



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

Version 2024

Introduction Type: Final Version

Date: 1/15/2026

PRODUCT INFORMATION						SPECIAL HANDLING AND STORAGE REQUIREMENTS*					
Company Name: Camber Pharmaceuticals, Inc.			Application: ANDA								
Application Number for NDA/ANDA/BLA; PMA/510(k): 217557			NDA 505(b) Type: NOT APPLICABLE								
Medical Device Class, if applicable:											
DUNS: 11-856-3719											
Proprietary Name (If Applicable) and Established Name: Furosemide Injection, USP 100 mg/10 mL (10 mg/mL) Single-Dose Vials											
Selling Unit NDC: 31722-311-31			Unit of Use NDC:	UPC: 331722311311	CVX Code:	MVX Code:					
UDI											
Description: Furosemide Injection, USP 100 mg/10 mL (10 mg/mL) Single-Dose Vials											
Active Ingredient(s): Furosemide, USP											
URL for Additional Product Information: www.camberpharma.com											
Address: 800 Centennial Ave, Suite 1			Address 2: NJ Zip: 08854								
City: Piscataway			Email: customerservice@camberpharma.com								
Key Contact: Customer Service			Fax: 732-562-8788								
Phone Number: 1-866-827-3647											
Product Therapeutic Classification: Anthranilic acid derivative loop diuretic											
ADDITIONAL PRODUCT INFORMATION						PRODUCT DESCRIPTION INFORMATION					
The product is? a legend device? <input checked="" type="checkbox"/> No			Is the Product... Direct-Ship Only								
if yes, enter class #			Is the Product... Unit Dose								
a product kit? <input checked="" type="checkbox"/> No			Orphan Drug Status								
if yes, list NDCs of component parts reverse numbered? <input checked="" type="checkbox"/> No			FDA Approval Status								
co-licensed? <input checked="" type="checkbox"/> No			Allergens Present								
latex-free? <input checked="" type="checkbox"/> Yes			Country of Origin India								
preservative-free? <input checked="" type="checkbox"/> Yes			Is this product covered under the Trade Agreements Act (TAA)? <input checked="" type="checkbox"/> No								
correctional institution block? <input checked="" type="checkbox"/> No											
opioid? <input checked="" type="checkbox"/> No											
Cannabinoid? <input checked="" type="checkbox"/> No											
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input checked="" type="checkbox"/> Yes											
If Unit Dose, indicate NDC here: 31722-311-10											
FOR GENERIC DRUG PRODUCTS						ORDER INFORMATION					
I. Orange Book Rating: AP			Authorized Generic <input type="checkbox"/> *If Authorized Generic, other section fields are not applicable								
II. Generic Equivalent to What Brand?: Lasix											
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION						PHARMACY ORDER / BILL UNIT					
Does supplier meet DSCSA definition of manufacturer? <input checked="" type="checkbox"/> Yes			GLN: 0331722498975								
Is product exempt from DSCSA? <input checked="" type="checkbox"/> No			GCP:								
If yes, select exemption: Other exemption - Write in: <input checked="" type="checkbox"/> No			If yes, was original product purchased direct from mfr? <input checked="" type="checkbox"/>								
Is product repackaged? <input checked="" type="checkbox"/> Yes			Provide source manufacturer for repackaged product								
Is product sold by manufacturer's exclusive distributor? <input checked="" type="checkbox"/> Yes											
Has FDA granted waiver/exception/exemption for product? <input checked="" type="checkbox"/> No											
If yes, attach documentation from FDA.											
GTIN AND HIBCC PRODUCT INFORMATION						ITEM AND PACKING INFORMATION					
Saleable Unit of Measure		RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14	Weight Lbs.	Dimensions (US msrmts.)	Volume (Cube)	Saleable # Pieces	
<input checked="" type="checkbox"/> Item/Each		N	1		00331722311311		1.5	5	2.5	62.50	1
<input checked="" type="checkbox"/> Box/Carton/Bundle/Inner Pack		N	8		20331722311315						
<input checked="" type="checkbox"/> Case											
<input checked="" type="checkbox"/> Pallet											
COST INFORMATION						WHOLESALER USE ONLY:					
Regular Cost <input type="text" value=""/>						Vendor #: <input type="text" value=""/>					
Invoice Cost (WAC) (\$) <input type="text" value="50.00"/>						Whs. Code #: <input type="text" value=""/>					
As of date: 12/22/2025						Fineline Code: <input type="text" value=""/>					
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.											Signature: <input type="text"/>
See new p. 3 for Designated Drop Ship Only.											

