



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

Version 2024 Introduction Type: Final Version Date:

PRODUCT INFORMATION

Company Name: Application:
 Application Number for NDA/ANDA/BLA; PMA/510(k): NDA 505(b) Type:
 Medical Device Class, if applicable:
 DUNS:
 Proprietary Name (If Applicable) and Established Name:
 Selling Unit NDC: Unit of Use NDC: UPC:
 UDI: CVX Code: MVX 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:

SPECIAL HANDLING AND STORAGE REQUIREMENTS*

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?
 Protect product (unit of sale) from light?
 e. Shelf life: Months
 Initial shelf life at launch (if different): Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is? a legend device? if yes, enter class #	<input type="text" value="No"/>	Is the Product... Is the Product... Orphan Drug Status	<input type="text" value="Direct-Ship Only"/> <input type="text" value="Neither"/>
if yes, list NDCs of component parts reverse numbered?	<input type="text" value="No"/>	FDA Approval Status	<input type="text"/>
co-licensed?	<input type="text" value="No"/>	Allergens Present	<input type="text" value="Corn, Alcohol, Wheat"/>
latex-free?	<input type="text" value="Yes"/>	Country of Origin	<input type="text" value="USA"/>
preservative-free?	<input type="text" value="Yes"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="Yes"/>
correctional institution block? opioid?	<input type="text" value="No"/>		
Cannabinoid?	<input type="text" value="No"/>		
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text"/>		
If Unit Dose, indicate NDC here:	<input type="text"/>		
		Size:	<input type="text" value="100 ct"/>
		Strength:	<input type="text" value="800 mg"/>
		Dosage Form:	<input type="text" value="Film coated tablet"/>
		Product Shape:	<input type="text" value="Oval, biconvex"/>
		Product Color:	<input type="text" value="White"/>
		Product Imprint:	<input type="text" value="Debossed with '1' on the left side of the bisect and '3' on the right side of the bisect on one side and bisect on other side"/>

ORDER INFORMATION

Unit of Sale: Bottle, Box/Carton, Ampule, Glass, Tube, Vial Liquid Sgl, Vial Liquid Multi, Vial Powder Sgl, Vial Powder Multi, 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?
 Each, Inner/Carton/Pack, Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: Authorized Generic *If Authorized Generic, other section fields are not applicable
 II. Generic Equivalent to What Brand?:

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?
 (Write-in, e.g. 1 Vial)
 HCPCS J-Code:
 Rx billing unit to pharmacy: , ,

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer?
 Is product exempt from DSCSA?
 If yes, select exemption:
 Other exemption - Write in:
 Is product repackaged?
 Is product sold by manufacturer's exclusive distributor?
 Has FDA granted waiver/exception/exemption for product?
 If yes, attach documentation from FDA.
 GLN:
 0860000397957 shipments to controlled substance states
 GCP:
 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:	0.33	2.4	2.4	4.4	25.34	1
Case:	8.8	16.25	11	5.75	1027.81	24
Pallet:						

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	N	1		00331722167017	
<input checked="" type="checkbox"/> Box/Carton/Bundle/Inner Pack	N	24		10331722167014	
<input type="checkbox"/> Case					
<input type="checkbox"/> Pallet					

COST INFORMATION

Regular Cost
 Invoice Cost (WAC) (\$)
 As of date:
WHOLESALE USE ONLY:
 Vendor #:
 Whsl. Code #:
 Fineline Code:



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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)

- 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)

- 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:

- Passenger No
- 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#

ADD'L STORAGE INFORMATION

Is the Product...

- Controlled Substance? No Yes Controlled Substance Code
- Controlled by State(s)? Yes No Listed Chemical (List I or II) No Yes
- ARCOS Reportable? No Yes If yes, indicate which:
- Schedule No. Is it a scheduled listed chemical product?: No Yes

CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes No
- Restricted to retail pharmacy only: No Yes
- Restricted to hospital, clinics, and physician offices only: No Yes
- Restricted from US territories? (explain in comments) No Yes

Comments:

SDS Hazard Classification	
<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
Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/>	<input type="checkbox"/> No
NFPA Storage Level: <input type="text"/>	
Is the product a NIOSH hazardous drug? If yes, indicate which: <input type="text"/>	<input type="checkbox"/> No

Hazardous Waste Identification	
EPA Hazardous Waste Code: <input type="text"/>	Waste Characteristics: <input type="text"/>

REMS or REGISTRY RESTRICTIONS	
Is there a REMS on this product? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, is it managed with a pharmacy registry? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Website URL: <input type="text"/>	
Med Guide Required <input type="checkbox"/> No <input type="checkbox"/> Yes	
Limited Distribution Requirement <input type="checkbox"/> No <input type="checkbox"/> Yes	
Comments / Details: (For example, iPledge program?) <input type="text"/>	
REMS:	
REMS Program Manager Name: <input type="text"/>	Phone: <input type="text"/>
Supplier Manages REMS registry exclusively: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Wholesale distributor support: <input type="text"/>	
Provider Name: <input type="text"/>	DEA #: <input type="text"/>
Site Enrollment Number assigned by Supplier: <input type="text"/>	NCPDP#: <input type="text"/>
	NPI #: <input type="text"/>
Comments <input type="text"/>	
Registry:	
Registry Program Contact Name: <input type="text"/>	Phone: <input type="text"/>
Comments <input type="text"/>	

RETURN INSTRUCTIONS	
Contact tel. # if product received damaged: <input type="text"/>	1-866-827-3647
Is product returnable for credit: <input type="checkbox"/> No <input type="checkbox"/> Yes	
URL/Link to returns policy: <input type="text"/>	contact - customerservice@camberpharma.com
Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If so, which states? Other requirements? Comments? <input type="text"/>	
This product is classified as a Schedule V controlled substance in Alabama, Kentucky, North Dakota, Utah, Tennessee, Virginia, and West Virginia.	

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
<p>Purchase orders may be accepted by:</p> <ul style="list-style-type: none"> a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="text"/></p> <p>Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input type="text"/></p>	
Other Data Information Required to Process PO:	Return Instructions
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<p><input type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>