

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

						Introduction '	Гуре:	New Item]	x Final Version			Date:	6/10/	/2024
			PRODUCT INFORMAT	ION						SPECIAL HAND	DLING AND STOR	AGE REQUIF	EMENTS*		
Company Name:	Camber Pharmaceut	ticals Inc				Applica	tion:	ANDA	a Temperatur	e - Indicate the USP tempe	rature range for t	nis product			
Application Number for NDA/AN			ce).	21	12133	740000		7.11.12.71		Temperature Range	Controlled Room -		and 25 C (68	3° – 77° F)	
Medical Device Class, if applical			,-												
DUNS:	11-856-3719								1	Other Temperature Range F	Requirement				
Proprietary Name (If Applicable) a	and Established Nam	e: Hydror	norphone Hydrochloride Exte	ended-Release	Tablets 16 mg				1	(write in)					
Selling Unit NDC:	31722-121-01		Unit of Use NDC:			UPC:	331722121019			Notes					
UDI			CVX Code:			MVX Code:									
Description:	Hydromorphone Hyd	Irochloride Extende	ed-Release Tablets 16 mg						1	Is this product to be shipped	to customers on id	e?		No	1
·	, , ,		ŭ							Is this product to be shipped				No	
Active Ingredient(s):	Н	lydromorphone hyd	drochloride												
									b. Contact for	temperature excursion qu	estions:				
URL for Additional Product Inform		ww.camberpharm	a.com							Name:		Soma Raju			
Address:	800 Centennial Ave,	Suite 1			State:	Address 2:				Number:		732-529-042			
City:	Piscataway Customer Service				Email:	NJ	Zip: 08854			Group E-mail:		somaraju@h	eterousa.cor	<u>a</u>	
Key Contact: Phone Number:	1-866-827-3647				Fax:	732-562-8788	@camberpharma	.COIII	c Special regu	ulations for product in any	etatoe?			*Yes	1
Product Therapeutic Classification		Opioid agonist			l ux.	102 002 0100			c. opeciai regi	Special returns requirement				*Yes	
r roduct merapeutic classification	,,,,	piola agoriist								Special returns requirement	s for this product?			162	
	ADDITION	AL PRODUCT INF	FORMATION			PRODUCT	DESCRIPTION IN	FORMATION	d Store produ	uct (unit of sale) upright?				No	1
T	ADDITION	ALT NODGOT IIII		Discret Ohio	0-1-	TRODUCT	JEGGICII TIGIC IIC	TORMATION	u. Store proud]
The product is? a legend device?	N	le.	Is the Product	Direct-Ship (Offig		100 ct		e. Shelf life:	Protect product (unit of sa	ile) from light?			No 24	Months
if yes, enter class #	IN	10	Orphan Drug Status	rveitriei		Size:	100 Ct			Initial shelf life at launch (if different):			24	Months
a product kit?	N	lo	Orphan Drug Otatus				16 mg			initial shell life at launon (ii dinorciny.				Wonting
if yes, list NDCs of			FDA Approval Status			Strength:					ORDER INFORM	ATION			
component parts						Dosage For	Film coat	ed tablet							
reverse numbered?	N	lo				Dosage For				Unit of Sale		What is the	NDC selling	unit?	
co-licensed?		lo	Allergens Present							x Bottle		1 Bottle of 10			
latex-free?		es	Corn, A	Alcohol		Product Sha	Round, bi	iconvex		Box/Carton		(Write-in, e.	g. 1 Box of 1	ງ Vials)	
preservative-free?		es	,							Ampule				_	
correctional institution block?		lo				Product Col	or: Light beig	ge to beige		Glass		Minimum or	der quantity	/?	Yes
opioid? Cannabinoid?	Y	'es	Country of Origin	USA			Drintod wit	h '268' in black		Tube Vial Liquid Sgl					
If Unit Dose, is item bar coded to u		10	Country of Origin	USA		Product Imp		side of the tablet		Vial Liquid Multi		If Yes, how	many of wh	ich nackane	type?
