



# 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="90ct"/>
if yes, list NDCs of component parts reverse numbered?	<input type="text" value="No"/>	Is the Product... Unit of Use	<input type="text" value="150mcg"/>
co-licensed?	<input type="text" value="No"/>	Orphan Drug Status	<input type="text"/>
latex-free?	<input type="text" value="No"/>	FDA Approval Status	<input type="text"/>
preservative-free?	<input type="text" value="No"/>	Allergens Present	<input type="text"/>
correctional institution block?	<input type="text" value="No"/>	Country of Origin	<input type="text" value="USA"/>
opioid?	<input type="text" value="No"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="Yes"/>
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"/>		
		Product Shape:	<input type="text" value="capsule shaped, biconvex tablets"/>
		Product Color:	<input type="text" value="Blue"/>
		Product Imprint:	<input 9"="" line="" on="" other="" score="" side"="" the="" type="text" value="plain on one side and debossed "/>

**ORDER INFORMATION**

Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 bottle of 90 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	Minimum order quantity? <input type="text" value="Yes"/>
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	If Yes, how many of which package type?
<input type="checkbox"/> Vial Power Multi	<input type="text" value="24"/> 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)  
 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:	0.083	2.5	2.5	3	18.75	1
Box/Carton/Bundle/Inner Pack:					0	
Case:	2.35	10	7	4.25	297.5	24
Pallet:						

**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="00331722292900"/>	<input type="text" value="00331722292900"/>
<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="10331722292907"/>	<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 Cost:   
 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
- 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 by State(s)?  No  Yes
- ARCOS Reportable?  No  Yes
- Schedule No.
- Controlled Substance Code
- Listed Chemical (List I or II)  No  Yes
- If yes, indicate which:
- 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
- Inorganic
- Steroid/Androgen
- Corrosive
- Oxidizer
- 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   
Comments / Details: (For example, iPledge program?)

REMS:  
REMS Program Manager Name:  Phone:   
Supplier Manages REMS registry exclusively:   
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:	
<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>