

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

						Introduction 7	Type:	New Item	]	x Final Version			Date:	6/23	3/2024
			PRODUCT INFORMAT	TION						SPECIAL HANI	DLING AND STOR	AGE REQUIF	REMENTS*		
Company Name:	Camber Pharmace	uticals Inc				Applica	tion.	ANDA	a Temperatur	re - Indicate the USP tempe	rature range for t	his product			
Application Number for NDA/AN			rice).	207	7419	1400.00		7111271	u. remperatu	Temperature Range	Controlled Room		and 25 C (6	3° – 77° F)	
Medical Device Class, if applical			,.										`		
DUNS:	11-856-3719								-1	Other Temperature Range I	Requirement				
Proprietary Name (If Applicable) a	and Established Nar	ne: Oxyco	odone and Acetaminophen Ta	ablets, USP 2.5	mg/325 mg				1	(write in)					
Selling Unit NDC:	31722-948-01	,	Unit of Use NDC:			UPC:	3317229	48012	1	Notes					
UDI			CVX Code:			MVX Code:									
Description:	Oxycodone and Ac	etaminophen Table	ets, USP 2.5 mg/325 mg						1	Is this product to be shipped	to customers on id	ce?		No	1
•	,	·								Is this product to be shipped				No	
Active Ingredient(s):		Oxycodone hydroc	hloride, USP, acetaminophe	n, USP											_
									b. Contact for	r temperature excursion qu	estions:				
URL for Additional Product Inform		www.camberpharr	ma.com							Name:		Soma Raju			
Address:	800 Centennial Ave				Address 2:		00054					32-529-0423			
City:	Piscataway Customer Service				NJ	Zip:		Group E-mail: somaraju@heterousa.com			<u>n</u>				
Key Contact: Phone Number:	1-866-827-3647					customerservice@camberpharma.com 732-562-8788			c Special reg	ulations for product in any	etatoe?			*Yes	7
Product Therapeutic Classificatio		Combination full opinid and	onist, and non-opioid, non-salicylate analg	esic and antinyretic	I ux.	102 002 0100			c. opeciai reg	Special returns requirement				*Yes	-
Froduct Therapeutic Classificatio	'''·	Combination full opiolo ago	riist, and non-opiolo, non-salicylate analy	esic and antipyretic						Special returns requirement	s for this product?			res	
	ADDITIO	NAL PRODUCT IN	IFORMATION			PRODUCT	DESCRIPT	TION INFORMATION	d Store produ	uct (unit of sale) upright?				No	1
The mandant is 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Diseast Chin C	) mls s	1 1105001	<u> </u>		u. otore prout		.l., 6 !!				-
The product is? a legend device?	ī	No	Is the Product Is the Product	Direct-Ship C Neither	лпу		10	00 ct	e. Shelf life:	Protect product (unit of sa	ile) from light?			No 24	Months
if yes, enter class #		INO	Orphan Drug Status	IVEILIEI		Size:	10	JO CI	e. Sileli ille.	Initial shelf life at launch (	if different):			24	Months
a product kit?		No	Orphan Drug Glatas				2	5 mg/325 mg		initial shell life at launon (	ii dinerenty.				Months
if yes, list NDCs of			FDA Approval Status			Strength:		o mg/ozo mg			ORDER INFORM	ATION			
component parts						Dosage For	Ta	ablet							
reverse numbered?		No				Dosage For	····			Unit of Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present							x Bottle		1 Bottle of 10			
latex-free?		Yes	Dve. Corn. A	Icohol, Animal		Product Sha	ape:	apsule		Box/Carton		(Write-in, e.	g. 1 Box of 1	0 Vials)	
preservative-free?		Yes	,,,,,,							Ampule				_	
correctional institution block?		No				Product Col	lor:	hite to off-white		Glass		Minimum o	der quantit	/?	Yes
opioid? Cannabinoid?		Yes No	Country of Origin	USA			De	ebossed with 'T 191' on one		Tube Vial Liquid Sgl					
If Unit Dose, is item bar coded to u		INO	Country of Origin	USA		Product Imp		de and plain on other side		Vial Liquid Multi		If Yes, how	many of wh	ich nackada	type?