hospital scanning?	ariit dose for		Is this product covered un	nder the						Vial Powder Sgl			Each	cii package	type:
If Unit Dose, indicate NDC here:			Trade Agreements Act (T		Yes					Vial Powder Multi			Inner/Carton	/Pack	
			_ ,							Other: Write In					
										Other, write in			Case		
			FOR GENERIC DRUG PRO	DUCTS					<u>]</u>	Other: write in			Case		
			FOR GENERIC DRUG PRO	DDUCTS						Other: write in			Case		
			FOR GENERIC DRUG PRO	DDUCTS	Aut	horized Generic	*If Authorized Go	eneric, other			ARMACY ORDER		Case		
I. Orange Book Rating:	AB		FOR GENERIC DRUG PRO	DDUCTS	Aut	horized Generic	*If Authorized Go		Rec. sell unit t	PH	ARMACY ORDER	BILL UNIT		acy:	
I. Orange Book Rating: II. Generic Equivalent to What Bra		ixalgo	FOR GENERIC DRUG PRO	DDUCTS	Aut	horized Generic			Rec. sell unit t	PH	ARMACY ORDER			асу:	
		xalgo				horized Generic			Rec. sell unit t	PH.	ARMACY ORDER	BILL UNIT	nit to pharm Each Gram	асу:	
		xalgo	FOR GENERIC DRUG PRO			horized Generic				PH.	ARMACY ORDER	BILL UNIT	nit to pharm Each	асу:	
II. Generic Equivalent to What Bra	and?: E	ixalgo DRUG SUPPLY	/ CHAIN SECURITY ACT (E		RMATION					PH. to customer?		BILL UNIT	nit to pharm Each Gram Milliliter	acy:	
II. Generic Equivalent to What Bra	and?: E	ixalgo DRUG SUPPLY	/ CHAIN SECURITY ACT (E Yes			horized Generic				PH. to customer?	ARMACY ORDER	BILL UNIT	nit to pharm Each Gram Milliliter	acy:	
II. Generic Equivalent to What Bra Does supplier meet DSCSA defini Is product exempt from DSCSA?	and?: E	ixalgo DRUG SUPPLY	/ CHAIN SECURITY ACT (E		RMATION GLN:					PH. to customer?	AND PACKING IN	BILL UNIT Rx billing un FORMATION	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?: E	ixalgo DRUG SUPPLY	/ CHAIN SECURITY ACT (E Yes		RMATION					PH. to customer? 1 Vial)	AND PACKING IN	FORMATION	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?: E	ixalgo DRUG SUPPLY	Y CHAIN SECURITY ACT (E Yes No		RMATION GLN: GCP:	0860000397957			(Write-in, e.g.	PH. to customer?	AND PACKING IN	BILL UNIT Rx billing un FORMATION	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?: E	Exalgo DRUG SUPPLY	CHAIN SECURITY ACT (E Yes No		GLN: GCP: If yes, was ori	0860000397957				PH. to customer? 1 Vial)	AND PACKING IN	FORMATION	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?:	DRUG SUPPLY	Y CHAIN SECURITY ACT (I Yes No No Yes		GLN: GCP: If yes, was ori	0860000397957 ginal product ect from mfr?	section fields are	e not applicable	(Write-in, e.g.	PH. to customer? 1 Vial) ITEM Weight Lbs. 0.11	AND PACKING IN Dimensio Depth	Rx billing un FORMATION Ons (US msm Width	nit to pharm Each Gram Milliliter ts.) Height	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/exception	and?:	DRUG SUPPLY	CHAIN SECURITY ACT (E Yes No		GLN: GCP: If yes, was ori	0860000397957	section fields are	e not applicable	(Write-in, e.g.	PH. to customer? 1 Vial) ITEM Weight Lbs. 0.11	AND PACKING IN Dimensio Depth	Rx billing un FORMATION Ons (US msm Width	nit to pharm Each Gram Milliliter ts.) Height	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?:	DRUG SUPPLY	Y CHAIN SECURITY ACT (I Yes No No Yes		GLN: GCP: If yes, was ori	0860000397957 ginal product ect from mfr?	section fields are	e not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bu Inner Pack:	PH. to customer? 1 Vial) Weight Lbs. 0.11 undle/	AND PACKING IN Dimension Depth 1.84	FORMATION Ons (US msm Width 1.84	hit to pharm Each Gram Milliliter ts.) Height 3.23	Volume (Cube) 10.86	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/exception	and?:	DRUG SUPPLY ?? or? duct?	Y CHAIN SECURITY ACT (I Yes No No Yes	DSCSA) INFOR	GLN: GCP: If yes, was ori	0860000397957 ginal product ect from mfr?	section fields are	e not applicable	(Write-in, e.g.	PH. to customer? 1 Vial) ITEM Weight Lbs. 0.11	AND PACKING IN Dimensio Depth	Rx billing un FORMATION Ons (US msm Width	nit to pharm Each Gram Milliliter ts.) Height	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 from	and?:	DRUG SUPPLY ?? or? duct?	Yes No No Yes No No Yes No	DSCSA) INFOR	GLN: GCP: If yes, was ori	0860000397957 ginal product ect from mfr?	section fields are	e not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bu Inner Pack:	PH. to customer? 