*Please provide any additional information on page 2.



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

Version 2024

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

- a. Cytotoxic?
- b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
Is the product a CA Prop 65 carcinogen?
- c. Is the product a CA Prop 65 reproductive toxicant?
- d. Does the product label bear a CA Prop 65 warning?

No

No
 No
 No

No
 No

No
 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?

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?

Is the product restricted for air shipment? If so, indicate restriction:

No

Passenger

Cargo

Passager & Cargo

Is this a reportable quantity? No

RQ Threshold: No

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

Controlled Substance Code

Controlled by State(s)? No

Listed Chemical (List I or II) No

ARCOS Reportable? No

If yes, indicate which:

Schedule No. No

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:

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

NFPA Storage Level:

Is the product a NIOSH hazardous drug?

No

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?
Website URL:

Med Guide Required

Limited Distribution Requirement

Comments / Details: (For example, iPledge program?)

REMS:

REMS Program Manager Name:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned by Supplier:

Comments

Phone:

DEA #:
NCPDP#:
NPI #:

Registry:

Registry Program Contact Name:

No

Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 1-866-827-3647

Is product returnable for credit:

Yes

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:

Release DATE



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.

Order Method for Designated Drop Ship Product		Standard Order Receipt and Processing	
Purchase orders may be accepted by: a. EDI b. Autofax c. Fax d. Phone only e. Supplier Web Site only		Purchase order daily receipt cut off time by supplier Cut off time: <input type="text"/>	
Fax Number: <input type="text"/> Fax Number: <input type="text"/> Phone No.: <input type="text"/> Site Address: <input type="text"/>		Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days	
Minimum Order Quantity: <input type="text"/>		Ships same day for next day receipt: <input type="text"/>	
Supplier's Customer Service Number: <input type="text"/>		Ships for second day receipt: <input type="text"/>	
Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/>		Ships regular ground for 3-10 days receipt: <input type="text"/>	
Expedited Freight Charges or Other Designated Drop Ship Fees:		Overnight and Priority Overnight PO Processing	
Expedited freight fees billed with each order: <input type="text"/>		Overnight receipt available: <input type="text"/>	
Drop Ship service fee billed with each order: <input type="text"/>		PO Receipt cut off time: <input type="text"/>	
Drop Ship miscellaneous fees billed: <input type="text"/>		Days of week overnight is available: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>	
Comments: <input type="text"/>		Priority Overnight receipt available: PO Receipt Cut off time: <input type="text"/>	
Class of Trade Restriction:		Saturday Overnight receipt available: PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="text"/> Fax: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="text"/> Other fees apply: <input type="text"/>	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/>		Contact # if product is received damaged: <input type="text"/>	
Restricted to retail pharmacy only: <input type="checkbox"/>		Is product returnable for credit: <input type="checkbox"/>	
Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/>		URL/Link to returns policy: <input type="text"/>	
Restricted from US territories? (explain in comments) <input type="text"/>		Special regulations or returns requirements for this product in certain states? <input type="text"/> If so, which states? Other requirements? Comments? <input type="text"/>	
Other Data Information Required to Process PO:		Return Instructions	
Patient Procedure Date: <input type="text"/>		Contact # if product is received damaged: <input type="text"/>	
Physician Name: <input type="text"/>		Is product returnable for credit: <input type="checkbox"/>	
Physician/Clinic Phone # <input type="text"/>		URL/Link to returns policy: <input type="text"/>	
Physician State License # <input type="text"/>		Special regulations or returns requirements for this product in certain states? <input type="text"/> If so, which states? Other requirements? Comments? <input type="text"/>	
Physician/Clinic DEA #: <input type="text"/>			
Physician/Clinic Specialty: <input type="text"/>			
Miscellaneous Notes: <input type="text"/>		ADDITIONAL INFORMATION	
		Is product order for scheduled patient procedure? <input type="checkbox"/>	
		Is product order for restocking purposes? <input type="checkbox"/>	