



COMPLETE PRODUCT LIST: February 2023

* Manufactured in the US

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
ABACAVIR							
ABACAVIR	Tab	300 mg	60	31722-557-60	Ziagen®	AB	Yellow
ABACAVIR SOLUTION							
ABACAVIR	Sol	20 mg/mL	240 mL	31722-562-24	Ziagen®	AA	Clear Yellow
ACYCLOVIR							
ACYCLOVIR	Tab	400 mg	100	31722-777-01	Zovirax®	AB	Pink
ACYCLOVIR	Tab	400 mg	500	31722-777-05	Zovirax®	AB	Pink
ACYCLOVIR	Tab	800 mg	100	31722-778-01	Zovirax®	AB	Blue
ACYCLOVIR	Tab	800 mg	500	31722-778-05	Zovirax®	AB	Blue
ACYCLOVIR SUSPENSION							
ACYCLOVIR	Susp	200 mg/5 mL	473 mL	31722-681-47	Zovirax®	AB	Off-White
ALBENDAZOLE							
ALBENDAZOLE	Tab	200 mg	2	31722-935-02	Albenza®	AB	White
AMPHETAMINE ER*							
AMPHETAMINE ER*	Cap	5 mg	100	31722-185-01	Adderall XR®	AB	Blue/Clear
AMPHETAMINE ER*	Cap	10 mg	100	31722-186-01	Adderall XR®	AB	Blue/Blue
AMPHETAMINE ER*	Cap	15 mg	100	31722-187-01	Adderall XR®	AB	White/Blue
AMPHETAMINE ER*	Cap	20 mg	100	31722-188-01	Adderall XR®	AB	Orange/Orange
AMPHETAMINE ER*	Cap	25 mg	100	31722-189-01	Adderall XR®	AB	White/Orange
AMPHETAMINE ER*	Cap	30 mg	100	31722-195-01	Adderall XR®	AB	Yellow
AMPHETAMINE IR*							
AMPHETAMINE IR*	Tab	5 mg	100	31722-155-01	Adderall®	AB	White to off White
AMPHETAMINE IR*	Tab	7.5 mg	100	31722-156-01	Adderall®	AB	Light Blue
AMPHETAMINE IR*	Tab	10 mg	100	31722-157-01	Adderall®	AB	Light Blue
AMPHETAMINE IR*	Tab	12.5 mg	100	31722-158-01	Adderall®	AB	Light to Dark Peach
AMPHETAMINE IR*	Tab	15 mg	100	31722-159-01	Adderall®	AB	Light to Dark Peach
AMPHETAMINE IR*	Tab	20 mg	100	31722-163-01	Adderall®	AB	Light to Dark Peach
AMPHETAMINE IR*	Tab	30 mg	100	31722-164-01	Adderall®	AB	Light to Dark Peach
ARIPIRAZOLE							
ARIPIRAZOLE	Tab	2 mg	30	31722-819-30	Abilify®	AB	Green
ARIPIRAZOLE	Tab	5 mg	30	31722-820-30	Abilify®	AB	Blue
ARIPIRAZOLE	Tab	10 mg	30	31722-827-30	Abilify®	AB	Pink
ARIPIRAZOLE	Tab	15 mg	30	31722-828-30	Abilify®	AB	Yellow
ARIPIRAZOLE	Tab	20 mg	30	31722-829-30	Abilify®	AB	White
ARIPIRAZOLE	Tab	30 mg	30	31722-830-30	Abilify®	AB	Pink
ATAZANAVIR							
ATAZANAVIR	Cap	150 mg	60	31722-653-60	Reyataz®	AB	Lt Green/Teal
ATAZANAVIR	Cap	200 mg	60	31722-654-60	Reyataz®	AB	Green/Lt Green
ATAZANAVIR	Cap	300 mg	30	31722-655-30	Reyataz®	AB	Orange/Green

