

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

| Version 2024  |                    |                 |                                      |               |                 | Introduction Ty                      | pe: New Item   |   | x Final Version                      |                     |                           | Date:         | 12/31         | /2024            |
|---|--------------------|-----------------|--------------------------------------|---------------|-----------------|--------------------------------------|--|---|--------------------------------------|---------------------|---------------------------|---------------|---------------|------------------|
|   |                    |                 | PRODUCT INFORMA                      | TION          |                 |                                      |  |   | SPECIAL HAN                          | DLING AND STOR      | AGE REQUI                 | REMENTS*      |               |                  |
| Company Name:   | Camber Pharmac     | ceuticals, Inc. |                                      |               |                 | Application                          | on: ANDA   | a. Temperature – Indicate the USP temperature range for this product. |                                      |                     |                           |               |               |                  |
| Application Number for NDA/AN                           | IDA/BLA; PMA/510   | 0(k):           | 211228                               |               |                 | NDA 505(b) Type:                     | NOT APPLICABLE   |   | mperature Range                      | Controlled Room -   |                           | and 25 C (68  | s° – 77° F)   |                  |
| Medical Device Class, if applica                        | ble:               |                 |                                      |               |                 |                                      |  |   |                                      |                     |                           |               |               |                  |
| DUNS:   | 11-856-3719        |                 |                                      |               |                 |                                      |  | Ot  | her Temperature Range I              | Requirement         |                           |               |               |                  |
| Proprietary Name (If Applicable) a                      |                    | lame:           | Methadone Hydrochloride Tablets      |               |                 |                                      |  |   | (write in)                           |                     |                           |               |               |                  |
| Selling Unit NDC:                                       | 31722-947-01       |                 | Unit of Use NDC:                     |               |                 |                                      | 331722947015   | No  | ites                                 |                     |                           |               |               |                  |
| UDI   |                    |                 | CVX Code:                            |               |                 | MVX Code:                            |  |   |                                      |                     |                           |               |               |                  |
| Description:  | Methadone Hydro    | ochloride Table | ts, USP 10 mg                        |               |                 |                                      |  |   | this product to be shipped           |                     |                           |               | No            |                  |
| Active Ingredient(s):                                   |                    | Methodone h     | wdroebleride LICD                    |               |                 |                                      |  | ls  | this product to be shipped           | d to customers on d | ry ice?                   |               | No            |                  |
| Active Ingredient(s):  Methadone hydrochloride, USP  b. |                    |                 |                                      |               |                 |                                      | b. Contact for temperature excursion questions:                |   |                                      |                     |                           |               |               |                  |
| URL for Additional Product Inform                       |                    | www.camber      | pharma.com                           |               |                 |                                      |  | Na  | me:                                  |                     | Soma Raju                 |               |               |                  |
| Address:  | 800 Centennial A   | Ave, Suite 1    |                                      |               |                 | Address 2:                           |  |   | ımber:                               |                     | 732-529-042               |               |               |                  |
| City:   | Piscataway         |                 |                                      |               | State:          |                                      | <b>Zip</b> : 08854   | Group E-mail: somaraju@heterousa.com                                  |                                      |                     |                           |               |               |                  |
