterousa.com			
Phone Number:	1-866-827-3647				732-562-8788	<u> </u>	c Special re	gulations for product in any	states?			No	1	
Product Therapeutic Classification		Aminoketone antic	lenressant (NDRI)		- Luxi	102 002 0100		C. opeciai ie	Special returns requiremen				No	-
Troduct Therapeutic Glassification	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 trimoretorie antic	icpressant (NDTH)						Special returns requiremen	is for this product:			140	
	ADDITI	ONAL PRODUCT I	NEORMATION			PRODUCT DES	SCRIPTION INFORMATION	d Store prod	duct (unit of sale) upright?				No	7
	— ADDIII	OWAL PRODUCT II		Disect Ohl 1	Deli.	T ROBOOT DEC	JOHN HOI IN ORMATION	u. Store prot]
The product is?			Is the Product	Direct-Ship (Uniy				Protect product (unit of sa	ale) from light?			No	
a legend device?		No	Is the Product	Neither		Size:	500 ct	e. Shelf life:					24	Months
if yes, enter class #			Orphan Drug Status						Initial shelf life at launch (if different):				Months
a product kit?		No				Strength:	150 mg							
if yes, list NDCs of			FDA Approval Status			_				ORDER INFORM	IATION			
component parts		1				Dosage Form:	Film coated tablet		Heir of Oale		Minat in the	NDC selling		
reverse numbered?		No	Allermane Dresent						Unit of Sale				unit?	
co-licensed? latex-free?		No Yes	Allergens Present				Round, biconvex, bevel		x Bottle Box/Carton		1 Bottle of 5	g. 1 Box of 1	0 \ /;ele\	
preservative-free?		Yes		Dye		Product Shape:	edged		Ampule		(write-in, e.	g. i box oi i	o viais)	
correctional institution block?		No					Green		Glass		Minimum o	rder quantity	.2	Yes
opioid?		No				Product Color:	Green		Tube		Wilnimum O	rder quantity	,,	res
Cannabinoid?		No	Country of Origin	India			Imprinted with 'V1 49' on one		Vial Liquid Sgl					
If Unit Dose, is item bar coded to	unit dose for	140	Country of Origin	maia		Product Imprint	side and plain on other side		Vial Liquid Multi		If Yes how	many of whi	ich package	type?
hospital scanning?	unit dose for		Is this product covered	under the					Vial Powder Sql			Each	ion package	турс.
If Unit Dose, indicate NDC here:			Trade Agreements Act		No				Vial Powder Multi		12	Inner/Cartor	/Pack	
ii onit bose, indicate Nbo nere.			Trado Agroomonio Aot		140				Other: Write In			Case	III GOR	
			FOR GENERIC DRUG PF	PODUCTS]		
					Au	thorized Generic *If	Authorized Generic, other		Pł	IARMACY ORDER	/ BILL UNIT			
I Oranga Book Batings	AB1						ction fields are not applicable	Rec sell uni	t to customer?		Dy billing u	nit to nharm	2011	
I. Orange Book Rating: II. Generic Equivalent to What Bra		Wellbutrin SR					•••	ixec. sen um	t to customer:		KX billing u	nit to pharm Each	acy:	
ii. Generic Equivalent to what Bra	anur.	Wellbutill Six						(Write-in, e.g	ı 1 Vial)			Gram		
		DRUG SUPP	LY CHAIN SECURITY ACT	(DSCSA) INFO	RMATION			(vviite iii, e.g	j. i viaij			Milliliter		
				(,								1		
Does supplier meet DSCSA defin	ition of manufactu	rer?	Yes		GLN:	0331722498975			ITEN	AND PACKING I	NFORMATIO	N		
Is product exempt from DSCSA?			No											
If ves. select exemption:					GCP:			¬ [Dimensi	ions (US msn	nts.)	Volume	Saleable #
Other exemption - Write in:								-	Weight Lbs.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No		If yes, was or	iginal product purcha	sed	Item/Each:						
Is product sold by manufacturer's	s exclusive distribu	utor?	Yes		direct from m				0.74	3.38	3.38	6	68.34	1
Has FDA granted waiver/exception			No			ce manufacturer for re	packaged product	Box/Carton/I	Bundle/					
If yes, attach documentation fro	m FDA.							Inner Pack:						
								Case:	10	14.5	11.25	8	1305	12
		GT	IN AND HIBCC PRODUCT	INFORMATION					10	14.5	11.25	0	1303	12
								Pallet:						
Saleable Unit of Measure	8	Saleable Quantity	HIBCC			N-14	Unit of Use GTIN-14							
X Item/Each		1			003	31722067058								
Box/Carton/Bundle/Inner Pack									COST INFORMATION			WHOLESAL	ER USE ONL	-Y:
X Case		12			303	31722067059								
Pallet	_							Regular Cos			Vendor #:	_		
								Invoice Cost	(WAC) (\$)	\$115.00	Whsl. Code			
								11	40/40/0000		Fineline Co	de:		
								As of date:	10/16/2023		-			
 			Au	ATA OUEET (0)	20)		SEDT LAREL AND DUCTO OF	DDODUOT D: S:	10INO I DADOODE		1			