VISIT CAMBERPHARMA.COM FOR MORE
INFORMATION ON ALL OF OUR PRODUCTS

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
ATOMOXETINE							
ATOMOXETINE	Cap	10 mg	30	31722-714-30	Strattera®	AB	White/White
ATOMOXETINE	Cap	18 mg	30	31722-715-30	Strattera®	AB	Yellow/White
ATOMOXETINE	Cap	25 mg	30	31722-716-30	Strattera®	AB	Blue/White
ATOMOXETINE	Cap	40 mg	30	31722-717-30	Strattera®	AB	Blue/Blue
ATOMOXETINE	Cap	60 mg	30	31722-718-30	Strattera®	AB	Blue/Yellow
ATOMOXETINE	Cap	80 mg	30	31722-719-30	Strattera®	AB	Brown/White
ATOMOXETINE	Cap	100 mg	30	31722-720-30	Strattera®	AB	Brown/Brown
ATOVAQUONE SUSPENSION							
ATOVAQUONE	Susp	750 mg/5 mL	210 mL	31722-629-21	Mepron®	AB	Yellow
BACLOFEN*							
BACLOFEN*	Tab	5 mg	100	31722-138-01	Lioresal®	AB	White to off White
BACLOFEN*	Tab	10 mg	100	31722-998-01	Lioresal®	AB	White to off White
BACLOFEN*	Tab	10 mg	1000	31722-998-10	Lioresal®	AB	White to off White
BACLOFEN*	Tab	20 mg	100	31722-999-01	Lioresal®	AB	White to off White
BACLOFEN*	Tab	20 mg	500	31722-999-05	Lioresal®	AB	White to off White
BACLOFEN*	Tab	20 mg	1000	31722-999-10	Lioresal®	AB	White to off White
BENZONATATE*							
BENZONATATE*	Soft Gel Cap	100 mg	100	31722-956-01	Tessalon®	AA	Yellow
BENZONATATE*	Soft Gel Cap	100 mg	500	31722-956-05	Tessalon®	AA	Yellow
BENZONATATE*	Soft Gel Cap	200 mg	100	31722-958-01	Tessalon®	AA	Yellow
CAPTOPRIL*							
CAPTAPRIL*	Tab	12.5	100	31722-141-01	Capoten®	AB	White to off white
CAPTAPRIL*	Tab	25	100	31722-142-01	Capoten®	AB	White to off white
CAPTAPRIL*	Tab	50	100	31722-143-01	Capoten®	AB	White to off white
CAPTAPRIL*	Tab	100	100	31722-144-01	Capoten®	AB	White to off white
CHERRY SYRUP SOLUTION*							
CHERRY SYRUP*	Sol		473 mL	31722-938-47	Cherry Syrup	NR	Clear
CINACALCET							
CINACALCET	Tab	30 mg	30	31722-103-30	Sensipar®	AB	Light Green
CINACALCET	Tab	60 mg	30	31722-104-30	Sensipar®	AB	Light Green
CINACALCET	Tab	90 mg	30	31722-105-30	Sensipar®	AB	Light Green
CITALOPRAM SOLUTION							
CITALOPRAM	Sol	10 mg/5 mL	240 mL	31722-564-24	Celexa®	AA	Clear to Pale Yellow
COLCHICINE							
COLCHICINE	Tab	0.6 mg	30	31722-899-30	Colcrys®	AB	Purple
COLCHICINE	Tab	0.6 mg	100	31722-899-01	Colcrys®	AB	Purple
DABIGATRAN ETEXILATE							
DABIGATRAN ETEXILATE	Cap	75 mg	60	31722-621-60	Pradaxa®	AB	Cream
DABIGATRAN ETEXILATE	Cap	150 mg	60	31722-622-60	Pradaxa®	AB	Cream
DAPTOMYCIN							
DAPTOMYCIN	Inj	500 mg	10 mL	31722-102-10	Cubicinâ	AP	Pale Yellow
DEFERASIROX							
DEFERASIROX	Tab	90 mg	30	31722-011-30	Jadenu®	AB	White to Off White
DEFERASIROX	Tab	180 mg	30	31722-012-30	Jadenu®	AB	White to Off White
DEFERASIROX	Tab	360 mg	30	31722-013-30	Jadenu®	AB	White to Off White
DEXMETHYLPHENIDATE*							
DEXMETHYLPHENIDATE*	Cap	5 mg	100	31722-229-01	Focalin XR®	AB	Light Brown/ White
DEXMETHYLPHENIDATE*	Cap	10 mg	100	31722-230-01	Focalin XR®	AB	White / White
DEXMETHYLPHENIDATE*	Cap	15 mg	100	31722-231-01	Focalin XR®	AB	Yellow / White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
DEXMETHYLPHENIDATE*	Cap	20 mg	100	31722-232-01	Focalin XR®	AB	Light Brown / White
DEXMETHYLPHENIDATE*	Cap	25 mg	100	31722-233-01	Focalin XR®	AB	Yellow/ White
DEXMETHYLPHENIDATE*	Cap	30 mg	100	31722-234-01	Focalin XR®	AB	White / White
DEXMETHYLPHENIDATE*	Cap	35 mg	100	31722-235-01	Focalin XR®	AB	Light Yellow/ Light Yellow
DEXMETHYLPHENIDATE*	Cap	40 mg	100	31722-236-01	Focalin XR®	AB	Yellow/ White
DICLOFENAC POTASSIUM							
DICLOFENAC POTASSIUM	Sol	50 mg	9	31722-046-32	Cambia®	AB	White to off-white
DIMETHYL FUMARATE							
DIMETHYL FUMARATE	Cap	120 mg	14	31722-657-31	Tecfidera®	AB	Blue
DIMETHYL FUMARATE	Cap	240 mg	60	31722-658-32	Tecfidera®	AB	White
DIMETHYL FUMARATE	Cap	120mg/240mg SP	60	31722-680-60	Tecfidera®	AB	120mg-Blue & 240mg- White
DONEPEZIL							
DONEPEZIL	Tab	5 mg	30	31722-737-30	Aricept®	AB	White
DONEPEZIL	Tab	5 mg	90	31722-737-90	Aricept®	AB	White
DONEPEZIL	Tab	5 mg	500	31722-737-05	Aricept®	AB	White
DONEPEZIL	Tab	10 mg	30	31722-738-30	Aricept®	AB	Yellow
DONEPEZIL	Tab	10 mg	90	31722-738-90	Aricept®	AB	Yellow
DONEPEZIL	Tab	10 mg	500	31722-738-05	Aricept®	AB	Yellow
DROSPIRENONE ETHINYL ESTRADIOL							
DROSPIRENONE ETHINYL ESTRADIOL	Tab	3 mg/0.02 mg	3x28ct	31722-934-32	YAZ®	AB	Active-Pink/Placebo-White
DROSPIRENONE ETHINYL ESTRADIOL							
DROSPIRENONE ETHINYL ESTRADIOL	Tab	3 mg/0.03 mg	3x28ct	31722-945-31	Yasmin®	AB	Active-Yellow/Placebo-White
DROXIDOPA							
DROXIDOPA	Cap	100 mg	90	31722-014-90	Northera®	AB	Pink Opaque
DROXIDOPA	Cap	200 mg	90	31722-015-90	Northera®	AB	Light Blue
DROXIDOPA	Cap	300 mg	90	31722-010-90	Northera®	AB	White Opaque
DULOXETINE							
DULOXETINE	Cap	20 mg	60	31722-168-60	Cymbalta®	AB	Green
DULOXETINE	Cap	30 mg	30	31722-169-30	Cymbalta®	AB	Blue/White
DULOXETINE	Cap	60 mg	30	31722-170-30	Cymbalta®	AB	Blue/Green
DUTASTERIDE*							
DUTASTERIDE*	Cap	0.5 mg	30	31722-131-30	Avodart®	AB	Yellow
DUTASTERIDE*	Cap	0.5 mg	90	31722-131-90	Avodart®	AB	Yellow
EFAVIRENZ							
EFAVIRENZ	Tab	600 mg	30	31722-504-30	Sustiva®	AB	Yellow
EFAVIRENZ,EMTRICITABINE, TENOFOVIR DISOPROXIL FUMARATE							
EFAVIRENZ,EMTRICITABINE, TENOFOVIR DISOPROXIL FUMARATE	Tab	600 mg/200 mg/ 300 mg	30	31722-736-30	Atripla®	AB	White to Off White
EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE							
EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE	Tab	200 mg/ 300 mg	30	31722-560-30	Truvada®	AB	White to Off White
ENALAPRIL SOLUTION							
ENALAPRIL	Sol	1 mg/mL	150 mL	31722-020-15	Epaned®	AB	Clear
ENTECAVIR							
ENTECAVIR	Tab	0.5 mg	30	31722-833-30	Baraclude®	AB	White
ENTECAVIR	Tab	0.5 mg	90	31722-833-90	Baraclude®	AB	White
ENTECAVIR	Tab	1 mg	30	31722-834-30	Baraclude®	AB	Pink
ESCITALOPRAM SOLUTION							
ESCITALOPRAM	Sol	5 mg/5 mL	240 mL	31722-569-24	Lexapro®	AA	Pale Yellow