hospital scanning?	ariit dose ioi		Is this product covered u	nder the						Vial Powder Sgl			Each	icii package	type:
If Unit Dose, indicate NDC here:			Trade Agreements Act (		Yes					Vial Powder Multi			Inner/Cartor	/Pack	
	L									Other: Write In			Case		
													Cusc		
			FOR GENERIC DRUG PR	ODUCTS									Casc		
			FOR GENERIC DRUG PR	ODUCTS									oase		
			FOR GENERIC DRUG PR	ODUCTS	Aut	horized Generic	*If Autho	rized Generic, other		PH	ARMACY ORDER		Cusc		
I. Orange Book Rating:	AA		FOR GENERIC DRUG PR	ODUCTS	Aut	horized Generic		rized Generic, other elds are not applicable	Rec. sell unit	PH. to customer?	ARMACY ORDER	/ BILL UNIT		acy:	
I. Orange Book Rating: II. Generic Equivalent to What Bra		Percocet	FOR GENERIC DRUG PR	ODUCTS	Aut	horized Generic			Rec. sell unit		ARMACY ORDER			асу:	
					-	horized Generic			Rec. sell unit	to customer?	ARMACY ORDER	/ BILL UNIT	nit to pharm Each Gram	acy:	
			FOR GENERIC DRUG PRO		-	horized Generic				to customer?	ARMACY ORDER	/ BILL UNIT	nit to pharm Each	acy:	
II. Generic Equivalent to What Bra	and?:	DRUG SUPPL	.Y CHAIN SECURITY ACT (	DSCSA) INFOR	MATION		section fi			to customer?  1 Vial)		/ BILL UNIT Rx billing u	nit to pharm Each Gram Milliliter	асу:	
II. Generic Equivalent to What Bra	and?:	DRUG SUPPL	Y CHAIN SECURITY ACT (	DSCSA) INFOR	-	horized Generic	section fi			to customer?  1 Vial)	ARMACY ORDER	/ BILL UNIT Rx billing u	nit to pharm Each Gram Milliliter	асу:	
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?	and?:	DRUG SUPPL	.Y CHAIN SECURITY ACT (	DSCSA) INFOR	MATION GLN:		section fi			to customer?  1 Vial)	AND PACKING IN	/ BILL UNIT Rx billing u	nit to pharm Each Gram Milliliter		
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption:	and?:	DRUG SUPPL	Y CHAIN SECURITY ACT (	DSCSA) INFOR	MATION		section fi			to customer?  1 Vial)	AND PACKING IN	/ BILL UNIT Rx billing un IFORMATION	nit to pharm Each Gram Milliliter	Volume	Saleable #
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in:	and?:	DRUG SUPPL	Y CHAIN SECURITY ACT (  Yes  No	DSCSA) INFOR	MATION GLN: GCP:	0860000397957	section fi		(Write-in, e.g.	to customer?  1 Vial)	AND PACKING IN	/ BILL UNIT Rx billing u	nit to pharm Each Gram Milliliter		Saleable #
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged?	and?:	DRUG SUPPL	Y CHAIN SECURITY ACT ( Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or	0860000397957	section fi			to customer?  1 Vial)	AND PACKING IN	/ BILL UNIT Rx billing un IFORMATION	nit to pharm Each Gram Milliliter	Volume	
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: ition of manufactur	DRUG SUPPL	Y CHAIN SECURITY ACT (  Yes  No  No  Yes	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased di	0860000397957	section fi	elds are not applicable	(Write-in, e.g.	to customer?  1 Vial)  TEM  Weight Lbs.  0.14	AND PACKING IN Dimensie Depth	/ BILL UNIT  Rx billing un  IFORMATION  Ons (US msm.  Width	nit to pharm Each Gram Milliliter	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA definition is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Has FDA granted waiver/exception	and?: ition of manufactur s exclusive distribut n/exemption for pro	DRUG SUPPL	Y CHAIN SECURITY ACT ( Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased di	0860000397957	section fi	elds are not applicable	(Write-in, e.g.	to customer?  1 Vial)  TEM  Weight Lbs.  0.14	AND PACKING IN Dimensie Depth	/ BILL UNIT  Rx billing un  IFORMATION  Ons (US msm.  Width	nit to pharm Each Gram Milliliter	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: ition of manufactur s exclusive distribut n/exemption for pro	DRUG SUPPL	Y CHAIN SECURITY ACT (  Yes  No  No  Yes	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased di	0860000397957	section fi	elds are not applicable	(Write-in, e.g.	to customer?  1 Vial)  Weight Lbs.  0.14  undle/	AND PACKING IN  Dimension Depth  1.84	/ BILL UNIT Rx billing u  FORMATION Ons (US msm Width 1.84	nit to pharm Each Gram Milliliter  Its.) Height 3.23	Volume (Cube)	Pieces 1
