

## **Standard Pharmaceutical Product Information (Rx Product Only)**

					Intr	oduction Type:	Post Launch Change		Final Version			Date:	4/12	2/2017
			PRODUCT INFORMA	ATION					SPECIAL HANDL	ING AND ST	ORAGE REQ	UIREMENTS'	ŧ	
Company Name:	Camber Pharmaceuti	cals				Application:	ANDA	a. Temperature – Indio	cate the USP temper	ature range	for this prod	uct.		
Application Number for NDA	A/ANDA/BLA (drug);	PMA/510(k)(med device)	):	204343					ature Range				en 20 and 25	5 C (68° – 77° F
	82-667-4775							Other Te	emperature Range Re	auirement				
Proprietary Name (If Applicat	ble) and Established	Name: Duloxetin	e Delayed Release Capsul	les 60MG 30CT					rite in)					1
	31722-583-30		Individual Unit NDC:	31722-58		UPC: 331722	583305	, i i i i i i i i i i i i i i i i i i i						-
UDI	NA		CVX Code:		MVX	X Code: NA		Is this pr	roduct to be shipped to	o customers o	on ice?		No	_
Description:	Opaque green/opaqu	e blue capsules imprinted	with 'H'/'192'					Is this pr	roduct to be shipped to	o customers o	on dry ice?		No	_
Active Ingredient(s):		Duloxetine						b. Contact for tempera	ature excursion que	stions:				
								Name:			Soma Raju			
URL for Additional Product In		www.camberpharma.com	n			-		Number			732-529-042			
	1031 Centennial Ave	nue		State	Addres		00054	Group E	E-mail:		somaraju@r	eterousa.cor	n	
City: Key Contact:	Piscataway         State:         NJ         Zip:         08854           Customer Service         Email:         customerservice@camberpharma.com					c. Special regulations	for product in any s	tates?			No			
Phone Number:	732-529-0430				Fax: 732-562-8788				returns requirements f		ct?		No	-
Product Therapeutic Classifie	ication:							-						-
								d. Store product (unit	of sale) upright?				No	
ADDITIONA	AL PRODUCT INFORM	IATION			PRODUC	T DESCRIPTION INF	FORMATION	Protect	product (unit of sale	e) from light?	•		No	_
Is the Product								e. Shelf life:					24	Months
a legend device?		No		Size:		30		Initial sh	nelf life at launch (if o	different):				Months
reverse numbered?		No		0										
co-licensed?		No Direct-Ship Only		Strength		60 MG			(	order info	RMATION			
Is the Product Is the Product		Unit of Use				-		Unit of S	Salo		What is the	NDC selling	unit?	
is the Froudet				Dosage I	form:	capsule			Bottle		1 box of 12		uniti	
If Unit Dose, is item bar code		ital ananaian0						x	Box/Carton		(Write-in, e.	.g. 1 Box of 1	0 Vials)	
		ital scanning?		Product	Shane:	capsule			Ampule					
If Unit Dose NDC, indicate NE	DC here:			. router	onapo.	capoulo			Glass		Minimum o	rder quantity	?	Yes
Country of Origin		India		Product	Color:	green/blue			Tube Vial Liquid Sgl					
, .									Vial Liquid Sgl		If Yes, how	many of whi	ch package	type?