| Key Contact:  | Customer Service   | e               |                                      |               | Email:<br>Fax:  |                                      | camberpharma.com   | c. Special regulations for product in any states?                     |                                      |                     |                           |               | *\/           | ı                |
| Phone Number:   | 1-866-827-3647     | 0-1-141         | - 4                                  |               | гах:            | 732-562-8788                         |  |   |                                      |                     |                           |               | *Yes          |                  |
| Product Therapeutic Classificatio                       | n:                 | Opioid agoni    | st                                   |               |                 |                                      |  | Sp  | ecial returns requirement            | s for this product? |                           |               | *Yes          |                  |
|   | ADDIT              | IONAL PRODU     | JCT INFORMATION                      |               |                 | PRODUCT D                            | ESCRIPTION INFORMATION   | d Stana maadust   | (                                    |                     |                           |               | No            | ı                |
|   | ADDITI             | IONAL PRODU     |                                      | D: + 01: 4    |                 | PRODUCT DI                           | ESCRIPTION INFORMATION   | <b>1</b>  | (unit of sale) upright?              |                     |                           |               |               |                  |
| The product is?   |                    |                 | Is the Product                       | Direct-Ship ( | Only            |                                      | 100 1  |   | otect product (unit of sa            | ile) from light?    |                           |               | No            |                  |
| a legend device?<br>if yes, enter class #               |                    | No              | Is the Product<br>Orphan Drug Status | Neither       |                 | Size:                                | 100 ct   | e. Shelf life:  | tial shelf life at launch (          | if different):      |                           |               | 24            | Months<br>Months |
| a product kit?  |                    | No              | Orphan Drug Status                   |               |                 |                                      | 10 mg  | ""  | uai sheir ille at launch (           | ii dinerent):       |                           |               |               | Wonths           |
| if yes, list NDCs of                                    |                    | 140             | FDA Approval Status                  |               |                 | Strength:                            | To mg  |   |                                      | ORDER INFORM        | ATION                     |               |               |                  |
| component parts   |                    |                 | 27171pprovar otatao                  |               |                 |                                      | Tablet   |   |                                      |                     |                           |               |               |                  |
| reverse numbered?                                       |                    | No              |                                      |               |                 | Dosage Form:                         |  | Ur  | it of Sale                           |                     | What is the               | NDC selling   | unit?         |                  |
| co-licensed?  |                    | No              | Allergens Present                    |               |                 |                                      |  |   | x Bottle                             |                     | 1 Bottle of 1             |               |               |                  |
| latex-free?   |                    | Yes             | Corn                                 | Alcohol       |                 | Product Shape                        | Round, beveled edge  |   | Box/Carton                           |                     | (Write-in, e.             | g. 1 Box of 1 | 0 Vials)      |                  |
| preservative-free?                                      |                    | Yes             |                                      | 7.1.001101    |                 |                                      |  |   | Ampule                               |                     |                           |               |               |                  |
| correctional institution block?                         |                    | No              |                                      |               |                 | Product Color                        | White to off-white   |   | Glass                                |                     | Minimum o                 | rder quantity | ?             | Yes              |