II. Generic Equivalent to What Bra  Does supplier meet DSCSA definition is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Has FDA granted waiver/exception	and?: ition of manufactur s exclusive distribut n/exemption for pro	DRUG SUPPL	Y CHAIN SECURITY ACT (  Yes  No  No  Yes	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased di	0860000397957	section fi	elds are not applicable	(Write-in, e.g.  Item/Each:  Box/Carton/B Inner Pack:	to customer?  1 Vial)  TEM  Weight Lbs.  0.14	AND PACKING IN Dimensie Depth	/ BILL UNIT  Rx billing un  IFORMATION  Ons (US msm.  Width	nit to pharm Each Gram Milliliter	Volume (Cube)	Pieces
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro	and?: ition of manufactur s exclusive distribut n/exemption for pro	DRUG SUPPL	Yes No  No  Yes No  No  Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased di	0860000397957	section fi	elds are not applicable	(Write-in, e.g.  Item/Each:  Box/Carton/B Inner Pack:	to customer?  1 Vial)  Weight Lbs.  0.14  undle/	AND PACKING IN  Dimension Depth  1.84	/ BILL UNIT Rx billing u  FORMATION Ons (US msm Width 1.84	nit to pharm Each Gram Milliliter  Its.) Height 3.23	Volume (Cube)	Pieces 1
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro	and?:  ition of manufactur  s exclusive distribut n/exemption for pro m FDA.	DRUG SUPPL	Yes No  No  Yes No  No  Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased di Provide source	0860000397957  iginal product rect from mfr? be manufacturer f	section fi	elds are not applicable	(Write-in, e.g.  Item/Each:  Box/Carton/B Inner Pack: Case:	to customer?  1 Vial)  Weight Lbs.  0.14  undle/	AND PACKING IN  Dimension Depth  1.84	/ BILL UNIT Rx billing u  FORMATION Ons (US msm Width 1.84	nit to pharm Each Gram Milliliter  Its.) Height 3.23	Volume (Cube)	Pieces 1
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro  Saleable Unit of Measure  x	and?:  ition of manufactur  s exclusive distribut n/exemption for pro m FDA.	DRUG SUPPL	Y CHAIN SECURITY ACT ( Yes No  No Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased di Provide source	0860000397957  Iginal product rect from mfr? 2:e manufacturer f	section fi	elds are not applicable	(Write-in, e.g.  Item/Each:  Box/Carton/B Inner Pack: Case:	to customer?  1 Vial)  Weight Lbs.  0.14  undle/  3.11	AND PACKING IN  Dimension Depth  1.84	FORMATION Ons (US msm Width 1.84	nit to pharm Each Gram Milliliter Ints.) Height 3.23	Volume (Cube) 10.86	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro	and?:  ition of manufactur  s exclusive distribut n/exemption for pro m FDA.	DRUG SUPPL er?  cor? bduct?  GTII leable Quantity	Y CHAIN SECURITY ACT ( Yes No  No Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased dii Provide source GTII 0033	0860000397957  Iginal product rect from mfr? rece manufacturer f	section fi	elds are not applicable	(Write-in, e.g.  Item/Each:  Box/Carton/B Inner Pack: Case:	to customer?  1 Vial)  Weight Lbs.  0.14  undle/	AND PACKING IN  Dimension Depth  1.84	FORMATION Ons (US msm Width 1.84	nit to pharm Each Gram Milliliter Ints.) Height 3.23	Volume (Cube)	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro  Saleable Unit of Measure  X	and?:  ition of manufactur  s exclusive distribut n/exemption for pro m FDA.	DRUG SUPPL er?  cor? county GTII	Y CHAIN SECURITY ACT ( Yes No  No Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased dii Provide source GTII 0033	0860000397957  iginal product rect from mfr? be manufacturer f	section fi	elds are not applicable	(Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack: Case: Pallet:	to customer?  