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
ESOMEPRAZOLE TRIHYDRATE							
ESOMEPRAZOLE TRIHYDRATE	Cap	20 mg	30	31722-664-30	Nexium®	AB	White
ESOMEPRAZOLE TRIHYDRATE	Cap	20 mg	90	31722-664-90	Nexium®	AB	White
ESOMEPRAZOLE TRIHYDRATE	Cap	20 mg	1000	31722-664-10	Nexium®	AB	White
ESOMEPRAZOLE TRIHYDRATE	Cap	40 mg	30	31722-665-30	Nexium®	AB	White
ESOMEPRAZOLE TRIHYDRATE	Cap	40 mg	90	31722-665-90	Nexium®	AB	White
ESOMEPRAZOLE TRIHYDRATE	Cap	40 mg	1000	31722-665-10	Nexium®	AB	White
FAMCICLOVIR							
FAMCICLOVIR	Tab	125 mg	30	31722-706-30	Famvir®	AB	White
FAMCICLOVIR	Tab	250 mg	30	31722-707-30	Famvir®	AB	White
FAMCICLOVIR	Tab	500 mg	30	31722-708-30	Famvir®	AB	White
FAMOTIDINE							
FAMOTIDINE	Tab	20 mg	100	31722-017-01	Pepcid®	AB	Light Yellow
FAMOTIDINE	Tab	20 mg	1000	31722-017-10	Pepcid®	AB	Light Yellow
FAMOTIDINE	Tab	40 mg	100	31722-018-01	Pepcid®	AB	White
FAMOTIDINE	Tab	40 mg	500	31722-018-05	Pepcid®	AB	White
FAMOTIDINE	Tab	40 mg	1000	31722-018-10	Pepcid®	AB	White
FENOFIBRATE							
FENOFIBRATE	Tab	48 mg	90	31722-595-90	Tricor®	AB	Yellow
FENOFIBRATE	Tab	145 mg	90	31722-596-90	Tricor®	AB	White
FINASTERIDE 1 mg							
FINASTERIDE	Tab	1 mg	30	31722-526-30	Propecia®	AB	Brown
FINASTERIDE	Tab	1mg	90	31722-526-90	Propecia®	AB	Brown
FINASTERIDE 5 mg							
FINASTERIDE	Tab	5 mg	30	31722-525-30	Proscar®	AB	Blue
FINASTERIDE	Tab	5 mg	90	31722-525-90	Proscar®	AB	Blue
FINASTERIDE	Tab	5 mg	1000	31722-525-10	Proscar®	AB	Blue
FINGOLIMOD							
FINGOLIMOD	Cap	0.5 mg	30	31722-889-30	Gilenya®	AB	White/Yellow
FOSAPREPITANT							
FOSAPREPITANT	Inj	150 mg	10 mL	31722-165-31	Emend®	AP	White to off White
GABAPENTIN*							
GABAPENTIN *	Tab	600 mg	100	31722-166-01	Neurontin®	AB	White
GABAPENTIN*	Tab	600 mg	500	31722-166-05	Neurontin®	AB	White
GABAPENTIN*	Tab	800 mg	100	31722-167-01	Neurontin®	AB	White
GABAPENTIN*	Tab	800 mg	500	31722-167-05	Neurontin®	AB	White
GEMFIBROZIL*							
GEMFIBROZIL*	Tab	600 mg	60	31722-128-60	Lopid®	AB	White
GEMFIBROZIL*	Tab	600 mg	500	31722-128-05	Lopid®	AB	White
GLYCERIN LIQUID SOLUTION*							
GLYCERIN LIQUID*	Sol		473 mL	31722-939-47	Glycerin Liquid	NR	Clear
GLYCOPYRROLATE SOLUTION							
GLYCOPYRROLATE	Sol	1 mg/5 mL (0.2 mg/mL)	473 mL	31722-016-47	Cuvposa®	AA	Clear