Is this product covered under	r the Trade Agreements	s Act (TAA)? No		Product	mprint:	H'/'192'			Vial Powder Sql			Each		
									Vial Power Multi		12	Inner/Carton	/Pack	
				PODUCTS					Other: Write In	7		Case		
			FOR GENERIC DRUG PF	RODUCTS					Other: write in	]		Case		
			FOR GENERIC DRUG PR		Authorized Ger	neric *If Autho	prized Generic, other section			RMACY ORD	ER / BILL UNI			
I. Orange Book Rating:	AB		FOR GENERIC DRUG PP		Authorized Ger		prized Generic, other section re not applicable	Rec. sell unit to custo	PHAF			T	acv:	
I. Orange Book Rating: II. Generic Equivalent to Wha	AB at Brand?:	Cymbalta	FOR GENERIC DRUG PP		Authorized Ger			Rec. sell unit to custo	PHAF				acy:	
								Rec. sell unit to custo (Write-in, e.g. 1 Vial)	PHAF			T <b>nit to pharm</b> Each Gram	acy:	
			FOR GENERIC DRUG PR						PHAF	RMACY ORD		T nit to pharm Each	acy:	
	at Brand?:	DRUG SUPPI							PHAF mer?	]		T <b>hit to pharm</b> Each Gram Milliliter	acy:	
II. Generic Equivalent to Wha	at Brand?: definition of manufac	DRUG SUPPI	LY CHAIN SECURITY ACT	C (DSCSA) INFORMATIO					PHAF mer?		Rx billing u	T Each Gram Milliliter		
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption:	at Brand?: definition of manufac CSA?	DRUG SUPPI	LY CHAIN SECURITY ACT Yes	C (DSCSA) INFORMATIO					PHAF mer? ITEM A	] ND PACKING Dime	Rx billing u	T nit to pharm Each Gram Milliliter ON	Volume	# Pieces:
II. Generic Equivalent to Wha Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in:	at Brand?: definition of manufac CSA?	DRUG SUPPI	LY CHAIN SECURITY ACT Yes No	(DSCSA) INFORMATIO GLN:	N	fields an		(Write-in, e.g. 1 Vial)	PHAF mer? ITEM A Weight Lbs.		Rx billing u	T nit to pharm Each Gram Milliliter ON usmts.) Width		# Pieces:
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged?	at Brand?: definition of manufac SSA? :	DRUG SUPPI	LY CHAIN SECURITY ACT Yes	(DSCSA) INFORMATIO GLN:	N				PHAF mer? ITEM A	] ND PACKING Dime	Rx billing u	T nit to pharm Each Gram Milliliter ON	Volume	# Pieces:
II. Generic Equivalent to Wha Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in:	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI	LY CHAIN SECURITY ACT Yes No No	(DSCSA) INFORMATIO	N	fields an		(Write-in, e.g. 1 Vial)	РНА mer? ПЕМ A Weight Lbs. 0.1	Dime	Rx billing u	T Tit to pharm Each Gram Milliliter ON semts.) Width 1.375	Volume (Cube)	
I. Generic Equivalent to Wha Does supplier meet DSCSA o Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI	LY CHAIN SECURITY ACT Yes No No No No	(DSCSA) INFORMATIO GLN: If Yes, was o from mfr? If yes, attach	N	fields an		(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack:	PHAF mer? ITEM A Weight Lbs.	] ND PACKING Dime	Rx billing u	T nit to pharm Each Gram Milliliter ON usmts.) Width	Volume	# Pieces:
I. Generic Equivalent to Wha Does supplier meet DSCSA o Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI	LY CHAIN SECURITY ACT Yes No No No	(DSCSA) INFORMATIO GLN: If Yes, was o from mfr? If yes, attach	N	fields an		(Write-in, e.g. 1 Vial)	РНА mer? ПЕМ A Weight Lbs. 0.1	Dime	Rx billing u	T Tit to pharm Each Gram Milliliter ON semts.) Width 1.375	Volume (Cube)	
I. Generic Equivalent to Wha Does supplier meet DSCSA o Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI	LY CHAIN SECURITY ACT Yes No No No GTIN PRODUCT INFOR	(DSCSA) INFORMATIO GLN: If Yes, was o from mfr? If yes, attach RMATION Saleable	N	fields an t purchased direct on from FDA.	re not applicable	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case:	PHAF mer? TTEM A Weight Lbs. 0.1 1.05	ND PACKING Dime Depth 6.625	Rx billing u	T nit to pharm. Each Gram Milliliter ON Samts.) Width 1.375 4.875	Volume (Cube) 0.056	12 96