| opioid?   |                    | Yes             | Occupation of October                | LICA          |                 |                                      | Scored on one side and debossed                                | II –  | Tube                                 |                     |                           |               |               |                  |
| Cannabinoid?  If Unit Dose, is item bar coded to u      | unit doco for      | No              | Country of Origin                    | USA           |                 | Product Impri                        | 1t: 'T293' on the other side                                   |   | Vial Liquid Sgl<br>Vial Liquid Multi |                     | If Voc. how               | many of whi   | ch package t  | huno?            |
| hospital scanning?                                      | unit dose for      |                 | Is this product covered to           | inder the     |                 |                                      |  |   | Vial Powder Sal                      |                     |                           | Each          | cii package i | type r           |
| If Unit Dose, indicate NDC here:                        |                    |                 | Trade Agreements Act (               |               | Yes             |                                      |  |   | Vial Powder Multi                    |                     | 24                        | Inner/Carton  | /Pack         |                  |
|   |                    |                 |                                      | ,             |                 |                                      |  |   | Other: Write In                      |                     |                           | Case          |               |                  |
|   |                    |                 | FOR GENERIC DRUG PR                  | ODUCTS        |                 |                                      |  |   |                                      |                     |                           |               |               |                  |
|   |                    |                 |                                      |               |                 |                                      |  |   |                                      |                     |                           |               |               |                  |
|   |                    |                 |                                      | _             | Au              |                                      | If Authorized Generic, other section fields are not applicable |   |                                      | ARMACY ORDER        |                           |               |               |                  |
| I. Orange Book Rating:                                  | AA                 |                 |                                      |               |                 | •                                    | section fields are not applicable                              | Rec. sell unit to customer? Rx billing unit to pharmacy:              |                                      |                     | асу:                      |               |               |                  |
| II. Generic Equivalent to What Brand?: Dolophine        |                    |                 |                                      |               |                 |                                      | Each   |   |                                      |                     |                           |               |               |                  |
| DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION      |                    |                 |                                      |               |                 | (Write-in, e.g. 1 V<br>HCPCS J-Code: | iai)   |   |                                      | Gram<br>Milliliter  |                           |               |               |                  |
|   |                    | DRUG.           | SOFFEI CHAIN SECONTT ACT             | DSCSA) INI CI | MATION          |                                      |  | norcs J-code.   |                                      | 1                   |                           | williller     |               |                  |
| Does supplier meet DSCSA defini                         | ition of manufactu | irer?           | Yes                                  |               | GLN:            | 0843368117603                        |  |   | ITEN                                 | AND PACKING I       | IFORMATIO                 | N             |               |                  |
| Is product exempt from DSCSA?                           |                    |                 | No                                   |               |                 |                                      |  |   |                                      |                     |                           |               |               |                  |
| If yes, select exemption:                               |                    |                 |                                      |               | GCP:            |                                      |  |   |                                      | Dimensi             | ons (US msn               | nts.)         | Volume        | Saleable #       |
| Other exemption - Write in:                             |                    |                 |                                      |               |                 |                                      |  | _   | Weight Lbs.                          | Depth               | Width                     | Height        | (Cube)        | Pieces           |
