

Standard Pharmaceutical Product Information (Rx Product Only)

Product Prod	© August 2014 Introduction Type: Post Launch Change Final Version Date: 4/12/2017															
Page				PRODUCT INFORMA	TION						SPECIAL HANDL	ING AND ST	ORAGE REQ	UIREMENTS	*	
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Additional product Classification Section					Email:	customer	service@cambe	rpharma.c	om	c. Special regulations for product in any states?						
Automobility PRODUCT RECORDATION FROMULT DESCRIPTION NEPONDATION Size: 1000 Size:	Phone Number:	732-529-0430			Fax:	732-562-	8788									
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Substitution of Origin Product insprint Substitution Subst	II Offit Dose NDC, indicate No	DO Here.				_							Williamidin	iuei quaiiii)	, i	163
Set its product covered under the Trade Agreements Act (TAA)? No	Country of Origin		India		Product Col	or: b	olue									
FOR GENERIC DRUG PRODUCTS Authorized Generic Fundamental Control Product Fundamental Control Fundam			A (TA A) O		Due do et les e		71/11 11									
Case	is this product covered under	r the Trade Agreements	No No		Product imp	rint: 3	5//П				Vial Powder Sql					
Authorized Generic Authorized Generic Security Authorized Generic Security S														Inner/Cartor	/Pack	
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Corange Book Rating: AB				FOR GENERIC DRUG PR	ODUCTS											
Corange Book Rating: AB											DUA	TMACY OFF	D / DILL LIN	Ŧ		
Comprise Equivalent to What Brand?: Proscar					Aut	norizea Gene						KIVIACT OKDI				
Drug SupPLY CHAIN SECURITY ACT (DSCSA) INFORMATION Ves			-				ileius	are not ap	plicable	Rec. sell unit to custor	mer?	_	Rx billing u		acy:	
Does supplier meet DSCA definition of manufacture? Yes Yes GIN:	II. Generic Equivalent to Wha	at Brand?:	Proscar							04/-1-1						
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Is product exemption:			5.100 001 1 1	2. 0.1.1.1.1.0.2.0.0.1.1.7.0.1										Williame		
Is product exemption:	Does supplier meet DSCSA	definition of manufac	turer?	Yes	GLN:						IT <u>E</u> M A	ND PACKING	INFORMAT	ON	_	_
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Other exemption - Write in: Is product speckaged? No If Yes, was original product purchased direct from mfr? Is product speckaged? No If Yes, was original product purchased direct from mfr? Is product speckaged? No If Yes, was original product purchased direct from mfr? If yes, attach documentation from FDA. Salicable	If yes, select exemption:										Weight I he	Dime	nsions (US n	nsmts.)		# Piocos
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Sproduct sold by manufacturer's exclusive distributor? No from mir?						nal product p	ourchased dire	ct		Item:	0.35		4	2.25		
Inner Pack:																
Case	Has FDA granted waiver/exc	ception/exemption for	product?	NO .	If yes, attach do	cumentation	from FDA.									
Saleable				GTIN PRODUCT INFOR	MATION											
Level										Case.	8.75	14.5	5	10.25	0.43	24
Serialized? Yes							Quan	titv G	ΓIN-14	Pallet:						
If not, when?	Serialized?	Yes	х													1056
Pallet				Box/Carton/Bundle/Inner Pack		ı	Linear			UPC:	Case:					
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE. COST INFORMATION WHOLESALER USE ONLY: Vendor #: Wholes OLE ONLY: Vendor #: Wholes OLE ONLY: Vendor #: Wholes OLE OLE ONLY: Vendor #: Wholes OLE OLE ONLY: Vendor #: Federal Excise Tax Per Unit of Sale As of date: As of date:	Items aggregated?	Yes	х	Case	X X 2D	L	Linear 24	20	331722525101		Carton:					
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Standard Pharmaceutical Product Information (Page 2)