VISIT CAMBERPHARMA.COM FOR MORE
INFORMATION ON ALL OF OUR PRODUCTS

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
HYDRALAZINE							
HYDRALAZINE	Tab	10 mg	100	31722-519-01	Apresoline®	AA	Orange
HYDRALAZINE	Tab	25 mg	100	31722-520-01	Apresoline®	AA	Orange
HYDRALAZINE	Tab	25 mg	1000	31722-520-10	Apresoline®	AA	Orange
HYDRALAZINE	Tab	50 mg	100	31722-521-01	Apresoline®	AA	Orange
HYDRALAZINE	Tab	50 mg	1000	31722-521-10	Apresoline®	AA	Orange
HYDRALAZINE	Tab	100 mg	100	31722-522-01	Apresoline®	AA	Orange
HYDROCODONE APAP*							
HYDROCODONE APAP*	Tab	5 mg / 325 mg	100	31722-996-01	Norco®	AA	Off White
HYDROCODONE APAP*	Tab	5 mg / 325 mg	500	31722-996-05	Norco®	AA	Off White
HYDROCODONE APAP*	Tab	7.5 mg / 325 mg	100	31722-942-01	Norco®	AA	Off White
HYDROCODONE APAP*	Tab	7.5 mg / 325 mg	500	31722-942-05	Norco®	AA	Off White
HYDROCODONE APAP*	Tab	10 mg / 325 mg	100	31722-997-01	Norco®	AA	Off White
HYDROCODONE APAP*	Tab	10 mg / 325 mg	500	31722-997-05	Norco®	AA	Off White
HYDROMORPHONE ER*							
HYDROMORPHONE ER*	Tab	8 mg	100	31722-119-01	Exalgo®	AB	Light Pink
HYDROMORPHONE ER*	Tab	12 mg	100	31722-120-01	Exalgo®	AB	Light Yellow
HYDROMORPHONE ER*	Tab	16 mg	100	31722-121-01	Exalgo®	AB	Light Beige
HYDROMORPHONE ER*	Tab	32 mg	100	31722-122-01	Exalgo®	AB	White
INDOMETHACIN							
INDOMETHACIN	Cap	25 mg	100	31722-542-01	Indomethacin®	AB	Green
INDOMETHACIN	Cap	50 mg	100	31722-543-01	Indomethacin®	AB	Green
INDOMETHACIN ER							
INDOMETHACIN ER	Cap	75 mg	60	31722-565-60	Indocin SR®	AB	White
INDOMETHACIN ER	Cap	75 mg	100	31722-565-01	Indocin SR®	AB	White
IRBESARTAN							
IRBESARTAN	Tab	75 mg	30	31722-729-30	Avapro®	AB	White
IRBESARTAN	Tab	75 mg	90	31722-729-90	Avapro®	AB	White
IRBESARTAN	Tab	150 mg	30	31722-730-30	Avapro®	AB	White
IRBESARTAN	Tab	150 mg	90	31722-730-90	Avapro®	AB	White
IRBESARTAN	Tab	300 mg	30	31722-731-30	Avapro®	AB	White
IRBESARTAN	Tab	300 mg	90	31722-731-90	Avapro®	AB	White
ITRACONAZOLE SOLUTION							
ITRACONAZOLE	Sol	10 mg/mL	150 mL	31722-006-31	Sporanox®	AA	Clear
LACOSAMIDE							
LACOSAMIDE	Tab	50 mg	60	31722-812-60	Vimpat®	AB	Pink
LACOSAMIDE	Tab	100 mg	60	31722-813-60	Vimpat®	AB	Yellow
LACOSAMIDE	Tab	150 mg	60	31722-814-60	Vimpat®	AB	Salmon
LACOSAMIDE	Tab	200 mg	60	31722-815-60	Vimpat®	AB	Blue
LACOSAMIDE							
LACOSAMIDE	Inj	200 mg/20 mL (10 mg/mL)	10 x 20 mL	31722-203-31	Vimpat®	AP	Clear
LACOSAMIDE SOLUTION							
LACOSAMIDE	Sol	10 mg/mL	200 mL	31722-627-26	Vimpat®	AA	Clear
LAMIVUDINE/ZIDOVUDINE							
LAMIVUDINE/ZIDOVUDINE	Tab	150/300 mg	60	31722-506-60	Combivir®	AB	White
LAMOTRIGINE ER							
LAMOTRIGINE ER	Tab	25 mg	30	31722-240-30	Lamictal XR®	AB	Yellow
LAMOTRIGINE ER	Tab	50 mg	30	31722-241-30	Lamictal XR®	AB	Green
LAMOTRIGINE ER	Tab	100 mg	30	31722-242-30	Lamictal XR®	AB	Orange

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
LAMOTRIGINE ER	Tab	200 mg	30	31722-243-30	Lamictal XR®	AB	Blue
LAMOTRIGINE ER	Tab	250 mg	30	31722-244-30	Lamictal XR®	AB	Purple
LAMOTRIGINE ER	Tab	300 mg	30	31722-245-30	Lamictal XR®	AB	Gray
LANSOPRAZOLE DR							
LANSOPRAZOLE DR	Cap	15 mg	30	31722-570-30	Prevacid®	AB	Pink/Green
LANSOPRAZOLE DR	Cap	15 mg	90	31722-570-90	Prevacid®	AB	Pink/Green
LANSOPRAZOLE DR	Cap	30 mg	30	31722-571-30	Prevacid®	AB	Pink/Black
LANSOPRAZOLE DR	Cap	30 mg	90	31722-571-90	Prevacid®	AB	Pink/Black
LANSOPRAZOLE DR	Cap	30 mg	500	31722-571-05	Prevacid®	AB	Pink/Black
LEVETIRACETAM							
LEVETIRACETAM	Tab	250 mg	120	31722-536-12	Keppra®	AB	Blue
LEVETIRACETAM	Tab	250 mg	500	31722-536-05	Keppra®	AB	Blue
LEVETIRACETAM	Tab	500 mg	120	31722-537-12	Keppra®	AB	Yellow
LEVETIRACETAM	Tab	500 mg	500	31722-537-05	Keppra®	AB	Yellow
LEVETIRACETAM	Tab	750 mg	120	31722-538-12	Keppra®	AB	Orange
LEVETIRACETAM	Tab	750 mg	500	31722-538-05	Keppra®	AB	Orange
LEVETIRACETAM	Tab	1000 mg	60	31722-539-60	Keppra®	AB	White
LEVETIRACETAM SOLUTION							
LEVETIRACETAM	Sol	100 mg	473 mL	31722-574-47	Keppra®	AA	Clear
LEVOCETIRIZINE							
LEVOCETIRIZINE	Tab	5 mg	90	31722-551-90	Xyzal®	AB	Off White
LEVOCETIRIZINE SOLUTION							
LEVOCETIRIZINE	Sol	2.5 mg/5mL	148 mL	31722-659-31	Xyzal®	AA	Clear
LEVOFLOXACIN							
LEVOFLOXACIN	Tab	250 mg	50	31722-721-50	Levaquin®	AB	Pink
LEVOFLOXACIN	Tab	500 mg	50	31722-722-50	Levaquin®	AB	Orange
LEVOFLOXACIN	Tab	750 mg	20	31722-723-20	Levaquin®	AB	White
LINEZOLID							
LINEZOLID	Tab	600 mg	20	31722-749-20	Zyvox®	AB	White
LINEZOLID	Tab	600 mg	30	31722-749-30	Zyvox®	AB	White
LISINAPRIL*							
LISINAPRIL*	Tab	2.5 mg	100	31722-172-01	Zestril®	AB	White
LISINAPRIL*	Tab	2.5 mg	500	31722-172-05	Zestril®	AB	White
LISINAPRIL*	Tab	5 mg	100	31722-176-01	Zestril®	AB	Pink
LISINAPRIL*	Tab	5 mg	1000	31722-176-10	Zestril®	AB	Pink
LISINAPRIL*	Tab	10 mg	100	31722-177-01	Zestril®	AB	Pink
LISINAPRIL*	Tab	10 mg	1000	31722-177-10	Zestril®	AB	Pink
LISINAPRIL*	Tab	20 mg	100	31722-178-01	Zestril®	AB	Pink
LISINAPRIL*	Tab	20 mg	1000	31722-178-10	Zestril®	AB	Red
LISINAPRIL*	Tab	30 mg	100	31722-179-01	Zestril®	AB	Red
LISINAPRIL*	Tab	30 mg	500	31722-179-05	Zestril®	AB	Red
LISINAPRIL*	Tab	40 mg	100	31722-180-01	Zestril®	AB	Yellow
LISINAPRIL*	Tab	40 mg	1000	31722-180-10	Zestril®	AB	Yellow
LITHIUM CARBONATE							
LITHIUM CARBONATE	Cap	150 mg	100	31722-544-01	Lithium Carbonate®	AB	White
LITHIUM CARBONATE	Cap	300 mg	100	31722-545-01	Lithium Carbonate®	AB	Pink
LITHIUM CARBONATE	Cap	300 mg	1000	31722-545-10	Lithium Carbonate®	AB	Pink
LITHIUM CARBONATE	Cap	600 mg	100	31722-546-01	Lithium Carbonate®	AB	Pink/White