| Is product repackaged?                                  |                    |                 | No                                   |               | If yes, was or  | riginal product purch                | ased   | Item/Each:  | 0.07                                 | 1.52                | 1.52                      | 2.69          | 6.22          | 1                |
| Is product sold by manufacturer's                       |                    |                 | Yes                                  |               | direct from m   |                                      |  |   |                                      | 1.02                | 1.02                      | 2.03          | 0.22          | ,                |
| Has FDA granted waiver/exception                        |                    | roduct?         | No                                   |               | Provide sour    | ce manufacturer for                  | repackaged product   | Box/Carton/Bund   | lle/                                 |                     |                           |               |               |                  |
| If yes, attach documentation fro                        | m FDA.             |                 |                                      |               |                 |                                      |  | Inner Pack:   |                                      |                     |                           |               |               |                  |
|   |                    |                 | GTIN AND HIBCC PRODUCT I             | NEOPMATION    |                 |                                      |  | Case:   | 2.1                                  | 10.8                | 7                         | 3.2           | 241.92        | 24               |
|   |                    |                 | GTIN AND TILBEE FRODUCT I            | NI ORMATION   |                 |                                      |  | Pallet:   |                                      |                     |                           |               |               |                  |
| Saleable Unit of Measure                                | RFID tag(Y/N)      | Saleable        | HIBCC                                |               | GTI             | N-14                                 | Unit of Use GTIN-14  |   |                                      |                     |                           |               |               |                  |
|   | 11.12 tag(1/11)    | Quantity        | 200                                  |               | 0               |                                      | C C. C.C. C.I  |   |                                      |                     |                           |               |               |                  |
| x Item/Each   | N                  | 1               |                                      |               | 003             | 31722947015                          |  | 11  |                                      |                     |                           |               |               |                  |
| Box/Carton/Bundle/Inner Pack                            |                    |                 |                                      |               |                 |                                      |  |   | COST INFORMATION                     |                     |                           | WHOLESALI     | ER USE ONL    | Y:               |
| X Case  | N                  | 24              |                                      |               | 103             | 31722947012                          |  |   |                                      |                     |                           |               |               |                  |
| Pallet  |                    |                 |                                      |               |                 |                                      |  | Regular Cost  | a                                    |                     | Vendor #:                 |               |               |                  |
|   |                    |                 |                                      |               |                 |                                      |  | Invoice Cost (WA  | .C) (\$)                             | \$16.00             | Whsl. Code<br>Fineline Co |               |               |                  |
|   |                    |                 |                                      |               |                 |                                      |  | As of date:   | 4/29/2019                            |                     | rineline Co               | ue:           |               |                  |
|   |                    |                 |                                      |               |                 |                                      |  | As of date.   | 412312013                            |                     | 1                         |               |               |                  |
|   |                    |                 |                                      |               |                 |                                      |  | 11  |                                      |                     |                           |               |               |                  |