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL I	HAZARD CLASSIFICATION and TRANSPORTATION	
Is this product (check all that apply):		·
a. Cytotoxic?	SDS Hazard Classification	
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	ODO HAZARA GIAGGIRIGATORI	
Is the product a CA Prop 65 carcinogen?	Organic Corrosive	
Is the product a CA Prop 65 carcinogen?	Inorganic Oxidizer	
Does the product label bear a CA Prop 65 warning?	Steroid/Androgen Contact Hazard	
a Contact Haranda	A arread Class Identify NEDA Ctarage Levels	
c. Contact Hazard?	Aerosol Class; Identify NFPA Storage Level:	
d. Does this product require special clean-up instructions? No		
(If yes, attach SDS with special instructions.)	Is the product a NIOSH hazardous drug?	
e. Does the product contain DEHP?	If yes, indicate which:	
Is this product regulated for shipment by DOT or IATA? No		
(if yes, answer a-e below and provide SDS)		
a. UN/Identification Number		
b. Proper Shipping Name	Hazardous Waste Identification	
c. DOT Hazard Class	EPA Hazardous Waste Code: NA	
d. Packing Group		
e. Inhalation Hazard?		
Is the product restricted for air shipment? If so, indicate restriction:	REMS or REGISTRY RESTRICTIONS	
Passenger	Is there a REMS on this product?	
Cargo	If Yes, is it managed with a pharmacy registry?	
Passenger & Cargo	Website URL:	
	Website ORL.	
Is this a reportable quantity? No		
RQ Threshold:	Comments / Details: (For example, iPledge program?)	
Is this a marine pollutant? No		
Is this product shipped utilizing an authorized DOT exception or Special Permit?		
No (if yes, identify method below)	REMS:	
Limited Quantity	REMS Program Manager Name: Phone:	
Consumer Commodity, ORM-D	Supplier Manages REMS registry exclusively: No	
Small Quantity (49 CFR 173.4)	Wholesale distributor support: No No	
Special Permit; DOT-SP	Provider Name:	
Special Provision (listed in Column 7 of 49 CFR 172.101);	Site Enrollment Number assigned DEA #: No	
SP#	by Supplier: PCPDP #: No)
<u></u>	NPI #: No)
ADD'L STORAGE INFORMATION		
Is the Product	Comments	
Controlled Substance? No		
Controlled by State(s)?	Registry: No	
ARCOS Reportable? No	Registry Program Contact Name: Phone:	
Schedule No. (inc. N for non-narcotic)	Comments	
Controlled Substance Code		
Listed Chemical (List I or II) No	RETURN INSTRUCTIONS	
If yes, indicate which:		
Is it a scheduled listed chemical product?: No	Contact tel. # if product received damaged: 732-529-0430	
CLASS OF TRADE RESTRICTION:	Is product returnable for credit:	
N c c		
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices No	URL/Link to returns policy: contact - customerservice@camberpharma.com	
Restricted to retail pharmacy only: Yes	Special regulations or returns requirements for this product in certain states? No	
Restricted to hospital, clinics, and physician offices only:	If so, which states? Other requirements? Comments?	
Restricted from US territories? (explain in comments) No		
Comments:		
MISCELLAI	ANEOUS NOTES and/or Image of Product Barcode:	



Standard Pharmaceutical Product Information (Page 3)

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 Yes No Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time: 2:30PM Eastern					
c. Fax d. Phone only No Phone No.:	Shipping lead time of PO: 24/48 Hours Days					
e. Supplier Web Site only No Site Address:	Ships same day for next day receipt: No					
Minimum Order Quantity: case pack	Ships for second day receipt: No					
Supplier's Customer Service Number: 732-529-0430 x466 x465 x467 x470	Ships regular ground for 3-10 days receipt: Yes					
Contracted 3PL company / contact #: Name: Phone:						
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing					
Expedited freight fees billed with each order: No No	Overnight receipt available: Yes					
Drop Ship service fee billed with each order: No No	PO Receipt cut off time: 2:30PM Eastern					
Drop Ship miscellaneous fees billed: No	Days of week overnight is available:					
Comments:	x Tuesday x Wednesday Thursday x Friday					
	Priority Overnight receipt available: Yes					
Class of Trade Restriction:	PO Receipt Cut off time: 2:30PM EST					
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices No	Saturday Overnight receipt available: No					
Restricted to retail pharmacy only: Yes	PO Receipt Cut off time:					
Restricted to hospital, clinics, and physician offices only: No	Order receipt method: No Phone #:					
Restricted from US territories? (explain in comments) No	Fax: Yes Fax #: 732-562-8788					
Comments:	EDI: Yes					
	Overnight Fees apply: Other fees apply: No					
Other Data Information Demoired to Decree DO						
Other Data Information Required to Process PO:	Return Instructions					
Patient Procedure Date: Physician Name:	Contact # if product is received damaged: Is product returnable for credit: Yes					
Physician/Clinic Phone #	URL/Link to returns policy:					
Physician State License #	Special regulations or returns requirements for this product in certain states? Yes					
Physician/Clinic DEA #:	If so, which states? Other requirements? Comments?					
Physician/Clinic Specialty:	·					
Miscellaneous Notes:						
	ADDITIONAL INFORMATION					
	Is product order for scheduled patient procedure?					
	Is product order for restocking purposes?					