VISIT CAMBERPHARMA.COM FOR MORE INFORMATION ON ALL OF OUR PRODUCTS

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
LOPINAVIR AND RITONAVIR							
LOPINAVIR AND RITONAVIR	Tab	100 mg/25 mg	60	31722-603-60	Kaletra®	AB	Yellow
LOPINAVIR AND RITONAVIR	Tab	200 mg/50 mg	120	31722-556-12	Kaletra®	AB	Yellow
LOSARTAN							
LOSARTAN	Tab	25 mg	90	31722-700-90	Cozaar®	AB	White
LOSARTAN	Tab	25 mg	1000	31722-700-10	Cozaar®	AB	White
LOSARTAN	Tab	50 mg	30	31722-701-30	Cozaar®	AB	White
LOSARTAN	Tab	50 mg	90	31722-701-90	Cozaar®	AB	White
LOSARTAN	Tab	50 mg	1000	31722-701-10	Cozaar®	AB	White
LOSARTAN	Tab	100 mg	30	31722-702-30	Cozaar®	AB	White
LOSARTAN	Tab	100 mg	90	31722-702-90	Cozaar®	AB	White
LOSARTAN	Tab	100 mg	1000	31722-702-10	Cozaar®	AB	White
MARAVIROC							
MARAVIROC	Tab	150 mg	60	31722-579-60	Selzentry®	AB	White to Off White
MARAVIROC	Tab	300 mg	60	31722-580-60	Selzentry®	AB	White to Off White
MESALAMINE SUPPOSITORY							
MESALAMINE	Supp	1000 mg	30	31722-005-30	Canasa®	AB	Light Tan
METHADONE*							
METHADONE*	Tab	5 mg	100	31722-946-01	Dolophine®	AA	White
METHADONE*	Tab	10 mg	100	31722-947-01	Dolophine®	AA	White
METHOCARBAMOL							
METHOCARBAMOL	Tab	500 mg	100	31722-533-01	Robaxin®	AA	Off White
METHOCARBAMOL	Tab	500 mg	500	31722-533-05	Robaxin®	AA	Off White
METHOCARBAMOL	Tab	750 mg	100	31722-534-01	Robaxin®	AA	Off White
METHOCARBAMOL	Tab	750 mg	500	31722-534-05	Robaxin®	AA	Off White
METHYLPHENIDATE*							
METHYLPHENIDATE*	Tab	5 mg	100	31722-173-01	Ritalin®	AB	Light Yellow
METHYLPHENIDATE*	Tab	10 mg	100	31722-174-01	Ritalin®	AB	Light Blue
METHYLPHENIDATE*	Tab	20 mg	100	31722-175-01	Ritalin®	AB	Light Yellow
METHYLPHENIDATE CHEWABLE*							
METHYLPHENIDATE CHEWABLE*	Tab-Chew	2.5 mg	100	31722-926-01	Methylin®	AB	White
METHYLPHENIDATE CHEWABLE*	Tab-Chew	5 mg	100	31722-927-01	Methylin®	AB	White
METHYLPHENIDATE CHEWABLE*	Tab-Chew	10 mg	100	31722-928-01	Methylin®	AB	White
METHYLPHENIDATE ER*							
METHYLPHENIDATE ER*	Tab	18 mg	100	31722-952-01	Concerta®	AB	Yellow
METHYLPHENIDATE ER*	Tab	27 mg	100	31722-953-01	Concerta®	AB	Light Pink
METHYLPHENIDATE ER*	Tab	36 mg	100	31722-954-01	Concerta®	AB	White
METHYLPHENIDATE ER*	Tab	54 mg	100	31722-955-01	Concerta®	AB	Light Brown
METOPROLOL SUCCINATE ER							
METOPROLOL SUCCINATE ER	Tab	25 mg	100	31722-589-01	TOPROL-XL®	AB	White to Off White
METOPROLOL SUCCINATE ER	Tab	25 mg	500	31722-589-05	TOPROL-XL®	AB	White to Off White
METOPROLOL SUCCINATE ER	Tab	25 mg	1000	31722-589-10	TOPROL-XL®	AB	White to Off White
METOPROLOL SUCCINATE ER	Tab	50 mg	100	31722-590-01	TOPROL-XL®	AB	White to Off White
METOPROLOL SUCCINATE ER	Tab	50 mg	500	31722-590-05	TOPROL-XL®	AB	White to Off White
METOPROLOL SUCCINATE ER	Tab	50 mg	1000	31722-590-10	TOPROL-XL®	AB	White to Off White
METOPROLOL SUCCINATE ER	Tab	100 mg	100	31722-591-01	TOPROL-XL®	AB	White to Off White
METOPROLOL SUCCINATE ER	Tab	100 mg	500	31722-591-05	TOPROL-XL®	AB	White to Off White
METOPROLOL SUCCINATE ER	Tab	100 mg	1000	31722-591-10	TOPROL-XL®	AB	White to Off White
METOPROLOL SUCCINATE ER	Tab	200 mg	100	31722-592-01	TOPROL-XL®	AB	White to Off White
METOPROLOL SUCCINATE ER	Tab	200 mg	500	31722-592-05	TOPROL-XL®	AB	White to Off White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
MONTELUKAST							
MONTELUKAST	Tab	10 mg	30	31722-726-30	Singulair®	AB	Beige
MONTELUKAST	Tab	10 mg	90	31722-726-90	Singulair®	AB	Beige
MONTELUKAST	Tab	10 mg	1000	31722-726-10	Singulair®	AB	Beige
MONTELUKAST CHEWABLE							
MONTELUKAST CHEWABLE	Tab-Chew	4 mg	30	31722-727-30	Singulair®	AB	Light Pink
MONTELUKAST CHEWABLE	Tab-Chew	4 mg	90	31722-727-90	Singulair®	AB	Light Pink
MONTELUKAST CHEWABLE	Tab-Chew	5 mg	30	31722-728-30	Singulair®	AB	Light Pink
MONTELUKAST CHEWABLE	Tab-Chew	5 mg	90	31722-728-90	Singulair®	AB	Light Pink
NAPROXEN SUSPENSION							
NAPROXEN	Susp	125 mg/5 mL	500 mL	31722-682-05	Naprosyn®	AB	Orange
NEBIVOLOL							
NEBIVOLOL	Tab	2.5 mg	30	31722-585-30	Bystolic®	AB	White to Off White
NEBIVOLOL	Tab	5 mg	30	31722-586-30	Bystolic®	AB	Light Orange
NEBIVOLOL	Tab	5 mg	90	31722-586-90	Bystolic®	AB	Light Orange
NEBIVOLOL	Tab	10 mg	30	31722-587-30	Bystolic®	AB	Light Peach
NEBIVOLOL	Tab	10 mg	90	31722-587-90	Bystolic®	AB	Light Peach
NEBIVOLOL	Tab	20 mg	30	31722-588-30	Bystolic®	AB	White to Off White
NEBIVOLOL	Tab	20 mg	90	31722-588-90	Bystolic®	AB	White to Off White
NEOSTIGMINE METHYLSULFATE							
NEOSTIGMINE METHYLSULFATE	Inj	10 mg/ 10 mL	10 x 10mL	31722-995-31	Bloxiverz®	AP	Clear
NEVIRAPINE							
NEVIRAPINE	Tab	200 mg	60	31722-505-60	Viramune®	AB	Off-White
OMEGA-3*							
OMEGA-3*	Soft Gel Cap	1 g	120	31722-936-12	Lovaza®	AB	Yellow
OSELTAMIVIR							
OSELTAMIVIR	Cap	30 mg	10	31722-630-31	Tamiflu®	AB	Light Yellow
OSELTAMIVIR	Cap	45 mg	10	31722-631-31	Tamiflu®	AB	Grey
OSELTAMIVIR	Cap	75 mg	10	31722-632-31	Tamiflu®	AB	Light Yellow
OXCARBAZEPINE							
OXCARBAZEPINE	Tab	150 mg	100	31722-023-01	Trileptal®	AB	Brown
OXCARBAZEPINE	Tab	300 mg	100	31722-024-01	Trileptal®	AB	Brown
OXCARBAZEPINE	Tab	600 mg	100	31722-025-01	Trileptal®	AB	Brown
OXYCODONE APAP*							
OXYCODONE APAP*	Tab	2.5 mg /325 mg	100	31722-948-01	Percocet®	AB	White
OXYCODONE APAP*	Tab	5 mg /325 mg	100	31722-949-01	Percocet®	AB	White
OXYCODONE APAP*	Tab	5 mg /325 mg	500	31722-949-05	Percocet®	AB	White
OXYCODONE APAP*	Tab	7.5 mg /325 mg	100	31722-950-01	Percocet®	AB	White
OXYCODONE APAP*	Tab	7.5 mg /325 mg	500	31722-950-05	Percocet®	AB	White
OXYCODONE APAP*	Tab	10 mg /325 mg	100	31722-951-01	Percocet®	AB	White
OXYCODONE APAP*	Tab	10 mg /325 mg	500	31722-951-05	Percocet®	AB	White
OXYCODONE HCL*							
OXYCODONE HCL*	Tab	15 mg	100	31722-917-01	Roxicodone®	AB	Light Yellow
OXYCODONE HCL*	Tab	15 mg	500	31722-917-05	Roxicodone®	AB	Light Yellow
OXYCODONE HCL*	Tab	30 mg	100	31722-918-01	Roxicodone®	AB	Light Yellow
OXYCODONE HCL*	Tab	30 mg	500	31722-918-05	Roxicodone®	AB	Light Yellow
OXYMORPHONE*							
OXYMORPHONE*	Tab	5 mg	100	31722-929-01	Opana IR®	AB	White
OXYMORPHONE*	Tab	10 mg	100	31722-930-01	Opana IR®	AB	Pink