|   |                    |                 |                                      |               |                 |                                      |  |   |                                      |                     |                           |               |               |                  |
|   |                    |                 | Attach copy of SAFETY D.             | ATA SHEET (SI | OS) or non haza | ard letter, PACKAGE II               | NSERT, LABEL AND PHOTO OF                                      | PRODUCT PACKAGIN  | NG and BARCODE.                      |                     |                           |               |               |                  |



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

#### Version 2024

For Designated Drop Ship Only Products, Please Use Page 3

| MA  | TERIAL HAZ   | ARD CLASSIFICATION and TRANSPORTATION  |  |  |  |  |
|---|--------------|--|--|--|--|--|
| 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           | x Organic  | Corrosive  |  |  |  |
| Is the product a CA Prop 65 reproductive toxicant?  | No           | Inorganic  | Oxidizer   |  |  |  |
| Does the product label bear a CA Prop 65 warning?   | No           | Steroid/Androgen   | Contact Hazard                                     |  |  |  |
|   |              |  |  |  |  |  |
| c. Contact Hazard?  | No           | Does the product have an Aerosol class? If yes,                                      | No   |  |  |  |
| d. Does this product require special clean-up instructions?                                     | No           | identify NFPA Storage Level:   |  |  |  |  |
| (If yes, attach SDS with special instructions.)   |              | NFPA Storage Level:  |  |  |  |  |
| e. Does the product contain DEHP?   | No           |  |  |  |  |  |
| Is this product regulated for shipment by DOT?  | No           | Is the product a NIOSH hazardous drug?   | No   |  |  |  |
| (if yes, answer a-e below and provide SDS)  |              | If yes, indicate which:  |  |  |  |  |
| a. UN/Identification Number   |              |  |  |  |  |  |
| b. Proper Shipping Name   |              | Hazardous Waste Identification   |  |  |  |  |
| c. DOT Hazard Class   |              | паzа   | irdous waste identification                        |  |  |  |
| d. Packing Group e. Inhalation Hazard?  |              | EPA Hazardous Waste Code: Waste Characteristics                                      |  |  |  |  |
|   |              | Li A Hazardous Wasic Gode.   | Waste Gharacteristics                              |  |  |  |
| Is this product regulated for shipment by IATA?   | No           | DEMC -   | r REGISTRY RESTRICTIONS                            |  |  |  |
| (if yes, answer a-e below and provide SDS) a. UN/Identification Number                          |              | REIVIS 0   | TREGISTRY RESTRICTIONS                             |  |  |  |
| b. Proper Shipping Name   |              | Is there a REMS on this product?   | Yes  |  |  |  |
| c. DOT Hazard Class   |              | If Yes, is it managed with a pharmacy registry?                                      | No   |  |  |  |
| d. Packing Group  |              | Website URL:   | https://opioidanalgesicrems.com/home.html          |  |  |  |
| e. Inhalation Hazard?   |              |  |  |  |  |  |
| Is the product restricted for air shipment? If so, indicate restriction:                        | No           | Med Guide Required   | Yes  |  |  |  |
| Passenger   | INO          | Limited Distribution Requirement   | No   |  |  |  |
| Cargo   |              | Comments / Details: (For example, iPledge program?)                                  |  |  |  |  |
| Passenger & Cargo   |              | Commonte / Botano: (i or oxampio, ii lougo programi)                                 |  |  |  |  |
| Is this a reportable quantity? No   |              | REMS:  | Yes  |  |  |  |
| RQ Threshold:   |              | REMS Program Manager Name:   | Prathima Arrabelly Phone: (631) 881-4614 Ext. 1412 |  |  |  |
| Is this a marine pollutant? No  |              | Supplier Manages REMS registry exclusively:  | (00,700,000,000,000,000,000,000,000,000,           |  |  |  |
| Is this product shipped utilizing an authorized DOT exception or Special Permit?                |              | Wholesale distributor support:   |  |  |  |  |
| No (if yes, identify method below)  |              | Provider Name:   | DEA #:   |  |  |  |
| Limited Quantity  |              | Site Enrollment Number assigned  | NCPDP#:  |  |  |  |
| Consumer Commodity, ORM-D   |              | by Supplier:   | NPI #:   |  |  |  |
| Small Quantity (49 CFR 173.4)   |              |  |  |  |  |  |
| Special Permit; DOT-SP  |              | Comments   |  |  |  |  |
| Special Provision (listed in Column 7 of 49 CFR 172.101);                                       |              |  |  |  |  |  |
| SP#   |              | Registry:  | No   |  |  |  |
| ARRIV OTORAGE INFORMATION   |              | Registry Program Contact Name:   | Phone:   |  |  |  |
| ADD'L STORAGE INFORMATION   |              | Comments   |  |  |  |  |
| Is the Product  |              |  |  |  |  |  |
| Controlled Substance Code Yes Controlled Substance Code 9250                                    |              | Ri   | ETURN INSTRUCTIONS                                 |  |  |  |
| Controlled by State(s)?  Yes  Listed Chemical (List I or II)                                    | No           |  | 4 000 007 0047                                     |  |  |  |
