



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: <input type="text" value="Camber Pharmaceuticals, Inc."/> Application: <input type="text" value="ANDA"/> Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): <input type="text" value="079234"/> Medical Device Class, if applicable: <input type="text"/> DUNS: <input type="text" value="11-856-3719"/> Proprietary Name (If Applicable) and Established Name: <input type="text" value="Torsemide Tablets 20 mg"/> Selling Unit NDC: <input type="text" value="31722-531-01"/> Unit of Use NDC: <input type="text"/> UPC: <input type="text" value="331722531016"/> UDI <input type="text"/> CVX Code: <input type="text"/> MVX Code: <input type="text"/> Description: <input type="text" value="Torsemide Tablets 20 mg"/> Active Ingredient(s): <input type="text" value="Torsemide, USP"/> URL for Additional Product Information: <input type="text" value="www.camberpharma.com"/> Address: <input type="text" value="800 Centennial Ave, Suite 1"/> Address 2: <input type="text"/> City: <input type="text" value="Piscataway"/> State: <input type="text" value="NJ"/> Zip: <input type="text" value="08854"/> Key Contact: <input type="text" value="Customer Service"/> Email: <input type="text" value="customerservice@camberpharma.com"/> Phone Number: <input type="text" value="1-866-827-3647"/> Fax: <input type="text" value="732-562-8788"/> Product Therapeutic Classification: <input type="text" value="Loop diuretic"/>		a. Temperature – Indicate the USP temperature range for this product. Temperature Range <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/> Other Temperature Range Requirement (write in) <input type="text"/> Notes <input type="text"/> Is this product to be shipped to customers on ice? <input type="text" value="No"/> Is this product to be shipped to customers on dry ice? <input type="text" value="No"/> b. Contact for temperature excursion questions: Name: <input type="text" value="Soma Raju"/> Number: <input type="text" value="732-529-0423"/> Group E-mail: <input type="text" value="somaraju@heterousa.com"/> c. Special regulations for product in any states? <input type="text" value="No"/> Special returns requirements for this product? <input type="text" value="No"/> d. Store product (unit of sale) upright? <input type="text" value="No"/> e. Shelf life: <input type="text" value="No"/> <input type="text" value="24"/> <input type="text" value="24"/> Months Protect product (unit of sale) from light? <input type="text" value="No"/> Initial shelf life at launch (if different): <input type="text"/> Months																																										
ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION																																										
The product is a legend device? <input type="text" value="No"/> if yes, enter class # <input type="text"/> a product kit? <input type="text" value="No"/> if yes, list NDCs of component parts reverse numbered? <input type="text"/> co-licensed? <input type="text" value="No"/> latex-free? <input type="text" value="Yes"/> preservative-free? <input type="text" value="Yes"/> correctional institution block? <input type="text" value="No"/> opioid? <input type="text" value="No"/> 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"/>		Is the Product... <input type="text" value="Direct-Ship Only"/> Is the Product... <input type="text" value="Neither"/> Orphan Drug Status <input type="text"/> FDA Approval Status <input type="text"/> Allergens Present <input type="text" value="Dairy, Lactose, Alcohol, Rennet"/> Country of Origin <input type="text" value="India"/> Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="No"/>																																										
Size: <input type="text" value="100 ct"/> Strength: <input type="text" value="20 mg"/> Dosage Form: <input type="text" value="Tablet"/> Product Shape: <input type="text" value="Oval"/> Product Color: <input type="text" value="White to off white"/> Product Imprint: <input type="text" value="Debossed with '59' on scored side and 'H' on the opposite side"/>																																												
ORDER INFORMATION																																												
Unit of Sale <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box/Carton <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 Powder Multi <input type="checkbox"/> Other: Write In <input type="text"/>		What is the NDC selling unit? <input type="text" value="1 Bottle of 100 Tablets"/> (Write-in, e.g. 1 Box of 10 Vials) Minimum order quantity? <input type="text" value="Yes"/> If Yes, how many of which package type? <input type="text" value="24"/> Each <input type="text"/> Inner/ Carton/Pack <input type="text"/> Case																																										
FOR GENERIC DRUG PRODUCTS																																												