I. Generic Equivalent to Wha Does supplier meet DSCSA o Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI	LY CHAIN SECURITY ACT Yes No No No No	(DSCSA) INFORMATIO GLN: If Yes, was o from mfr? If yes, attach RMATION Saleable Unit	N	fields an	re not applicable	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack:	PHAF mer? TTEM A Weight Lbs. 0.1 1.05	ND PACKING Dime Depth 6.625	Rx billing u	T nit to pharm. Each Gram Milliliter ON Samts.) Width 1.375 4.875	Volume (Cube) 0.056	12
I. Generic Equivalent to Wha Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufactu Has FDA granted waiver/exce	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI turer?	LY CHAIN SECURITY ACT Yes No No No GTIN PRODUCT INFOR Level	(DSCSA) INFORMATIO GLN: GLN: If Yes, was o from mfr? If yes, attach RMATION Saleable Unit X 2	n riginal produc documentatio	fields an t purchased direct on from FDA. Quantity	<ul> <li>GTIN-14</li> <li>00331722583305</li> <li>10331722583302</li> </ul>	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case:	PHAF mer? TTEM A Weight Lbs. 0.1 1.05	ND PACKING Dime Depth 6.625	Rx billing u	T nit to pharm. Each Gram Milliliter ON Samts.) Width 1.375 4.875	Volume (Cube) 0.056	12 96
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufactt Has FDA granted waiver/exco	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI	LY CHAIN SECURITY ACT Yes No No No GTIN PRODUCT INFOR Level Item Box/Carton/Bundle/Inner Pack Case	(DSCSA) INFORMATIO GLN: If Yes, was o from mfr? If yes, attach Saleable Unit X X X X	n riginal produc documentatio	t purchased direct purchased direct on from FDA. Unear 1 Linear 12 Linear 96	re not applicable	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case: Pallet:	PHAF mer? TTEM A Weight Lbs. 0.1 1.05 10.45	ND PACKING Dime Depth 6.625	Rx billing u	T nit to pharm. Each Gram Milliliter ON Samts.) Width 1.375 4.875	Volume (Cube) 0.056	12 96
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact Has FDA granted waiver/exco Serialized? If not, when?	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI turer?	Ves No No No No GTIN PRODUCT INFOR Level Imm Box/Cartor/Bundle/Inner Pack	(DSCSA) INFORMATIO GLN: GLN: If Yes, was o from mfr? If yes, attach RMATION Saleable Unit X X X X Z X Z Z Z Z Z Z Z Z Z Z	N riginal produc documentatio	t purchased direct purchased direct on from FDA.	<ul> <li>GTIN-14</li> <li>00331722583305</li> <li>10331722583302</li> </ul>	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC: UPC:	PHAF mer? TTEM A Weight Lbs. 0.1 1.05 10.45 Case: Carton:	ND PACKING Dime Depth 6.625	Rx billing u	T Each Gram Milliter ON SISMES.) Width 1.375 4.875 10.625	Volume (Cube) 0.056 0.704	12 96 4224
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact Has FDA granted waiver/exco Serialized? If not, when?	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI turer?	LY CHAIN SECURITY ACT Yes No No No GTIN PRODUCT INFOR Level Item Box/Carton/Bundle/Inner Pack Case	(DSCSA) INFORMATIO GLN: GLN: from mfr? if yes, attach Xaleable Unit X X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X	n riginal produc documentatio	t purchased direct on from FDA. Quantity Linear 12 Linear 96 Linear 96 Linear	<ul> <li>GTIN-14</li> <li>00331722583305</li> <li>10331722583302</li> </ul>	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC: UPC:	PHAF mer? ITEM A Weight Lbs. 0.1 1.05 10.45 Case:	ND PACKING Dime Depth 6.625	Rx billing u	T Each Gram Milliter ON SISMES.) Width 1.375 4.875 10.625	Volume (Cube) 0.056	12 96 4224