| ARCOS Reportable? Yes If yes, indicate which:   |              | Contact tel. # if product received damaged:  | 1-866-827-3647                                     |  |  |  |
| Schedule No. 2 Is it a scheduled listed chemical product?:                                      | No           | Is product returnable for credit:  | Yes  |  |  |  |
| CLASS OF TRADE RESTRICTION:   |              | URL/Link to returns policy:  |  |  |  |  |
| No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices | Yes          | contact - customerse   | ervice@camberpharma.com                            |  |  |  |
| Restricted to retail pharmacy only:   | No           |  |  |  |  |  |
|   |              | Special regulations or returns requirements for this product in certain states?      |  |  |  |  |
| Restricted to hospital, clinics, and physician offices only:                                    | No           | res  |  |  |  |  |
| Restricted from US territories? (explain in comments)   | No           | If so, which states? Other requirements? Comments?                                   |  |  |  |  |
| Comments:   |              | DEA Form 222 or its electronic equivalent is required for all returns in all states. |  |  |  |  |
|   |              |  |  |  |  |  |
| MIS   | SCELLANEO    | OUS NOTES and/or Image of Product Barcode:   |  |  |  |  |
| *Storage of this product must abide by the federally mandated DEA requirements outlined in 2    | 1 CFR Part 1 | 301.72.  |  |  |  |  |
| g product muct asias s <sub>j</sub> are reading manaded between minimum and                     |              |  |  |  |  |  |



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

#### Version 2024

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

| Purchase order ally receipt cut off time by supplier  a. EDI b. Autofax C. Fax Fax Number: C. Fax d. Phone only Phone only Supplier Veb Sile only Supplier Veb S | Order Method   | for Designated Drop Ship Product                  | Standard Order Receipt and Processing                 |  |  |  |  |
|--|--|---|---|--|--|--|--|
| b. Autofax c. Fax d. Phone only e. Supplier Web Site only e. Supplier Web Site only supplier Subserver Service Number: Contracted 3PL company / contact #: Name: Phone Phone Phone Phone Phone Site Address Ships aame day for next day receipt: Ships regular ground for 3-10 days receipt: S | Purchase orders may be accepted by:  |   | Purchase order daily receipt cut off time by supplier |  |  |  |  |
| d. Phone only e. Supplier Web Site only Site Address: Supplier Soustomer Service Number: Contracted 3PL company / contact # Name: Phone No.  Expedited freight Charges or Other Designated Drop Ship Fees:  Expedited freight fees billed with each order: Drop Ship service fee billed: Drop Ship service fee billed with each order: Drop Ship service fee billed: Drop Ship service fee billed: Drop Ship service fee billed: Drop Ship service fee billed with each order: Drop Ship service fee billed: Drop Ship ser | a. EDI   |   | Cut off time:   |  |  |  |  |
| d. Phone only e. Suppler Web Site only Site Address:  Ships same day for next day receipt: Ships for second day receipt wallabe: Drownight for ships for ceipt: Ships for second day receipt wallabe: Drownight for ceipt valiable: Days of week overnight for ceipt: Days of week overnight for ships for ceipt files: Days of week overnight for ships for ceipt files: Days of week overnight for ceipt files: Days of week overnight for ceipt files: Days of week overnight for ceipt files: Days |  |   |   |  |  |  |  |
| e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL. company / contact #: Name: Phone:  Expedited Freight Carlanges or Other Designated Drop Ship Fees:  Expedited Freight Carlanges or Other Designated Drop Ship Fees:  Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Drop Ship miscellaneous fees bi |  |   | Shipping lead time of PO: Hours Days                  |  |  |  |  |
| Minimum Order Quantity: Supplier's Coutement Service Number: Contracted 3PL company / contact #: Name: Phone:  Expedited Freight Charges or Other Designated Drop Ship Fees:  Expedited freight (Fees pilled) with each order: Drop Ship service fee billed with each order: Drop Ship service fee billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:  No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to robigal, clinics, and physician offices only: Restricted from US territories? (explain in comments)  Other Data Information Required to Process PO:  Patient Procedure Data: Physician Clinic Specially:  Mitcellaneous Notes:  Mitcellaneous Notes:  Stips for second day receipt: Ships regular ground for 3-10 days receipt available: Ships regular ground for 3-10 days receipt available: Ships regular ground for ships receipt available: Ships regular ground for ships receipt available: Ships regular ground for ships receipt  | ,  |   | China annua dan faranat dan mariat                    |  |  |  |  |
| Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone:  Expedited Freight Charges or Other Designated Drop Ship Fees:  Expedited Freight Head with each order: Drop Ship service fee billed with each order: Drop Ship inscellaneous fees billed: Drop Ship miscellaneous fees billed |  | Site Address:                                     |   |  |  |  |  |
