





Version 2021

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?  Yes
- d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.)  Yes
- 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?  Yes

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
- Controlled by State(s)?  No
- ARCOS Reportable?  No
- Schedule No.
- Controlled Substance Code
- Listed Chemical (List I or II)  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
- Restricted to retail pharmacy only:  No
- Restricted to hospital, clinics, and physician offices only:  No
- Restricted from US territories? (explain in comments)  No

Comments:

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

| SDS Hazard Classification  |   |
|--|---|
| <input checked="" type="checkbox"/> Organic                                  | <input type="checkbox"/> Corrosive                  |
| <input type="checkbox"/> Inorganic   | <input type="checkbox"/> Oxidizer                   |
| <input type="checkbox"/> Steroid/Androgen                                    | <input type="checkbox"/> Contact Hazard             |
| Does the product have an Aerosol class? If yes, identify NFPA Storage Level: | <input type="checkbox"/> No                         |
| NFPA Storage Level:  | <input type="text"/>                                |
| Is the product a NIOSH hazardous drug? If yes, indicate which:               | <input type="checkbox"/> Yes                        |
|  | Group 1 items (antineoplastic) <input type="text"/> |

| Hazardous Waste Identification |                  |
|--------------------------------|------------------|
| EPA Hazardous Waste Code:      | WT02, MN01, R006 |
| Waste Characteristics          | D004             |

| REMS or REGISTRY RESTRICTIONS                       |  |
|---|--|
| Is there a REMS on this product?                    | <input type="checkbox"/> Yes   |
| If Yes, is it managed with a pharmacy registry?     | <input type="checkbox"/> Yes   |
| Website URL:  | <a href="http://www.lenalidomiderems.com">www.lenalidomiderems.com</a> |
| Med Guide Required                                  | <input type="checkbox"/> Yes   |
| Limited Distribution Requirement                    | <input type="checkbox"/> Yes   |
| Comments / Details: (For example, iPledge program?) | Must be a certified Lenalidomide REMS Program Location                 |
| <b>REMS:</b>  | <input type="checkbox"/> Yes   |
| REMS Program Manager Name:                          | Bristol Myers Squibb   |
| Supplier Manages REMS registry exclusively:         | <input type="checkbox"/> No  |
| Wholesale distributor support:                      | <input type="checkbox"/> No  |
| Provider Name:                                      | <input type="text"/>   |
| Site Enrollment Number assigned by Supplier:        | <input type="text"/>   |
| DEA #:  | <input type="text"/>   |
| NCPDP#:   | <input type="text"/>   |
| NPI #:  | <input type="text"/>   |
| Comments  | <input type="text"/>   |
| <b>Registry:</b>                                    | <input type="checkbox"/> Yes   |
| Registry Program Contact Name:                      | REMS Call Center   |
| Phone:  | 1-888-423-5436   |
| Comments  | Lenalidomide REMS is a shared REMS program                             |

| RETURN INSTRUCTIONS   |  |
|---|--|
| Contact tel. # if product received damaged:                                     | 1-888-423-5436   |
| Is product returnable for credit:   | <input type="checkbox"/> No  |
| URL/Link to returns policy:   | contact - <a href="http://www.lenalidomiderems.com">www.lenalidomiderems.com</a> |
| Special regulations or returns requirements for this product in certain states? | <input type="checkbox"/> Yes   |
| If so, which states? Other requirements? Comments?                              | <input type="text"/>   |

**Dispensed Product Returns:** Return to prescriber, pharmacy or call 1-888-423-5436 to return directly to Lenalidomide REMS program. (All States)

**Non-Dispensed Product Returns:** Return directly to Camber's third party return goods processor. (All States)

**Damaged in Transit Returns (bv carrier):** Return to Camber Distribution Center. (All States)



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

Version 2021

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:<br>a. EDI <input type="checkbox"/> Yes<br>b. Autofax <input type="checkbox"/> Yes Fax Number: 732-562-8788<br>c. Fax <input type="checkbox"/> Yes Fax Number: 732-562-8788<br>d. Phone only <input type="checkbox"/> No Phone No.: None<br>e. Supplier Web Site only <input type="checkbox"/> No Site Address: None<br>Minimum Order Quantity: 1 Bottle Units<br>Supplier's Customer Service Number: 732-529-0430 x466 or x467<br>Contracted 3PL company / contact #: Name: None Phone: None | <b>Purchase order daily receipt cut off time by supplier</b><br>Cut off time: 11:00 AM Monday - Thursday Eastern<br>Shipping lead time of PO: Hours 1 Days<br>Ships same day for next day receipt: <input type="checkbox"/> Yes<br>Ships for second day receipt: <input type="checkbox"/> No<br>Ships regular ground for 3-10 days receipt: <input type="checkbox"/> No  |
| Expedited Freight Charges or Other Designated Drop Ship Fees:  | Overnight and Priority Overnight PO Processing   |
| Expedited freight fees billed with each order: <input type="checkbox"/> Yes<br>Drop Ship service fee billed with each order: <input type="checkbox"/> No<br>Drop Ship miscellaneous fees billed: <input type="checkbox"/> No<br>Comments:  | <b>Overnight receipt available:</b> <input type="checkbox"/> No<br>PO Receipt cut off time:<br>Days of week overnight is available:<br><input type="checkbox"/> Monday<br><input type="checkbox"/> Tuesday<br><input type="checkbox"/> Wednesday<br><input type="checkbox"/> Thursday<br><input type="checkbox"/> Friday<br><b>Priority Overnight receipt available:</b><br>PO Receipt Cut off time:<br><b>Saturday Overnight receipt available:</b><br>PO Receipt Cut off time:<br>Order receipt method: Phone: Phone #: Fax: Fax #: EDI:<br>Overnight Fees apply:<br>Other fees apply:   |
| Class of Trade Restriction:  |  |
| No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes<br>Restricted to retail pharmacy only: <input type="checkbox"/> No<br>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No<br>Restricted from US territories? (explain in comments) <input type="checkbox"/> No<br>Comments: Distribution drop-ship to validated Lenalidomide REMS Certified Dispensing Locations only.   |  |
| Other Data Information Required to Process PO:   | Return Instructions  |
| Patient Procedure Date: None<br>Physician Name: None<br>Physician/Clinic Phone #: None<br>Physician State License #: None<br>Physician/Clinic DEA #: None<br>Physician/Clinic Specialty: None  | Contact # if product is received damaged: 732-529-0430 x466 or x467<br>Is product returnable for credit: No<br>URL/Link to returns policy: <a href="https://www.camberpharma.com/partner-resources/#returned-goods-policy">https://www.camberpharma.com/partner-resources/#returned-goods-policy</a><br>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> Yes<br>If so, which states? Other requirements? Comments?<br>Dispensed Product Returns: Return to prescriber, pharmacy or call 1-888-423-5436 to return directly to Lenalidomide REMS program. (All States)<br>Non-Dispensed Product Returns: Return directly to Camber's third party return goods processor. (All States)<br>Damaged in Transit Returns (by carrier): Return to Camber Distribution Center. (All States) |
| Miscellaneous Notes:   | ADDITIONAL INFORMATION   |
|  | Is product order for scheduled patient procedure? <input type="checkbox"/> Yes<br>Is product order for restocking purposes? <input type="checkbox"/> Yes   |