



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

Version 2021 Introduction Type:   Final Version Date:

**PRODUCT INFORMATION** **SPECIAL HANDLING AND STORAGE REQUIREMENTS\***

Company Name:  Application:   
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):   
 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:

**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 # a product kit?	<input type="text" value="No"/>	Is the Product... Direct-Ship Only	<input type="text" value="Neither"/>
if yes, list NDCs of component parts reverse numbered?	<input type="text" value="No"/>	Is the Product... Orphan Drug Status	<input type="text"/>
co-licensed?	<input type="text" value="No"/>	FDA Approval Status	<input type="text"/>
latex-free?	<input type="text" value="Yes"/>	Allergens Present	<input type="text"/>
preservative-free?	<input type="text" value="Yes"/>	Country of Origin	<input type="text" value="India"/>
correctional institution block? opioid?	<input type="text" value="No"/>	Product Shape:	<input type="text" value="Oval"/>
Cannabinoid?	<input type="text" value="No"/>	Product Color:	<input type="text" value="Yellow"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text"/>	Product Imprint:	<input type="text" value="Upper: '13' Lower: 'J'"/>
If Unit Dose, indicate NDC here:	<input type="text"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="No"/>
Size:	<input type="text" value="60ct"/>	Strength:	<input type="text" value="100mg"/>
Dosage Form:	<input type="text" value="Oral Solid - Tablet"/>	Product Shape:	<input type="text" value="Oval"/>
Product Color:	<input type="text" value="Yellow"/>	Product Imprint:	<input type="text" value="Upper: '13' Lower: 'J'"/>

**ORDER INFORMATION**

Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 bottle of 60 tablets"/>
<input type="checkbox"/> Box/Carton	<input type="text" value="(Write-in, e.g. 1 Box of 10 Vials)"/>
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Power Multi	
<input type="checkbox"/> Other: Write In	

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)  
 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		
Item/Each:	0.1		1.6	2.98	0	1
Box/ Carton/ Bundle/ Inner Pack:					0	
Case:	2.4	10	6.75	4.25	0	24
Pallet:					0	

**GTIN AND HIBCC PRODUCT INFORMATION**

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="00331722813600"/>	<input type="text"/>
<input type="checkbox"/> Box/ Carton/ 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="20331722813604"/>	<input type="text"/>
<input type="checkbox"/> Pallet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**COST INFORMATION** **WHOLESALE USE ONLY:**

Regular Invoice Cost (WAC) (\$)   
 As of date:   
 Vendor #:   
 Whsl. Code #:   
 Finline 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  No
- Passenger & Cargo  No

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? (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?  Yes  No  No  No  No
- Controlled Substance Code  2746
- Controlled by State(s)?  Yes  No  No  No
- ARCOS Reportable?  Yes  No  No  No
- Schedule No.  5  No  No
- If yes, indicate which:
- Is it a scheduled listed chemical product?:  No

### 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  No
- Restricted to hospital, clinics, and physician offices only:  No  No
- Restricted from US territories? (explain in comments)  No  No

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:   
NFPA Storage Level:

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

### Hazardous Waste Identification

EPA Hazardous Waste Code:  Waste Characteristics

### REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?  No   
If Yes, is it managed with a pharmacy registry?  No   
Website URL:

Med Guide Required  No   
Limited Distribution Requirement  No   
Comments / Details: (For example, iPledge program?)

**REMS:**  No   
REMS Program Manager Name:  Phone:   
Supplier Manages REMS registry exclusively:  No   
Wholesale distributor support:  No   
Provider Name:  DEA #:   
Site Enrollment Number assigned by Supplier:  NCPDP#:   
NPI #:

Comments

**Registry:**  No   
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

If so, which states? Other requirements? Comments?

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