1 Vial) Weight Lbs. 0.11 undle/	AND PACKING IN Dimension Depth 1.84	FORMATION Ons (US msm Width 1.84	hit to pharm Each Gram Milliliter ts.) Height 3.23	Volume (Cube) 10.86	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/exception If yes, attach documentation frod Saleable Unit of Measure	and?: Eition of manufacturer s exclusive distribute n/exemption for proc m FDA.	DRUG SUPPLY ?? or? duct?	Yes No No Yes No No Yes No	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased dii Provide source	0860000397957 ginal product rect from mfr? the manufacturer for the man	section fields are	e not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bu Inner Pack: Case:	PH. to customer? 1 Vial) Weight Lbs. 0.11 undle/	AND PACKING IN Dimension Depth 1.84	FORMATION Ons (US msm Width 1.84	hit to pharm Each Gram Milliliter ts.) Height 3.23	Volume (Cube) 10.86	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/exception If yes, attach documentation from Saleable Unit of Measure x	and?: Eition of manufacturer s exclusive distribute n/exemption for proc m FDA.	DRUG SUPPLY ?? pr? duct? GTIN	Yes No No Yes No And Hibcc Product in	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased dii Provide source	0860000397957 Iginal product rect from mfr? se manufacturer f	section fields are	o not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bu Inner Pack: Case:	PH. to customer? 1 Vial) Weight Lbs. 0.11 undle/ 2.7	AND PACKING IN Dimension Depth 1.84	FORMATION ons (US msm Width 1.84	hit to pharm Each Gram Milliliter ts.) 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/exception If yes, attach documentation from Saleable Unit of Measure X	and?: Eition of manufacturer s exclusive distribute n/exemption for proc m FDA.	DRUG SUPPLY ?? Or? duct? GTIN cable Quantity 1	Yes No No Yes No And Hibcc Product in	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0033	0860000397957 Iginal product rect from mfr? re manufacturer f	section fields are	o not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bu Inner Pack: Case:	PH. to customer? 1 Vial) Weight Lbs. 0.11 undle/	AND PACKING IN Dimension Depth 1.84	FORMATION ons (US msm Width 1.84	hit to pharm Each Gram Milliliter ts.) 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/exception If yes, attach documentation from Saleable Unit of Measure X tem/Each Bow/Carton/Bundle/Inner Pack X Case	and?: Eition of manufacturer s exclusive distribute n/exemption for proc m FDA.	DRUG SUPPLY 2? 2. 2. 2. 2. 2. 2. 2. 2. 2.	Yes No No Yes No And Hibcc Product in	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0033	0860000397957 ginal product rect from mfr? the manufacturer for the man	section fields are	o not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bt Inner Pack: Case: Pallet:	PH. to customer? 1 Vial) Weight Lbs. 0.11 undle/ 2.7	AND PACKING IN Dimension Depth 1.84	FORMATION (US msm Width 1.84	hit to pharm Each Gram Milliliter ts.) 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/exception If yes, attach documentation from Saleable Unit of Measure X	and?: Eition of manufacturer s exclusive distribute n/exemption for proc m FDA.	DRUG SUPPLY ?? Or? duct? GTIN cable Quantity 1	Yes No No Yes No And Hibcc Product in	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0033	0860000397957 Iginal product rect from mfr? re manufacturer f	section fields are	o not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bi Inner Pack: Case: Pallet: Regular Cost	PHA to customer? 1 Vial) Weight Lbs. 0.11 undle/ 2.7 COST INFORMATION	AND PACKING IN Dimensic Depth 1.84 12.3	FORMATION Ons (US msm Width 1.84 8.3	it to pharm Each Gram Milliliter ts.) 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/exception If yes, attach documentation from Saleable Unit of Measure X tem/Each Bow/Carton/Bundle/Inner Pack X Case	and?: Eition of manufacturer s exclusive distribute n/exemption for proc m FDA.	DRUG SUPPLY ?? Or? duct? GTIN cable Quantity 1	Yes No No Yes No And Hibcc Product in	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0033	0860000397957 Iginal product rect from mfr? re manufacturer f	section fields are	o not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bt Inner Pack: Case: Pallet:	PHA to customer? 