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
PANTOPRAZOLE							
PANTOPRAZOLE	Tab	20 mg	90	31722-712-90	Protonix®	AB	Yellow
PANTOPRAZOLE	Tab	40 mg	90	31722-713-90	Protonix®	AB	Yellow
PANTOPRAZOLE	Tab	40 mg	1000	31722-713-10	Protonix®	AB	Yellow
PIRFENIDONE							
PIRFENIDONE	Tab	267 mg	270	31722-872-27	Esbriet®	AB	White
PIRFENIDONE	Tab	801 mg	90	31722-873-90	Esbriet®	AB	Red
POTASSIUM CITRATE ER*							
POTASSIUM CITRATE ER*	Tab	5 mEq	100	31722-129-01	Urocit-K®	AB	Off White to Tan Yellowish
POTASSIUM CITRATE ER*	Tab	10 mEq	100	31722-130-01	Urocit-K®	AB	Off White to Tan Yellowish
POTASSIUM CITRATE ER*	Tab	15 mEq	100	31722-132-01	Urocit-K®	AB	Off White to Tan Yellowish
POTASSIUM CHLORIDE ER*							
POTASSIUM CHLORIDE ER*	Tab	(750 mg) 10 mEq K	100	31722-133-01	Klor-Con®	AB	White
POTASSIUM CHLORIDE ER*	Tab	(750 mg) 10 mEq K	500	31722-133-05	Klor-Con®	AB	White
POTASSIUM CHLORIDE ER*	Tab	(1500 mg) 20 mEq K	100	31722-135-01	Klor-Con®	AB	White
POTASSIUM CHLORIDE ER*	Tab	(1500 mg) 20 mEq K	500	31722-135-05	Klor-Con®	AB	White
PREGABALIN							
PREGABALIN	Cap	25 mg	90	31722-610-90	Lyrica®	AB	White/White
PREGABALIN	Cap	25 mg	500	31722-610-05	Lyrica®	AB	White/White
PREGABALIN	Cap	50 mg	90	31722-611-90	Lyrica®	AB	White/White
PREGABALIN	Cap	50 mg	500	31722-611-05	Lyrica®	AB	White/White
PREGABALIN	Cap	75 mg	90	31722-612-90	Lyrica®	AB	Light Peach/White
PREGABALIN	Cap	75 mg	500	31722-612-05	Lyrica®	AB	Light Peach/White
PREGABALIN	Cap	100 mg	90	31722-613-90	Lyrica®	AB	Light Peach/Light Peach
PREGABALIN	Cap	100 mg	500	31722-613-05	Lyrica®	AB	Light Peach/Light Peach
PREGABALIN	Cap	150 mg	90	31722-614-90	Lyrica®	AB	White/White
PREGABALIN	Cap	150 mg	500	31722-614-05	Lyrica®	AB	White/White
PREGABALIN	Cap	200 mg	90	31722-615-90	Lyrica®	AB	Light Peach/Light Peach
PREGABALIN	Cap	200 mg	500	31722-615-05	Lyrica®	AB	Light Peach/Light Peach
PREGABALIN	Cap	225 mg	90	31722-616-90	Lyrica®	AB	Light Peach/White
PREGABALIN	Cap	225 mg	500	31722-616-05	Lyrica®	AB	Light Peach/White
PREGABALIN	Cap	300 mg	90	31722-617-90	Lyrica®	AB	Light Peach/White
PREGABALIN	Cap	300 mg	500	31722-617-05	Lyrica®	AB	Light Peach/White
RITONAVIR							
RITONAVIR	Tab	100 mg	30	31722-597-30	Norvir®	AB	White
ROFLUMILAST							
ROFLUMILAST	Tab	500 mg	30	31722-623-30	Daliresp®	AB	White
ROFLUMILAST	Tab	500 mg	90	31722-623-90	Daliresp®	AB	White
ROSUVASTATIN							
ROSUVASTATIN	Tab	5 mg	90	31722-882-90	Crestor®	AB	Yellow
ROSUVASTATIN	Tab	10 mg	90	31722-883-90	Crestor®	AB	Pink
ROSUVASTATIN	Tab	20 mg	90	31722-884-90	Crestor®	AB	Pink
ROSUVASTATIN	Tab	40 mg	30	31722-885-30	Crestor®	AB	Pink
RUFINAMIDE							
RUFINAMIDE	Tab	200 mg	120	31722-598-12	Banzel®	AB	Pink
RUFINAMIDE	Tab	400 mg	120	31722-599-12	Banzel®	AB	Pink