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact Has FDA granted waiver/exco Serialized? If not, when?	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI turer?	LY CHAIN SECURITY ACT Yes No No No GTIN PRODUCT INFOR Level Item Box/Carton/Bundle/Inner Pack Case	(DSCSA) INFORMATIO GLN: If Yes, was o from mfr? If yes, attach Unit X X X Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	N  riginal produc  documentatic  D  D  D  D  D  D  D  D  D  D  D  D  D	t purchased direct on from FDA. Linear 1 Linear 12 Linear 96 Linear Linear	<ul> <li>GTIN-14</li> <li>00331722583305</li> <li>10331722583302</li> </ul>	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Rem: Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC: COST	PHAF mer? TTEM A Weight Lbs. 0.1 1.05 10.45 Case: Carton:	ND PACKING Dime Depth 6.625	Rx billing u INFORMATI nsions (US n Height 2.5 3 8.25	T Each Gram Milliter ON SISMES.) Width 1.375 4.875 10.625	Volume (Cube) 0.056 0.704	12 96 4224
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact Has FDA granted waiver/exco Serialized? If not, when?	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI turer?	LY CHAIN SECURITY ACT Yes No No No GTIN PRODUCT INFOR Level Item Box/Carton/Bundle/Inner Pack Case	(DSCSA) INFORMATIO GLN: GLN: If Yes, was o from mfr? If yes, attach RMATION Saleable Unit X X X X Z X Z X Z Z Z Z Z Z Z Z Z Z Z	n riginal produc documentatio	t purchased direct on from FDA. Quantity Linear 12 Linear 96 Linear 96 Linear	<ul> <li>GTIN-14</li> <li>00331722583305</li> <li>10331722583302</li> </ul>	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC: Cost Regular Cost	PHAF mer? ITEM A Weight Lbs. 0.1 1.05 10.45 Case: Carton: INFORMATION	ND PACKING Dime Depth 6.625 13.875	Rx billing u	T Each Gram Milliter ON Ismts.) Width 1.375 4.875 10.625	Volume (Cube) 0.056 0.704	12 96 4224
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact Has FDA granted waiver/exco Serialized? If not, when?	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI turer?	LY CHAIN SECURITY ACT Yes No No No GTIN PRODUCT INFOR Level Item Box/Carton/Bundle/Inner Pack Case	(DSCSA) INFORMATIO GLN: GLN: If Yes, was o from mfr? If yes, attach RMATION Saleable Unit X X X X Z X Z X Z Z Z Z Z Z Z Z Z Z Z	N riginal produc documentatio	t purchased direct purchased direct on from FDA.	<ul> <li>GTIN-14</li> <li>00331722583305</li> <li>10331722583302</li> </ul>	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Rem: Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC: COST	PHAF mer? ITEM A Weight Lbs. 0.1 1.05 10.45 Case: Case: Carton: INFORMATION	ND PACKING Dime Depth 6.625 13.875	Rx billing u INFORMATI nsions (US n Height 2.5 3 8.25	T Tit to pharm. Each Gram Milliliter ON Width 1.375 4.875 10.625 WHOLESAL #:	Volume (Cube) 0.056 0.704	12 96 4224
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact Has FDA granted waiver/exco Serialized? If not, when?	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI turer?	LY CHAIN SECURITY ACT Yes No No No GTIN PRODUCT INFOR Level Item Box/Carton/Bundle/Inner Pack Case	(DSCSA) INFORMATIO GLN: GLN: If Yes, was o from mfr? If yes, attach RMATION Saleable Unit X X X X Z X Z X Z Z Z Z Z Z Z Z Z Z Z	N riginal produc documentatio	t purchased direct purchased direct on from FDA.	<ul> <li>GTIN-14</li> <li>00331722583305</li> <li>10331722583302</li> </ul>	(Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC: COST Regular Cost Invoice Cost (WAC) (\$	PHAF mer? ITEM A Weight Lbs. 0.1 1.05 10.45 Case: Case: Carton: INFORMATION	ND PACKING Dime Depth 6.625 13.875	Rx billing u is INFORMATI Insions (US m Height 2.5 3 8.25 Vendor #: Whsl. Code	T Tit to pharm. Each Gram Milliliter ON Width 1.375 4.875 10.625 WHOLESAL #:	Volume (Cube) 0.056 0.704	12 96 4224