1 Vial)  Weight Lbs.  0.14  undle/  3.11	AND PACKING IN  Dimension Depth  1.84	/BILL UNIT Rx billing u  IFORMATION Ons (US msm Width 1.84	nit to pharm Each Gram Milliliter Ints.) Height 3.23	Volume (Cube) 10.86	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro	and?:  ition of manufactur  s exclusive distribut n/exemption for pro m FDA.	DRUG SUPPL er?  cor? bduct?  GTII leable Quantity	Y CHAIN SECURITY ACT ( Yes No  No Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased dii Provide source GTII 0033	0860000397957  Iginal product rect from mfr? rece manufacturer f	section fi	elds are not applicable	(Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost	to customer?  1 Vial)  Weight Lbs.  0.14  undle/  3.11  COST INFORMATION	AND PACKING IN  Dimensic Depth  1.84  12.3	/ BILL UNIT Rx billing u  IFORMATION Ons (US msm Width 1.84 8.3	mit to pharm Each Gram Milliliter Mts.) Height 3.23	Volume (Cube) 10.86	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro  Saleable Unit of Measure  X	and?:  ition of manufactur  s exclusive distribut n/exemption for pro m FDA.	DRUG SUPPL er?  cor? bduct?  GTII leable Quantity	Y CHAIN SECURITY ACT ( Yes No  No Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased dii Provide source GTII 0033	0860000397957  Iginal product rect from mfr? rece manufacturer f	section fi	elds are not applicable	(Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack: Case: Pallet:	to customer?  1 Vial)  Weight Lbs.  0.14  undle/  3.11  COST INFORMATION	AND PACKING IN  Dimensic Depth  1.84  12.3	/ BILL UNIT Rx billing u  FORMATION ons (US msm Width 1.84  8.3  Vendor #: Whsl. Code	mit to pharm Each Gram Milliliter  Ints.) Height 3.23  3.8	Volume (Cube) 10.86	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro  Saleable Unit of Measure  X	and?:  ition of manufactur  s exclusive distribut n/exemption for pro m FDA.	DRUG SUPPL er?  cor? bduct?  GTII leable Quantity	Y CHAIN SECURITY ACT ( Yes No  No Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased dii Provide source GTII 0033	0860000397957  Iginal product rect from mfr? rece manufacturer f	section fi	elds are not applicable	(Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost (	to customer?  1 Vial)  Weight Lbs.  0.14  undle/  3.11  COST INFORMATION	AND PACKING IN  Dimensic Depth  1.84  12.3	/ BILL UNIT Rx billing u  IFORMATION Ons (US msm Width 1.84 8.3	mit to pharm Each Gram Milliliter  Ints.) Height 3.23  3.8	Volume (Cube) 10.86	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro  Saleable Unit of Measure  X	and?:  ition of manufactur  s exclusive distribut n/exemption for pro m FDA.	DRUG SUPPL er?  cor? bduct?  GTII leable Quantity	Y CHAIN SECURITY ACT ( Yes No  No Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased dii Provide source GTII 0033	0860000397957  Iginal product rect from mfr? rece manufacturer f	section fi	elds are not applicable	(Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost	to customer?  1 Vial)  Weight Lbs.  0.14  undle/  3.11  COST INFORMATION  (WAC) (\$)	AND PACKING IN  Dimensic Depth  1.84  12.3	/ BILL UNIT Rx billing u  FORMATION ons (US msm Width 1.84  8.3  Vendor #: Whsl. Code	mit to pharm Each Gram Milliliter  Ints.) Height 3.23  3.8	Volume (Cube) 10.86	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro  Saleable Unit of Measure  X	and?:  ition of manufactur  s exclusive distribut n/exemption for pro m FDA.	DRUG SUPPL er?  cor? bduct?  GTII leable Quantity	Y CHAIN SECURITY ACT ( Yes No  No Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased dii Provide source GTII 0033	0860000397957  Iginal product rect from mfr? rece manufacturer f	section fi	elds are not applicable	(Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost (	to customer?  1 Vial)  Weight Lbs.  0.14  undle/  3.11  COST INFORMATION  (WAC) (\$)	AND PACKING IN  Dimensic Depth  1.84  12.3	/ BILL UNIT Rx billing u  FORMATION ons (US msm Width 1.84  8.3  Vendor #: Whsl. Code	mit to pharm Each Gram Milliliter  Ints.) Height 3.23  3.8	Volume (Cube) 10.86	Pieces 1 24