**VISIT CAMBERPHARMA.COM FOR MORE
INFORMATION ON ALL OF OUR PRODUCTS**

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
SAPROPTERIN DIHYDROCHLORIDE							
SAPROPTERIN DIHYDROCHLORIDE	Tab	100 mg	120	31722-045-12	Kuvan®	AB	Off-White to Yellow
SAPROPTERIN DIHYDROCHLORIDE							
SAPROPTERIN DIHYDROCHLORIDE	PFOS	100 mg	30	31722-047-30	Kuvan®	AB	Off-White to Yellow
SAPROPTERIN DIHYDROCHLORIDE	PFOS	500 mg	30	31722-048-30	Kuvan®	AB	Off-White to Yellow
SERTRALINE							
SERTRALINE*	Tab	25 mg	30	31722-145-30	Zoloft®	AB	Green
SERTRALINE*	Tab	25 mg	90	31722-145-90	Zoloft®	AB	Green
SERTRALINE*	Tab	25 mg	500	31722-145-05	Zoloft®	AB	Green
SERTRALINE*	Tab	50 mg	30	31722-146-30	Zoloft®	AB	Blue
SERTRALINE*	Tab	50 mg	90	31722-146-90	Zoloft®	AB	Blue
SERTRALINE*	Tab	50 mg	500	31722-146-05	Zoloft®	AB	Blue
SERTRALINE*	Tab	100 mg	30	31722-147-30	Zoloft®	AB	Light Yellow
SERTRALINE*	Tab	100 mg	90	31722-147-90	Zoloft®	AB	Light Yellow
SERTRALINE*	Tab	100 mg	500	31722-147-05	Zoloft®	AB	Light Yellow
SILDENAFIL							
SILDENAFIL	Tab	20 mg	90	31722-776-90	Revatio®	AB	White
SILDENAFIL							
SILDENAFIL	Tab	25 mg	30	31722-709-30	Viagra®	AB	White
SILDENAFIL	Tab	50 mg	30	31722-710-30	Viagra®	AB	White
SILDENAFIL	Tab	50 mg	100	31722-710-01	Viagra®	AB	White
SILDENAFIL	Tab	100 mg	30	31722-711-30	Viagra®	AB	White
SILDENAFIL	Tab	100 mg	100	31722-711-01	Viagra®	AB	White
SILDENAFIL SUSPENSION							
SILDENAFIL	Susp	10 mg/mL	112 mL	31722-136-31	Revatio for Oral Suspension®	AB	Clear to Pale Yellow
SILODOSIN							
SILODOSIN	Cap	4 mg	30	31722-635-30	Rapaflo®	AB	White
SILODOSIN	Cap	8 mg	30	31722-636-30	Rapaflo®	AB	White
SILODOSIN	Cap	8 mg	90	31722-636-90	Rapaflo®	AB	White
SIMPLE SYRUP*							
SIMPLE SYRUP*	Sol		473 mL	31722-937-47	Simple Syrup	NR	Clear
SOLIFENACIN SUCCINATE							
SOLIFENACIN SUCCINATE	Tab	5 mg	30	31722-027-30	Vesicare®	AB	White to Off White
SOLIFENACIN SUCCINATE	Tab	5 mg	90	31722-027-90	Vesicare®	AB	White to Off White
SOLIFENACIN SUCCINATE	Tab	10 mg	30	31722-028-30	Vesicare®	AB	White to Off White
SOLIFENACIN SUCCINATE	Tab	10mg	90	31722-028-90	Vesicare®	AB	White to Off White
SOSWEET SYRUP*							
SOSWEET SYRUP*	Sol		473 mL	31722-959-01	ORA-Sweet®	NR	Clear
SUCCINYLCHOLINE CHLORIDE							
SUCCINYLCHOLINE CHLORIDE	Inj	200 mg/10mL	25 x 10 mL	31722-981-31	Quelicin®	AP	Clear
TADALAFIL							
TADALAFIL	Tab	20 mg	30	31722-647-30	Adcirca®	AB	White
TADALAFIL							
TADALAFIL	Tab	2.5 mg	30	31722-643-30	Cialis®	AB	Blue
TADALAFIL	Tab	5 mg	30	31722-644-30	Cialis®	AB	White
TADALAFIL	Tab	10 mg	30	31722-645-30	Cialis®	AB	White
TADALAFIL	Tab	20 mg	30	31722-646-30	Cialis®	AB	White
TENOFIVIR							
TENOFOVIR		300 mg	30	31722-535-30	Viread®	AB	White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
TETRABENAZINE							
TETRABENAZINE	Tab	12.5 mg	112	31722-821-11	Xenazine®	AB	White
TETRABENAZINE	Tab	25 mg	112	31722-822-11	Xenazine®	AB	Yellow
TOLTERODINE TARTRATE IR							
TOLTERODINE TARTRATE IR	Tab	1 mg	60	31722-805-60	Detrol ®	AB	Pale Yellow