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact Has FDA granted waiver/exco Serialized? If not, when?	at Brand?: definition of manufac SSA? : turer's exclusive distr	DRUG SUPPI turer?	Ves No No No Certification Certification Certification No Certification	(DSCSA) INFORMATIO GLN: GLN: If Yes, was o from mfr? If yes, attach Contemportation C	N  iginal produc  documentatio  D  D  D  D  D  D  D  D  D  D  D  D  D	t purchased direct t purchased direct on from FDA.	re not applicable	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC: UPC: COST Regular Cost Invoice Cost (WAC) (\$ Federal Excise Tax Pe As of date:	PHAF mer? ITEM A Weight Lbs. 0.1 1.05 10.45 Case: Carton: TINFORMATION	ND PACKING Dime Depth 6.625 13.875	Rx billing u is INFORMATI Insions (US m Height 2.5 3 8.25 Vendor #: Whsl. Code	T Tit to pharm. Each Gram Milliliter ON Width 1.375 4.875 10.625 WHOLESAL #:	Volume (Cube) 0.056 0.704	12 96 4224
I. Generic Equivalent to What Does supplier meet DSCSA of Is product exempt from DSC If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufact Has FDA granted waiver/exco Serialized? If not, when?	at Brand?: definition of manufac SA? : turer's exclusive distr exption/exemption for Yes Yes	DRUG SUPPI turer?	Ves No No No Certification Certification Certification No Certification	(DSCSA) INFORMATIO GLN: GLN: If Yes, was o from mfr? If yes, attach Contemportation C	N riginal produc documentatio	t purchased direct t purchased direct on from FDA.	<ul> <li>ce not applicable</li> <li>GTIN-14</li> <li>D0331722583305</li> <li>10331722583302</li> <li>30331722583306</li> <li>30331722583306</li> <li>Substrate of the second seco</li></ul>	(Write-in, e.g. 1 Vial) (Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC: COST Regular Cost Invoice Cost (WAC) (§ Federal Excise Tax Pe	PHAF mer? ITEM A Weight Lbs. 0.1 1.05 10.45 Case: Case: Carton: INFORMATION	ND PACKING Dime Depth 6.625 13.875	Rx billing u is INFORMATI Insions (US m Height 2.5 3 8.25 Vendor #: Whsl. Code	T Tit to pharm. Each Gram Milliliter ON Width 1.375 4.875 10.625 WHOLESAL #:	Volume (Cube) 0.056 0.704	12 96 4224



## **Standard Pharmaceutical Product Information (Page 2)**

For Designated Drop Ship Only Products, Please Use Page 3 MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

le this preduct (sheal, all that apply).						
Is this product (check all that apply): a. Cytotoxic? No	SDS Hazard Classification					
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?						
Is the product a CA Prop 65 carcinogen? No	Organic Corrosive					
Is the product a CA Prop 65 reproductive toxicant?	Ovidizer					
Does the product label bear a CA Prop 65 warning?	Steroid/Androgen Contact Hazard					
c. Contact Hazard? No	Aerosol Class; Identify NFPA Storage Level:					
d. Does this product require special clean-up instructions? No						
(If yes, attach SDS with special instructions.)	Is the product a NIOSH hazardous drug?					
e. Does the product contain DEHP? No	If yes, indicate which:					
Is this product regulated for shipment by DOT or IATA? No						
(if yes, answer a-e below and provide SDS)						
a. UN/Identification Number						
b. Proper Shipping Name	Hazardous Waste Identification					
c. DOT Hazard Class	EPA Hazardous Waste Code: NA					
d. Packing Group						
e. Inhalation Hazard?						