| Contracted 3PL company / contact #: Phone:  Expedited Freight Charges or Other Designated Drop Ship Fees:  Expedited freight Charges or Other Designated Drop Ship Fees:  Drop Ship service fee billed with each order:  Drop Ship miscellaneous fees billed:  Comments:  Class of Trade Restriction:  No restriction: Select YES if soid to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only:  Restricted to hospital, clinics, and physician offices only:  Comments:  Other Data Information Required to Process PO:  Patient Procedure Date:  Physician/Clinic Phone # Physician/Clinic Phone # Physician/Clinic Specialty:  Miscellaneous Notes:  Miscellaneous Notes:  ADDITIONAL INFORMATION  Is product order for scheduled patient procedure?  ADDITIONAL INFORMATION  Is product order for scheduled patient procedure?  | •  |   |   |  |  |  |  |
| Phone:  Expedited Freight Charges or Other Designated Drop Ship Fees:  Overnight and Priority Overnight PO Processing  Expedited freight (here billed with each order:  Drop Ship service fee billed with each order:  Drop Ship miscellaneous fees billed:  Comments:  Class of Trade Restriction:  No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to robsplat, clinics, and physician offices only: Restricted from US territories? (explain in comments)  Other Data Information Required to Process PO:  Patient Procedure Date: Physician Name: Physician State License # Physician Clinic Phone # Physician Clinic Phone # Physician Clinic Specialty:  Miscellaneous Notes:  Miscellaneous Notes:  ADDITIONAL INFORMATION  Is product order for scheduled patient procedure?  | • •  | Name:   | Shipo regular ground for a ready recorpt.             |  |  |  |  |
| Expedited freight fees billed with each order:  Drop Ship service fee billed with each order:  Drop Ship miscellaneous fees billed:  Comments:  Drop Ship miscellaneous fees billed:  Drop Ship miscellaneous fees billed with each order:  Drop Ship service fee billed with each order:  Drop Ship service fee billed with each order:  Drop Ship service fees billed with each order.  Drop Ship service fees billed with each order.  Drop Ship service fees billed with each order.  Drop Ship service fees belief with each order in the control of time:  Drop Receipt out off time:  Po Receipt ou | 00acioa 6. 2 copay , coacc //.   |   |   |  |  |  |  |
| Drop Ship service fee billed with each order:  Drop Ship miscellaneous fees billed:  Comments:  Class of Trade Restriction:  No restriction: Select YES if sold to retail pharmacy only: Restricted to retail pharmacy only: Restricted to nospital, clinics, and physician offices only: Restricted to hospital, clinics, and physician offices only: Restricted to hospital pharmacy only: Restricted t | Expedited Freight Cha  | rges or Other Designated Drop Ship Fees:          | Overnight and Priority Overnight PO Processing        |  |  |  |  |
| Drop Ship miscellaneous fees billed:  Comments:    Days of week overnight is available:  | Expedited freight fees billed with each orde   | er:   | Overnight receipt available:                          |  |  |  |  |
| Comments:  Class of Trade Restriction:  No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to notapital, clinics, and physician offices only: Restricted from US territories? (explain in comments)  Comments:  Other Data Information Required to Process PO:  Patient Procedure Date: Physician Name: Physician Name: Physician Name: Physician State License # Physician State License # Physician State License # Physician Clinic Specialty:  Miscellaneous Notes:  Miscellaneous Notes:    Tuesday Wednesday   Thursday   Thursday   Priority Overnight receipt available:   PO Receipt Cut off time:   Saturday Overnight receipt available:   PO Receipt Cut off time:   Saturday Overnight receipt available:   PO Receipt Cut off time:   Saturday Overnight receipt available:   Po Receipt Cut off time:   Po Receipt Cut off time:   Po Receipt Cut off time:   Saturday Overnight receipt available:   Po Receipt Cut off time:   Po Receipt Cut off time:  | Drop Ship service fee billed with each orde  | r:  | PO Receipt cut off time:                              |  |  |  |  |
| Comments:  Class of Trade Restriction:  No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to notapital, clinics, and physician offices only: Restricted from US territories? (explain in comments)  Comments:  Other Data Information Required to Process PO:  Patient Procedure Date: Physician Name: Physician Name: Physician Name: Physician State License # Physician State License # Physician State License # Physician Clinic Specialty:  Miscellaneous Notes:  Miscellaneous Notes:    Tuesday Wednesday   Thursday   Thursday   Priority Overnight receipt available:   PO Receipt Cut off time:   Saturday Overnight receipt available:   PO Receipt Cut off time:   Saturday Overnight receipt available:   PO Receipt Cut off time:   Saturday Overnight receipt available:   Po Receipt Cut off time:   Po Receipt Cut off time:   Po Receipt Cut off time:   Saturday Overnight receipt available:   Po Receipt Cut off time:   Po Receipt Cut off time:  | Drop Ship miscellaneous fees hilled:   |   |   |  |  |  |  |
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| Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:  Miscellaneous Notes:  Miscellaneous Notes:  ADDITIONAL INFORMATION  Is product order for scheduled patient procedure?  |  |   |   |  |  |  |  |
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|  |  |   | ADDITIONAL INFORMATION                                |  |  |  |  |
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