TOLTERODINE TARTRATE IR	Tab	2 mg	60	31722-806-60	Detrol ®	AB	White
TOLVAPTAN							
TOLVAPTAN	Tab	15 mg	10	31722-868-03	Samsca®	AB	White
TOLVAPTAN	Tab	30 mg	10	31722-869-03	Samsca®	AB	Blue
TORSEMIDE							
TORSEMIDE	Tab	5 mg	100	31722-529-01	Demadex®	AB	Off White
TORSEMIDE	Tab	10 mg	100	31722-530-01	Demadex®	AB	Off White
TORSEMIDE	Tab	20 mg	100	31722-531-01	Demadex®	AB	Off White
TORSEMIDE	Tab	100 mg	100	31722-532-01	Demadex®	AB	Off White
VALACYCLOVIR							
VALACYCLOVIR	Tab	500 mg	30	31722-704-30	Valtrex®	AB	Blue
VALACYCLOVIR	Tab	500 mg	90	31722-704-90	Valtrex®	AB	Blue
VALACYCLOVIR	Tab	1000 mg	30	31722-705-30	Valtrex®	AB	White
VALACYCLOVIR	Tab	1000 mg	90	31722-705-90	Valtrex®	AB	White
VALGANCICLOVIR							
VALGANCICLOVIR	Tab	450 mg	60	31722-832-60	Valcyte®	AB	White
VALGANCICLOVIR SOLUTION							
VALGANCICLOVIR	Sol	50 mg/ mL	88 mL	31722-837-10	Valcyte®	AB	White to Light Yellow
VALSARTAN							
VALSARTAN	Tab	40 mg	30	31722-151-30	Diovan®	AB	Yellow
VALSARTAN	Tab	80 mg	90	31722-152-90	Diovan®	AB	Pink
VALSARTAN	Tab	160 mg	90	31722-153-90	Diovan®	AB	Yellowish Brown
VALSARTAN	Tab	320 mg	90	31722-154-90	Diovan®	AB	Dark Grey Violet
VANCOMYCIN							
VANCOMYCIN	Inj	500 mg	10	31722-210-10	no RLD	AP	White to Tan
VANCOMYCIN	Inj	1 g	10	31722-211-10	no RLD	AP	White to Tan
VENLAFAXINE HYDROCHLORIDE ER							
VENLAFAXINE HYDROCHLORIDE ER	Cap	37.5 mg	30	31722-002-30	Effexor XR®	AB	Grey/White
VENLAFAXINE HYDROCHLORIDE ER	Cap	37.5 mg	90	31722-002-90	Effexor XR®	AB	Grey/White
VENLAFAXINE HYDROCHLORIDE ER	Cap	75 mg	30	31722-003-30	Effexor XR®	AB	Peach/White
VENLAFAXINE HYDROCHLORIDE ER	Cap	75 mg	90	31722-003-90	Effexor XR®	AB	Peach/White
VENLAFAXINE HYDROCHLORIDE ER	Cap	150 mg	30	31722-004-30	Effexor XR®	AB	Orange/White
VENLAFAXINE HYDROCHLORIDE ER	Cap	150 mg	90	31722-004-90	Effexor XR®	AB	Orange/White
VENLAFAXINE ER*							
VENLAFAXINE ER*	Tab	37.5 mg	30	31722-123-30	Effexor ER®	AB	Off White/White
VENLAFAXINE ER*	Tab	37.5 mg	90	31722-123-90	Effexor ER®	AB	Off White/White
VENLAFAXINE ER*	Tab	75 mg	30	31722-124-30	Effexor ER®	AB	Off White/White
VENLAFAXINE ER*	Tab	75 mg	90	31722-124-90	Effexor ER®	AB	Off White/White
VENLAFAXINE ER*	Tab	150 mg	30	31722-125-30	Effexor ER®	AB	Off White/White
VENLAFAXINE ER*	Tab	150 mg	90	31722-125-90	Effexor ER®	AB	Off White/White
VENLAFAXINE ER*	Tab	225 mg	30	31722-126-30	Effexor ER®	AB	Off White/White

**VISIT CAMBERPHARMA.COM FOR MORE
INFORMATION ON ALL OF OUR PRODUCTS**

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RTG	COLOR
VENLAFAXINE ER*	Tab	225 mg	90	31722-126-90	Effexor ER®	AB	Off White/White
VIGABATRIN SOLUTION							
VIGABATRIN	Sol	500 mg	50	31722-009-50	Sabril®	AA	White to off White powder
ZAFIRLUKAST							
ZAFIRLUKAST	Tab	10 mg	60	31722-007-60	Accolate®	AB	White
ZAFIRLUKAST	Tab	20 mg	60	31722-008-60	Accolate®	AB	White
ZIDOVDINE							
ZIDOVDINE	Tab	300 mg	60	31722-509-60	Retrovir®	AB	Off White



NEXT LEVEL GENERICS FROM CAMBER

Quality, value, and supply are the hallmarks of Camber’s commitment to our partners and patients.