<input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable																																												
I. Orange Book Rating: <input type="text" value="AB"/> II. Generic Equivalent to What Brand?: <input type="text" value="Demadex"/>																																												
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION																																												
Does supplier meet DSCSA definition of manufacturer? <input type="text" value="Yes"/> Is product exempt from DSCSA? <input type="text" value="No"/> If yes, select exemption: <input type="text"/> Other exemption - Write in: <input type="text"/> Is product repackaged? <input type="text" value="No"/> Is product sold by manufacturer's exclusive distributor? <input type="text" value="Yes"/> Has FDA granted waiver/exception/exemption for product? <input type="text" value="No"/> If yes, attach documentation from FDA. <input type="text"/>		GLN: <input type="text" value="0331722498975"/> GCP: <input type="text"/> If yes, was original product purchased direct from mfr? <input type="text" value="No"/> Provide source manufacturer for repackaged product <input type="text"/>																																										
GTIN AND HIBCC PRODUCT INFORMATION																																												
Saleable Unit of Measure <input checked="" type="checkbox"/> Item/Each <input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack <input checked="" type="checkbox"/> Case <input type="checkbox"/> Pallet		Saleable Quantity <input type="text" value="1"/> HIBCC <input type="text"/> GTIN-14 <input type="text" value="00331722531016"/> <input type="text" value="20331722531010"/> Unit of Use GTIN-14 <input type="text"/>																																										
PHARMACY ORDER / BILL UNIT		ITEM AND PACKING INFORMATION																																										
Rec. sell unit to customer? <input type="text"/> (Write-in, e.g. 1 Vial)		Rx billing unit to pharmacy: <input type="text"/> Each <input type="text"/> Gram <input type="text"/> Milliliter																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Weight Lbs.</th> <th style="width: 10%;">Depth</th> <th style="width: 10%;">Width</th> <th style="width: 10%;">Height</th> <th style="width: 10%;">Volume (Cube)</th> <th style="width: 10%;">Saleable # Pieces</th> </tr> </thead> <tbody> <tr> <td>Item/Each:</td> <td>0.18</td> <td>1.5</td> <td>1.5</td> <td>4</td> <td>9</td> <td>1</td> </tr> <tr> <td>Box/ Carton/ Bundle/ Inner Pack:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Case:</td> <td>4.8</td> <td>9.5</td> <td>6.5</td> <td>5</td> <td>308.75</td> <td>24</td> </tr> <tr> <td>Pallet:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Weight Lbs.	Depth	Width	Height	Volume (Cube)	Saleable # Pieces	Item/Each:	0.18	1.5	1.5	4	9	1	Box/ Carton/ Bundle/ Inner Pack:							Case:	4.8	9.5	6.5	5	308.75	24	Pallet:							<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 2px;">COST INFORMATION</th> <th colspan="2" style="text-align: left; padding: 2px;">WHOLESALE USE ONLY:</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> Regular Cost <input type="text"/> Invoice Cost (WAC) (\$) <input type="text" value="\$21.38"/> As of date: <input type="text" value="9/1/2009"/> </td> <td style="width: 50%; padding: 2px;"> Vendor #: <input type="text"/> Whsl. Code #: <input type="text"/> Fineline Code: <input type="text"/> </td> </tr> </tbody> </table>		COST INFORMATION		WHOLESALE USE ONLY:		Regular Cost <input type="text"/> Invoice Cost (WAC) (\$) <input type="text" value="\$21.38"/> As of date: <input type="text" value="9/1/2009"/>	Vendor #: <input type="text"/> Whsl. Code #: <input type="text"/> Fineline Code: <input type="text"/>
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Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.																																												
*Please provide any additional information on page 2.		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? 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) No

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) No

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: No

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#

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
 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?
 Website URL:

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

REMS: No

REMS Program Manager Name: Phone:

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

Comments

Registry: No

Registry Program Contact Name: Phone:
 Comments

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. 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:

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:



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