



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

Version 2021 Introduction Type:   Final Version Date:

| PRODUCT INFORMATION   |  |  |   | SPECIAL HANDLING AND STORAGE REQUIREMENTS*  |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
|---|--|--|---|---|--|--------------------------|-------------------|------------------------|---------|---------------------|---|--------------------------------|----------------------|---|----------------------|--|----------------------|----------------------|----------------------|----------------------|--|---------------------------------|-----------------------------|---|----------------------|---------------------------------|----------------------|----------------------|----------------------|----------------------|-----|------|-----|-----|--------|----|---------|--|--|--|--|--|--|
| <b>Company Name:</b> <input type="text" value="Camber Pharmaceuticals, Inc."/> <b>Application:</b> <input type="text" value="ANDA"/><br><b>Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):</b> <input type="text" value="211487"/><br><b>Medical Device Class, if applicable:</b> <input type="text"/><br><b>DUNS:</b> <input type="text" value="11-856-3719"/><br><b>Proprietary Name (If Applicable) and Established Name:</b> <input type="text" value="Hydrocodone Bitartrate and Acetaminophen Tablets, USP 7.5 mg/325 mg"/><br><b>Selling Unit NDC:</b> <input type="text" value="31722-942-01"/> <b>Unit of Use NDC:</b> <input type="text"/> <b>UPC:</b> <input type="text" value="331722942010"/><br><b>UDI</b> <input type="text"/> <b>CVX Code:</b> <input type="text"/> <b>MVX Code:</b> <input type="text"/><br><b>Description:</b> <input type="text" value="Hydrocodone Bitartrate and Acetaminophen Tablets, USP 7.5 mg/325 mg"/><br><b>Active Ingredient(s):</b> <input type="text" value="Hydrocodone bitartrate, USP, acetaminophen, USP"/><br><b>URL for Additional Product Information:</b> <input type="text" value="www.camberpharma.com"/><br><b>Address:</b> <input type="text" value="800 Centennial Ave, Suite 1"/> <b>Address 2:</b> <input type="text"/><br><b>City:</b> <input type="text" value="Piscataway"/> <b>State:</b> <input type="text" value="NJ"/> <b>Zip:</b> <input type="text" value="08854"/><br><b>Key Contact:</b> <input type="text" value="Customer Service"/> <b>Email:</b> <input type="text" value="customerservice@camberpharma.com"/><br><b>Phone Number:</b> <input type="text" value="1-866-827-3647"/> <b>Fax:</b> <input type="text" value="732-562-8788"/><br><b>Product Therapeutic Classification:</b> <input type="text" value="Combination opioid, and non-opioid, non-salicylate analgesic and antipyretic"/> |  |  |   | <b>a. Temperature – Indicate the USP temperature range for this product.</b><br>Temperature Range <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/><br>Other Temperature Range Requirement (write in) <input type="text"/><br>Notes <input type="text"/><br>Is this product to be shipped to customers on ice? <input type="text" value="No"/><br>Is this product to be shipped to customers on dry ice? <input type="text" value="No"/><br><b>b. Contact for temperature excursion questions:</b><br><b>Name:</b> <input type="text" value="Soma Raju"/><br><b>Number:</b> <input type="text" value="732-529-0423"/><br><b>Group E-mail:</b> <input type="text" value="somaraju@heterousa.com"/><br><b>c. Special regulations for product in any states?</b> <input type="text" value="**Yes"/><br>Special returns requirements for this product? <input type="text" value="**Yes"/><br><b>d. Store product (unit of sale) upright?</b> <input type="text" value="No"/><br>Protect product (unit of sale) from light? <input type="text" value="No"/><br><b>e. Shelf life:</b> <input type="text" value="24"/> Months<br>Initial shelf life at launch (if different): <input type="text"/> Months |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| ADDITIONAL PRODUCT INFORMATION  |  | PRODUCT DESCRIPTION INFORMATION  |   | ORDER INFORMATION   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| The product is a legend device? <input type="text" value="No"/><br>if yes, enter class # <input type="text"/><br>a product kit? <input type="text" value="No"/><br>if yes, list NDCs of component parts reverse numbered? <input type="text"/><br>co-licensed? <input type="text" value="No"/><br>latex-free? <input type="text" value="Yes"/><br>preservative-free? <input type="text" value="Yes"/><br>correctional institution block? <input type="text" value="No"/><br>opioid? <input type="text" value="Yes"/><br>Cannabinoid? <input type="text" value="No"/><br>If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="text"/><br>If Unit Dose, indicate NDC here: <input type="text"/>   | <b>Is the Product... Direct-Ship Only</b> <input type="text"/><br><b>Is the Product... Neither</b> <input type="text"/><br><b>Orphan Drug Status</b> <input type="text"/><br><b>FDA Approval Status</b> <input type="text"/><br><b>Allergens