



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

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is?		Is the Product... Is the Product... Orphan Drug Status	Direct-Ship Only Unit Dose
a legend device? if yes, enter class #	<input type="text" value="No"/>	FDA Approval Status	Size: <input type="text" value="10 single dose vials"/>
a product kit? if yes, list NDCs of component parts	<input type="text" value="No"/>	Allergens Present	Strength: <input type="text" value="1 gm/vial"/>
reverse numbered? co-licensed?	<input type="text" value="No"/>	Country of Origin	Dosage Form: <input type="text" value="Sterile, lyophilized powder or cake for preparing intravenous infusions or injections."/>
latex-free? preservative-free?	<input type="text" value="Yes"/>	India	Product Shape: <input type="text" value="Single dose vial"/>
correctional institution block? opioid?	<input type="text" value="No"/>	Is this product covered under the Trade Agreements Act (TAA)?	Product Color: <input type="text" value="White to tan"/>
Cannabinoid?	<input type="text" value="No"/>	<input type="text" value="No"/>	Product Imprint: <input type="text" value="N/A"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text" value="Yes"/>		
If Unit Dose, indicate NDC here:	<input type="text" value="31722-211-33"/>		

**ORDER INFORMATION**

Unit of Sale	What is the NDC selling unit?
<input type="checkbox"/> Bottle	<input type="text" value="1 Box of 10 Vials"/>
<input checked="" type="checkbox"/> Box/ Carton	<input type="text" value="(Write-in, e.g. 1 Box of 10 Vials)"/>
<input type="checkbox"/> Ampule	
<input checked="" type="checkbox"/> Glass Tube	Minimum order quantity? <input type="text" value="Yes"/>
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input checked="" type="checkbox"/> Vial Powder Sgl	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Multi	<input type="text" value="1"/> Each
<input type="checkbox"/> Other: Write In	<input type="text"/> Inner/ Carton/ Pack
	<input type="text"/> 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:  
 Each  
 Gram  
 Milliliter

**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:   
 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:	0.65	6.37	2.5	3.56	56.69	1
Case:	14.4	13.25	13	8	1378	20
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		00331722211109	
<input checked="" type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack	N	20		20331722211103	
<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)?  No  Yes  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

- Organic  Corrosive
- Inorganic  Oxidizer
- Steroid/Androgen  Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level:  No

Is the product a NIOSH hazardous drug? If yes, indicate which:  No

### Hazardous Waste Identification

EPA Hazardous Waste Code:  Waste Characteristics:

### REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?  No  Yes

If Yes, is it managed with a pharmacy registry? Website URL:

Med Guide Required  No  Yes

Limited Distribution Requirement  No  Yes

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

REMS:  No  Yes

REMS Program Manager Name:  Phone:

Supplier Manages REMS registry exclusively:  No  Yes

Wholesale distributor support:

Provider Name:  DEA #:

Site Enrollment Number assigned by Supplier:  NCPDP#:

NPI #:

Comments

Registry:  No  Yes

Registry Program Contact Name:  Phone:

Comments

### RETURN INSTRUCTIONS

Contact tel. # if product received damaged:  1-866-827-3647

Is product returnable for credit:  Yes  No

URL/Link to returns policy:  contact - customerservice@camberpharma.com

Special regulations or returns requirements for this product in certain states?  No  Yes

If so, which states? Other requirements? Comments?

### MISCELLANEOUS NOTES and/or Image of Product Barcode:



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FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
<p>Purchase orders may be accepted by:</p> <ul style="list-style-type: none"><li>a. EDI <input type="checkbox"/></li><li>b. Autofax <input type="checkbox"/></li><li>c. Fax <input type="checkbox"/></li><li>d. Phone only <input type="checkbox"/></li><li>e. Supplier Web Site only <input type="checkbox"/></li></ul> <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>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p>	<p><b>Purchase order daily receipt cut off time by supplier</b></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><b>Overnight receipt available:</b> <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"><li><input type="checkbox"/> Monday</li><li><input type="checkbox"/> Tuesday</li><li><input type="checkbox"/> Wednesday</li><li><input type="checkbox"/> Thursday</li><li><input type="checkbox"/> Friday</li></ul> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <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:	<b>Return Instructions</b>
<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>	<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>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
<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>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Miscellaneous Notes:	<input type="text"/>