



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

Version 2021 Introduction Type:   Final Version Date:

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

**Company Name:**  **Application:**

**Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):**

**Medical Device Class, if applicable:**

**DUNS:**

**Proprietary Name (If Applicable) and Established Name:**

**Selling Unit NDC:**  **Unit of Use NDC:**  **UPC:**

**UDI** **CVX Code:**  **MXV Code:**

**Description:**

**Active Ingredient(s):**

**URL for Additional Product Information:**

**Address:**  **Address 2:**

**City:**  **State:**  **Zip:**

**Key Contact:**  **Email:**

**Phone Number:**  **Fax:**

**Product Therapeutic Classification:**

**a. Temperature – Indicate the USP temperature range for this product.**

Temperature Range

Other Temperature Range Requirement (write in)

Notes

Is this product to be shipped to customers on ice?

Is this product to be shipped to customers on dry ice?

**b. Contact for temperature excursion questions:**

**Name:**

**Number:**

**Group E-mail:**

**c. Special regulations for product in any states?**

Special returns requirements for this product?

**d. Store product (unit of sale) upright?**

**e. Shelf life:**  **Protect product (unit of sale) from light?**

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

**ADDITIONAL PRODUCT INFORMATION** **PRODUCT DESCRIPTION INFORMATION**

The product is a legend device?  **Is the Product... Direct-Ship Only**

if yes, enter class #  **Is the Product... Unit of Use**

a product kit?  **Orphan Drug Status**

if yes, list NDCs of component parts reverse numbered?

co-licensed?  **FDA Approval Status**

latex-free?  **Allergens Present**

preservative-free?  **Country of Origin**

correctional institution block?  **Product Shape:**

opioid?  **Product Color:**

Cannabinoid?  **Product Imprint:**

If Unit Dose, is item bar coded to unit dose for hospital scanning?

If Unit Dose, indicate NDC here:  **Is this product covered under the Trade Agreements Act (TAA)?**

**Size:**

**Strength:**

**Dosage Form:**

**ORDER INFORMATION**

**Unit of Sale**

<input checked="" type="checkbox"/>	Bottle
<input type="checkbox"/>	Box/Carton
<input type="checkbox"/>	Ampule
<input type="checkbox"/>	Glass
<input type="checkbox"/>	Tube
<input type="checkbox"/>	Vial Liquid Sgl
<input type="checkbox"/>	Vial Liquid Multi
<input type="checkbox"/>	Vial Powder Sgl
<input type="checkbox"/>	Vial Powder Multi
<input type="checkbox"/>	Other: Write In

**What is the NDC selling unit?**  (Write-in, e.g. 1 Box of 10 Vials)

**Minimum order quantity?**

**If Yes, how many of which package type?**

<input type="text" value="24"/>	Each
<input type="text"/>	Inner/ Carton/Pack
<input type="text"/>	Case

**FOR GENERIC DRUG PRODUCTS**

Authorized Generic \*If Authorized Generic, other section fields are not applicable

**I. Orange Book Rating:**

**II. Generic Equivalent to What Brand?:**

**PHARMACY ORDER / BILL UNIT**

**Rec. sell unit to customer?**

(Write-in, e.g. 1 Vial)

**Rx billing unit to pharmacy:**

<input type="text"/>	Each
<input type="text"/>	Gram
<input type="text"/>	Milliliter

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

**Does supplier meet DSCSA definition of manufacturer?**

**Is product exempt from DSCSA?**

**GLN:**

**If yes, select exemption:**

**Other exemption - Write in:**

**GCP:**

**Is product repackaged?**

**Is product sold by manufacturer's exclusive distributor?**

**Has FDA granted waiver/exemption/exemption for product?**

**If yes, attach documentation from FDA.**

**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:	0.07	1.5	1.5	2.5	5.63	1
Case:	1.95	10	6.75	4.25	286.88	24
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		00331722729901	00331722729901
<input type="checkbox"/> Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	24		20331722729905	
<input type="checkbox"/> Pallet				

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

**Regular Cost**

**Invoice Cost (WAC) (\$)**

**As of date:**

**Vendor #:**

**Whsl. Code #:**

**Fineline Code:**

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.

\*Please provide any additional information on page 2. Signature:

See new p. 3 for Designated Drop Ship Only.



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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#

### SDS Hazard Classification

Organic  
 Inorganic  
 Steroid/Androgen

Corrosive  
 Oxidizer  
 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   
 Comments / Details: (For example, iPledge program?)

**REMS:**  No

REMS Program Manager Name:  Phone:   
 Supplier Manages REMS registry exclusively:   
 Wholesale distributor support:   
 Provider Name:  DEA #:   
 Site Enrollment Number assigned by Supplier:  NCPDP#:   
 NPI #:

Comments

**Registry:**  No

Registry Program Contact Name:  Phone:   
 Comments

### 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:

### 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:



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