*Bi		•	Attach copy of SAFETY D	ATA SHEET (SI	or non haza (حر		SERT, LABEL AND PHOTO OF	PRODUCT PACK						
*Please provide any additional in	rormation on page	۷.				see new p. 3 for De	signated Drop Ship Only.		Signature:					



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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	SDS Hazard Classification						
b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? No Does the product label bear a CA Prop 65 warning? No	x Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard						
c. Contact Hazard? d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) e. Does the product contain DEHP?	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: NFPA Storage Level:						
Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name	Is the product a NIOSH hazardous drug? If yes, indicate which:						
c. DOT Hazard Class d. Packing Group	Hazardous Waste Identification						
e. Inhalation Hazard? Is this product regulated for shipment by IATA? No	EPA Hazardous Waste Code: Waste Characteristics						
(if yes, answer a-e below and provide SDS) a. UN/Identification Number	REMS or REGISTRY RESTRICTIONS						
b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:						
Is the product restricted for air shipment? If so, indicate restriction: Passenger Cargo Passenger & Cargo	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)						
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)	REMS: REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier: No Phone: DEA #: NCPDP#: NPI #:						
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Comments						
ADD'L STORAGE INFORMATION	Registry: Registry Program Contact Name: Comments No Phone:						
Is the Product							
Controlled Substance Code Controlled by State(s)? ARCOS Reportable? Schedule No. No Controlled Substance Code Listed Chemical (List I or II) No If yes, indicate which: Is it a scheduled listed chemical product?: No CLASS OF TRADE RESTRICTION:	RETURN INSTRUCTIONS Contact tel. # if product received damaged: I-866-827-3647 Is product returnable for credit: Yes						
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	URL/Link to returns policy: contact - customerservice@camberpharma.com						
Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: No	Special regulations or returns requirements for this product in certain states?						
Restricted from US territories? (explain in comments) No Comments:	If so, which states? Other requirements? Comments?						
MISCELLANE	DUS NOTES and/or Image of Product Barcode:						



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FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method fo	r Designated Drop Ship Product	Standard Order Receipt and Processing					
Purchase orders may be accepted by: a. EDI		Purchase order daily receipt cut off time by supplier Cut off time:					
b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity:	Fax Number: Fax Number: Phone No.: Site Address:	Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt:					
F	Name: Phone:	Ships regular ground for 3-10 days receipt:					
Expedited Freight Charg	ges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing					
Expedited freight fees billed with each order:		Overnight receipt available:					
Drop Ship service fee billed with each order:		PO Receipt cut off time:					
Drop Ship miscellaneous fees billed: Comments:		Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday					
		Priority Overnight receipt available:					
Class	of Trade Restriction:	PO Receipt Cut off time:					
No restriction: Select YES if sold to retail pharmacy only: Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician of Restricted from US territories? (explain in conficulty) Comments:	offices only:	Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:					
Other Data Infor	rmation Required to Process PO:	Return Instructions					
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:		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?					
Mis	scellaneous Notes:						
		ADDITIONAL INFORMATION					
		Is product order for scheduled patient procedure? Is product order for restocking purposes?					