Present</b> <input type="text" value="Corn, Dye"/><br><b>Country of Origin</b> <input type="text" value="USA"/><br>Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="Yes"/> | <b>Size:</b> <input type="text" value="100 ct"/><br><b>Strength:</b> <input type="text" value="7.5 mg/325 mg"/><br><b>Dosage Form:</b> <input type="text" value="Tablet"/><br><b>Product Shape:</b> <input type="text" value="Capsule"/><br><b>Product Color:</b> <input type="text" value="Off white/white"/><br><b>Product Imprint:</b> <input type="text" value="Debossed 'T 258' on one side and plain on other side with bisect line"/> | <b>Unit of Sale</b><br><input checked="" type="checkbox"/> Bottle<br><input type="checkbox"/> Box/Carton<br><input type="checkbox"/> Ampule<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Tube<br><input type="checkbox"/> Vial Liquid Sgl<br><input type="checkbox"/> Vial Liquid Multi<br><input type="checkbox"/> Vial Powder Sgl<br><input type="checkbox"/> Vial Powder Multi<br><input type="checkbox"/> Other: Write In <input type="text"/> |   | <b>What is the NDC selling unit?</b> <input type="text" value="1 Bottle of 100 Tablets"/><br>(Write-in, e.g. 1 Box of 10 Vials)<br><b>Minimum order quantity?</b> <input type="text" value="Yes"/><br><b>If Yes, how many of which package type?</b><br><input type="text" value="24"/> Each<br><input type="text"/> Inner/ Carton/Pack<br><input type="text"/> Case |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| FOR GENERIC DRUG PRODUCTS   |  |  |   |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| <b>I. Orange Book Rating:</b> <input type="text" value="AA"/> <input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable<br><b>II. Generic Equivalent to What Brand?:</b> <input type="text" value="Norco"/>   |  |  |   |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION  |  |  |   |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| <b>Does supplier meet DSCSA definition of manufacturer?</b> <input type="text" value="Yes"/><br><b>Is product exempt from DSCSA?</b> <input type="text" value="No"/><br><b>If yes, select exemption:</b> <input type="text"/><br><b>Other exemption - Write in:</b> <input type="text"/><br><b>Is product repackaged?</b> <input type="text" value="No"/><br><b>Is product sold by manufacturer's exclusive distributor?</b> <input type="text" value="Yes"/><br><b>Has FDA granted waiver/exemption/exemption for product?</b> <input type="text" value="No"/><br><b>If yes, attach documentation from FDA.</b> <input type="text"/><br><b>GLN:</b> <input type="text" value="0860000397957"/><br><b>GCP:</b> <input type="text"/><br><b>If yes, was original product purchased direct from mfr?</b> <input type="text"/><br><b>Provide source manufacturer for repackaged product</b> <input type="text"/>  |  |  |   |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| GTIN AND HIBCC PRODUCT INFORMATION  |  |  |   |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Saleable Unit of Measure</th> <th>Saleable Quantity</th> <th>HIBCC</th> <th>GTIN-14</th> <th>Unit of Use GTIN-14</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Item/Each</td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> <td><input type="text" value="00331722942010"/></td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Box/Case/Bundle/Inner Pack</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Case</td> <td><input type="text" value="24"/></td> <td><input type="text"/></td> <td><input type="text" value="10331722942017"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Pallet</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>  |  |  |   |   |  | Saleable Unit of Measure | Saleable Quantity | HIBCC                  | GTIN-14 | Unit of Use GTIN-14 | <input checked="" type="checkbox"/> Item/Each | <input type="text" value="1"/> | <input type="text"/> | <input type="text" value="00331722942010"/> | <input type="text"/> | <input checked="" type="checkbox"/> Box/Case/Bundle/Inner Pack | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> Case | <input type="text" value="24"/> | <input type="text"/>        | <input type="text" value="10331722942017"/> | <input type="text"/> | <input type="checkbox"/> Pallet | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |     |      |     |     |        |    |         |  |  |  |  |  |  |
