



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 20 mg/2 mL (10 mg/mL) Single-Dose Vials													
Selling Unit NDC: 31722-309-32			Unit of Use NDC:		UPC: 331722309325								
UDI			CVX Code:		MVX Code:								
Description: Furosemide Injection, USP 20 mg/2 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													
preservative-free? <input checked="" type="checkbox"/> Yes													
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			Country of Origin India										
If Unit Dose, indicate NDC here: 31722-309-31			Is this product covered under the Trade Agreements Act (TAA)? <input checked="" type="checkbox"/> No										
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"/> No			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		Weight Lbs.		Dimensions (US msrmts.)		Volume (Cube)		Saleable # Pieces	
<input checked="" type="checkbox"/> Item/Each		N		1				Depth		Width		Height	
Box/Carton/Bundle/Inner Pack													
<input checked="" type="checkbox"/> Case		N		18									
Pallet													
COST INFORMATION						WHOLESALER USE ONLY:							
Regular Cost <input type="text"/> \$25.00						Vendor #: <input type="text"/>							
Invoice Cost (WAC) (\$) <input type="text"/>						Whsl. Code #: <input type="text"/>							
As of date: 12/22/2025						Fineline Code: <input type="text"/>							
*Please provide any additional information on page 2.													
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.													
See new p. 3 for Designated Drop Ship Only.													
Signature: <input type="text"/>													



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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?
- 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

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
- 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?

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

Waste Characteristics

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product?

If Yes, is it managed with a pharmacy registry?
Website URL:

No

Med Guide Required

Limited Distribution Requirement

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

No

REMS:

REMS Program Manager Name:
Supplier Manages REMS registry exclusively:
Wholesale distributor support:
Provider Name:
Site Enrollment Number assigned by Supplier:

Phone:

DEA #:
NCPDP#:
NPI #:

Comments:

Registry:

Registry Program Contact Name:
Comments:

No

Phone:

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:



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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	
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"/> Hours <input type="text"/> Days	
Minimum Order Quantity: <input type="text"/>		Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days	
Supplier's Customer Service Number: <input type="text"/>		Ships same day for next day receipt: <input type="text"/>	
Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/>		Ships for second day receipt: <input type="text"/>	
Ships regular ground for 3-10 days receipt: <input type="text"/>			
Expedited Freight Charges or Other Designated Drop Ship Fees:			
Expedited freight fees billed with each order: <input type="text"/>		Overnight and Priority Overnight PO Processing	
Drop Ship service fee billed with each order: <input type="text"/>		Overnight receipt available: <input type="text"/>	
Drop Ship miscellaneous fees billed: <input type="text"/>		PO Receipt cut off time: <input type="text"/>	
Comments: <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"/>	
Class of Trade Restriction:			
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices		Priority Overnight receipt available: <input type="text"/>	
Restricted to retail pharmacy only: <input type="checkbox"/>		PO Receipt Cut off time: <input type="text"/>	
Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/>		Saturday Overnight receipt available: <input type="text"/>	
Restricted from US territories? (explain in comments) <input type="text"/>		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"/>	
Comments: <input type="text"/>			
Other Data Information Required to Process PO:			
Patient Procedure Date: <input type="text"/>		Return Instructions	
Physician Name: <input type="text"/>		Contact # if product is received damaged: <input type="text"/>	
Physician/Clinic Phone # <input type="text"/>		Is product returnable for credit: <input type="text"/>	
Physician State License # <input type="text"/>		URL/Link to returns policy: <input type="text"/>	
Physician/Clinic DEA #: <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 Specialty: <input type="text"/>			
Miscellaneous Notes:			
<input type="text"/>		<input type="text"/>	
ADDITIONAL INFORMATION			
Is product order for scheduled patient procedure? <input type="checkbox"/>			
Is product order for restocking purposes? <input type="checkbox"/>			