Is the product restricted for air shipment? If so, indicate restriction:	REMS or REGISTRY RESTRICTIONS					
Passenger	Is there a REMS on this product? No					
Cargo	If Yes, is it managed with a pharmacy registry?					
Passenger & Cargo	Website URL:					
Is this a reportable quantity? No RQ Threshold:	Comments / Details: (For example, iPledge program?)					
Is this a marine pollutant? No	Comments / Details. (For example, inledge program?)					
Is this a manne political is a manne political is the pol						
No (if yes, identify method below)	REMS:					
Limited Quantity	REMS Program Manager Name: Phone:					
Consumer Commodity, ORM-D	Supplier Manages REMS registry exclusively: No					
Small Quantity (49 CFR 173.4)	Wholesale distributor support: No					
Special Permit; DOT-SP	Provider Name:					
Special Provision (listed in Column 7 of 49 CFR 172.101);	Site Enrollment Number assigned DEA #: No					
SP#	by Supplier: PCPDP #: No					
	NPI#: No					
ADD'L STORAGE INFORMATION	· · · · · · · · · · · · · · · · · · ·					
Is the Product	Comments					
Controlled Substance? No						
Controlled by State(s)? No	Registry: No					
ARCOS Reportable? No	Registry Program Contact Name: Phone:					
Schedule No. (inc. N for non-narcotic)	Comments					
Controlled Substance Code						
Listed Chemical (List I or II) No	RETURN INSTRUCTIONS					
If yes, indicate which:						
Is it a scheduled listed chemical product?: No	Contact tel. # if product received damaged: 732-529-0430					
CLASS OF TRADE RESTRICTION:	Is product returnable for credit: Yes					
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices No	URL/Link to returns policy: contact - customerservice@camberpharma.com					
Restricted to retail pharmacy only: Yes	Special regulations or returns requirements for this product in certain states? No					
Restricted to hospital, clinics, and physician offices only: No	If so, which states? Other requirements? Comments?					
Restricted from US territories? (explain in comments) No						
Comments:						
oommonia.						
MISCELLA	NEOUS NOTES and/or Image of Product Barcode:					



## **Standard Pharmaceutical Product Information (Page 3)**

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:       Autofax       Yes         b. Autofax       No       Fax Number:         c. Fax       Yes       Fax Number:         d. Phone only       No       Phone No.:         e. Supplier Web Site only       No       Site Address:         Minimum Order Quantity:       case pack       732-529-0430 x466 x465 x467 x470         Contracted 3PL company / contact #:       Name:       Phone:	Purchase order daily receipt cut off time by supplier         Cut off time:       2:30PM       Eastern         Shipping lead time of PO:       24/48       Hours       Days         Ships same day for next day receipt:       No       No         Ships for second day receipt:       No       No         Ships regular ground for 3-10 days receipt:       Yes
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:       No         Drop Ship service fee billed with each order:       No         Drop Ship miscellaneous fees billed:       No         Comments:       Image: No         Comments:       Image: No         Class of Trade Restriction:         No         Restricted to retail pharmacy, hospitals, clinics and physician offices         No       Yes         Restricted to nospital, clinics, and physician offices only:       No         Restricted from US territories? (explain in comments)       No	Overnight receipt available:       Yes         PO Receipt cut off time:       2:30PM       Eastern         Days of week overnight is available:       X       Monday         X       Tuesday       Wednesday         X       Thursday       Friday         Priority Overnight receipt available:       Yes         PO Receipt Cut off time:       2:30PM EST         Saturday Overnight receipt available:       No         PO Receipt Cut off time:       No         Order receipt method:       Phone:       No         Fax:       Yes       Fax #:
Comments:	rax.     res     rax #.     res       EDI:     Yes       Overnight Fees apply:     Yes       Other fees apply:     No
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date:	Contact # if product is received damaged:       732-529-0430         Is product returnable for credit:       Yes         URL/Link to returns policy:
	ADDITIONAL INFORMATION