| Saleable Unit of Measure  | Saleable Quantity  | HIBCC  | GTIN-14   | Unit of Use GTIN-14   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Item/Each   | <input type="text" value="1"/>   | <input type="text"/>   | <input type="text" value="00331722942010"/>   | <input type="text"/>  |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Box/Case/Bundle/Inner Pack  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Case  | <input type="text" value="24"/>  | <input type="text"/>   | <input type="text" value="10331722942017"/>   | <input type="text"/>  |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| <input type="checkbox"/> Pallet   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| ITEM AND PACKING INFORMATION  |  |  |   |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item/Each:</th> <th rowspan="2">Weight Lbs.</th> <th colspan="3">Dimensions (US msmts.)</th> <th rowspan="2">Volume (Cube)</th> <th rowspan="2">Saleable # Pieces</th> </tr> <tr> <th>Depth</th> <th>Width</th> <th>Height</th> </tr> </thead> <tbody> <tr> <td>Item/Each:</td> <td>0.14</td> <td>1.84</td> <td>1.84</td> <td>3.23</td> <td>10.86</td> <td>1</td> </tr> <tr> <td>Box/Case/Bundle/Inner Pack:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Case:</td> <td>3.8</td> <td>12.3</td> <td>8.3</td> <td>3.8</td> <td>387.94</td> <td>24</td> </tr> <tr> <td>Pallet:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   |  |  |   |   |  | Item/Each:               | Weight Lbs.       | Dimensions (US msmts.) |         |                     | Volume (Cube)                                 | Saleable # Pieces              | Depth                | Width                                       | Height               | Item/Each:   | 0.14                 | 1.84                 | 1.84                 | 3.23                 | 10.86                                    | 1                               | Box/Case/Bundle/Inner Pack: |   |                      |                                 |                      |                      |                      | Case:                | 3.8 | 12.3 | 8.3 | 3.8 | 387.94 | 24 | Pallet: |  |  |  |  |  |  |
| Item/Each:  | Weight Lbs.  | Dimensions (US msmts.)   |   |   | Volume (Cube)  |                          |                   | Saleable # Pieces      |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
|   |  | Depth  | Width   | Height  |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| Item/Each:  | 0.14   | 1.84   | 1.84  | 3.23  | 10.86  | 1                        |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| Box/Case/Bundle/Inner Pack:   |  |  |   |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| Case:   | 3.8  | 12.3   | 8.3   | 3.8   | 387.94   | 24                       |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| Pallet:   |  |  |   |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| COST INFORMATION  |  |  | WHOLESALE USE ONLY:   |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| <b>Regular Cost</b> <input type="text"/><br><b>Invoice Cost (WAC) (\$)</b> <input type="text" value="\$16.00"/><br><b>As of date:</b> <input type="text" value="7/1/2020"/>   |  |  | <b>Vendor #:</b> <input type="text"/><br><b>Whsl. Code #:</b> <input type="text"/><br><b>Fineline Code:</b> <input type="text"/>  |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |
| Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.<br><b>*Please provide any additional information on page 2.</b> <input type="text"/> <b>See new p. 3 for Designated Drop Ship Only.</b> <input type="text"/> <b>Signature:</b> <input type="text"/>  |  |  |   |   |  |                          |                   |                        |         |                     |   |                                |                      |   |                      |  |                      |                      |                      |                      |  |                                 |                             |   |                      |                                 |                      |                      |                      |                      |     |      |     |     |        |    |         |  |  |  |  |  |  |

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For Designated Drop Ship Only Products, Please Use Page 3

| MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION  |   |   |                                    |                                    |                                   |   |   |
|--|---|---|------------------------------------|------------------------------------|-----------------------------------|---|---|
| <p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant?<br/>           Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No<br/>           Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No<br/>           Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions?<br/>           (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT?<br/>           (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/></p> <p>Is this product regulated for shipment by IATA?<br/>           (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/></p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger<br/> <input type="checkbox"/> Cargo<br/> <input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/> No<br/>           RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit?<br/> <input type="checkbox"/> No (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity<br/> <input type="checkbox"/> Consumer Commodity, ORM-D<br/> <input type="checkbox"/> Small Quantity (49 CFR 173.4)<br/> <input type="checkbox"/> Special Permit; DOT-SP<br/> <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);<br/>           SP# <input type="text"/></p> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>SDS Hazard Classification</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p style="margin-top: 5px;">Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/></p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? <input type="checkbox"/> No<br/>           If yes, indicate which: <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>Hazardous Waste Identification</b></p> <p>EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>REMS or REGISTRY RESTRICTIONS</b></p> <p>Is there a REMS on this product? <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/>           If Yes, is it managed with a pharmacy registry? <input type="checkbox"/> No<br/>           Website URL: <input type="text" value="https://opioidanalgesicrems.com/home.html"/></p> <p>Med Guide Required <input type="checkbox"/> Yes</p> <p>Limited Distribution Requirement <input type="checkbox"/> No</p> <p>Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p><b>REMS:</b> <input type="checkbox"/> Yes</p> <p>REMS Program Manager Name: <input type="text" value="Prathima Arrabally"/> Phone: <input type="text" value="(631) 881-4614 Ext. 1412"/></p> <p>Supplier Manages REMS registry exclusively: <input type="text"/></p> <p>Wholesale distributor support: <input type="text"/></p> <p>Provider Name: <input type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input type="text"/></p> <p>DEA #: <input type="text"/></p> <p>NCPDP#: <input type="text"/></p> <p>NPI #: <input type="text"/></p> <p>Comments <input type="text"/></p> <p><b>Registry:</b> <input type="checkbox"/> No</p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>RETURN INSTRUCTIONS</b></p> <p>Contact tel. # if product received damaged: <input type="text" value="1-866-827-3647"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</p> <p>URL/Link to returns policy: <input type="text" value="contact - customerservice@camberpharma.com"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> Yes</p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p> <p>DEA Form 222 or its electronic equivalent is required for all returns in all states.</p> </div> | <input checked="" type="checkbox"/> Organic | <input type="checkbox"/> Corrosive | <input type="checkbox"/> Inorganic | <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Steroid/Androgen | <input type="checkbox"/> Contact Hazard |
| <input checked="" type="checkbox"/> Organic  | <input type="checkbox"/> Corrosive  |   |                                    |                                    |                                   |   |   |
| <input type="checkbox"/> Inorganic   | <input type="checkbox"/> Oxidizer   |   |                                    |                                    |                                   |   |   |
| <input type="checkbox"/> Steroid/Androgen  | <input type="checkbox"/> Contact Hazard   |   |                                    |                                    |                                   |   |   |
| ADD'L STORAGE INFORMATION  |   |   |                                    |                                    |                                   |   |   |
| <p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> Yes <input type="checkbox"/> No      Controlled Substance Code <input type="text" value="9193"/></p> <p>Controlled by State(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No      Listed Chemical (List I or II) <input type="checkbox"/> No</p> <p>ARCOS Reportable? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, indicate which: <input type="text"/></p> <p>Schedule No. <input type="text" value="2"/>      Is it a scheduled listed chemical product?: <input type="checkbox"/> No</p>  |   |   |                                    |                                    |                                   |   |   |
| CLASS OF TRADE RESTRICTION:  |   |   |                                    |                                    |                                   |   |   |
| <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> No</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>  |   |   |                                    |                                    |                                   |   |   |
| MISCELLANEOUS NOTES and/or Image of Product Barcode:   |   |   |                                    |                                    |                                   |   |   |
| <p>*Storage of this product must abide by the federally mandated DEA requirements outlined in 21 CFR Part 1301.72.</p>   |   |   |                                    |                                    |                                   |   |   |



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