1 Vial) Weight Lbs. 0.11 undle/ 2.7 COST INFORMATION	AND PACKING IN Dimensic Depth 1.84 12.3	FORMATION Ons (US msm Width 1.84 8.3 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter ts.) 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/exception If yes, attach documentation from Saleable Unit of Measure X tem/Each Bow/Carton/Bundle/Inner Pack X Case	and?: Eition of manufacturer s exclusive distribute n/exemption for proc m FDA.	DRUG SUPPLY ?? Or? duct? GTIN cable Quantity 1	Yes No No Yes No And Hibcc Product in	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0033	0860000397957 Iginal product rect from mfr? re manufacturer f	section fields are	o not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet: Regular Cost (PHA to customer? 1 Vial) Weight Lbs. 0.11 undle/ 2.7 COST INFORMATION	AND PACKING IN Dimensic Depth 1.84 12.3	FORMATION Ons (US msm Width 1.84 8.3	hit to pharm Each Gram Milliliter ts.) 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/exception If yes, attach documentation from Saleable Unit of Measure X tem/Each Bow/Carton/Bundle/Inner Pack X Case	and?: Eition of manufacturer s exclusive distribute n/exemption for proc m FDA.	DRUG SUPPLY ?? Or? duct? GTIN cable Quantity 1	Yes No No Yes No And Hibcc Product in	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0033	0860000397957 Iginal product rect from mfr? re manufacturer f	section fields are	o not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bi Inner Pack: Case: Pallet: Regular Cost	PHJ to customer? 1 Vial) Weight Lbs. 0.11 undle/ 2.7 COST INFORMATION WAC) (\$)	AND PACKING IN Dimensic Depth 1.84 12.3	FORMATION Ons (US msm Width 1.84 8.3 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter ts.) 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/exception If yes, attach documentation from Saleable Unit of Measure X tem/Each Bow/Carton/Bundle/Inner Pack X Case	and?: Eition of manufacturer s exclusive distribute n/exemption for proc m FDA.	DRUG SUPPLY ?? or? duct? GTIN eable Quantity 1	Yes No No Yes No And Hibcc Product in	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased direction provide source GTIM 0033	0860000397957 Iginal product rect from mfr? re manufacturer f	section fields are	o not applicable	(Write-in, e.g. Item/Each: Box/Carton/Bu Inner Pack: Case: Pallet: Regular Cost (PHJ to customer? 1 Vial) Weight Lbs. 0.11 undle/ 2.7 COST INFORMATION WAC) (\$)	AND PACKING IN Dimensic Depth 1.84 12.3	FORMATION Ons (US msm Width 1.84 8.3 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter ts.) 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/exception If yes, attach documentation from Saleable Unit of Measure X	and?: Eition of manufacturer s exclusive distribute n/exemption for proc m FDA.	DRUG SUPPLY Or? duct? GTIN bable Quantity 1 24	Yes No No Yes No And Hibcc Product in	DSCSA) INFOR	GLN: GCP: If yes, was ori purchased dii Provide source GTIN 0033	0860000397957 ginal product rect from mfr? ee manufacturer f 1-14 11722121019 11722121016	or repackaged pr	roduct Jse GTIN-14	(Write-in, e.g. Item/Each: Box/Carton/Bt Inner Pack: Case: Pallet: Regular Cost Invoice Cost (As of date:	PHA to customer? 1 Vial) Weight Lbs. 0.11 undle/ 2.7 COST INFORMATION WAC) (\$) 10/6/2020	AND PACKING IN Dimensic Depth 1.84 12.3	FORMATION Ons (US msm Width 1.84 8.3 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter ts.) 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 H	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? 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? 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) 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: 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#	Registry: No
ADD'L STORAGE INFORMATION	Registry Program Contact Name: Phone:
Is the Product	Continents
Controlled Substance? Yes Controlled Substance Code Controlled by State(s)? Yes Listed Chemical (List I or II) No ARCOS Reportable? Yes If yes, indicate which: Schedule No. 2 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.
MISCELLAN	EOUS NOTES and/or Image of Product Barcode:
*Storage of this product must abide by the federally mandated DEA requirements outlined in 21 CFR F	art 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?