II. Generic Equivalent to What Bra  Does supplier meet DSCSA defini Is product exempt from DSCSA?  If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exceptio If yes, attach documentation fro  Saleable Unit of Measure  X	and?:  ition of manufactur  s exclusive distribut n/exemption for pro m FDA.	DRUG SUPPL er?  GTII  leable Quantity  1  24	Y CHAIN SECURITY ACT ( Yes No  No Yes No No Yes No	DSCSA) INFOR	MATION GLN: GCP: If yes, was or purchased dii Provide source GTIM 0033	0860000397957  Iginal product rect from mfr? be manufacturer f	section fi	aged product  Unit of Use GTIN-14	(Write-in, e.g.  Item/Each: Box/Carton/B Inner Pack: Case: Pallet:  Regular Cost Invoice Cost ( As of date:	to customer?  1 Vial)  Weight Lbs.  0.14  undle/ 3.11  COST INFORMATION  (WAC) (\$)	AND PACKING IN  Dimensic Depth  1.84  12.3	/ BILL UNIT Rx billing u  FORMATION ons (US msm Width 1.84  8.3  Vendor #: Whsl. Code	mit to pharm Each Gram Milliliter  Ints.) Height 3.23  3.8	Volume (Cube) 10.86	Pieces 1 24



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

#### Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL I	AZARD CLASSIFICATION and TRANSPORTATION
Is this product (check all that apply):  a. Cytotoxic?  b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	SDS Hazard Classification
Is the product a CA Prop 65 carcinogen?  Is the product a CA Prop 65 reproductive toxicant?  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?  No	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 e. Inhalation Hazard?	Hazardous Waste Identification  EPA Hazardous Waste Code:  Waste Characteristics
Is this product regulated for shipment by IATA?	
(if yes, answer a-e below and provide SDS)	REMS or REGISTRY RESTRICTIONS
a. UN/Identification Number 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:  Yes  No  https://opioidanalgesicrems.com/home.html
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:  Yes Prathima Arrabelly Phone: (631) 881-4614 Ext. 1412  DEA #: NCPDP#: NPI #:
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Comments  Registry:  No
ADD'L STORAGE INFORMATION	Registry Program Contact Name: Phone: Comments
Is the Product	Comments
Controlled Substance? Controlled Substance? Controlled by State(s)? ARCOS Reportable? Schedule No.  Yes 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:  Is product returnable for credit:  URL/Link to returns policy:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices  Yes	contact - customerservice@camberpharma.com
Restricted to retail pharmacy only:  Restricted to hospital, clinics, and physician offices only:  Restricted from US territories? (explain in comments)  No	Special regulations or returns requirements for this product in certain states?  If so, which states? Other requirements? Comments?
Comments:	DEA Form 222 or its electronic equivalent is required for all returns in all states.
MISCELLAI	IEOUS NOTES and/or Image of Product Barcode:
*Storage of this product must abide by the federally mandated DEA requirements outlined in 21 CFR	Part 1301.72.



## **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  Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time:
c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number:	Shipping lead time of PO:  Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
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:	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, 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:  Phone: Fax: EDI:  Overnight Fees apply: Other fees apply:
Other Data Information 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?
Miscellaneous Notes:	
	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? Is product order for restocking purposes?