



RX PRODUCT LIST

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* Manufactured in the US

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
ABACAVIR	Tab	300 mg	60	31722-557-60	12105005100320	94668	Ziagen®	AB		Yellow
ABACAVIR	Sol	20 mg/mL	240 mL	31722-562-24	12105005102020	94678	Ziagen®	AA		Clear Yellow
ACETAMINOPHEN	Inj	1000 mg/100 mL (10 mg/mL)	100 mL x 10 pk	31722-205-10	64200010002070	29311	Ofirmev®	AP		Clear
ACETAMINOPHEN	Inj	1000 mg/100 mL (10 mg/mL)	100 mL x 24 pk	31722-205-24	64200010002070	29311	Ofirmev®	AP		Clear
ACYCLOVIR	Tab	400 mg	100	31722-777-01	12405010000320	13724	Zovirax®	AB		Pink
ACYCLOVIR	Tab	400 mg	500	31722-777-05	12405010000320	13724	Zovirax®	AB		Pink
ACYCLOVIR	Tab	800 mg	100	31722-778-01	12405010000330	13721	Zovirax®	AB		Blue
ACYCLOVIR	Tab	800 mg	500	31722-778-05	12405010000330	13721	Zovirax®	AB		Blue
ACYCLOVIR	Susp	200 mg/5 mL	473 mL	31722-681-47	12405010001810	43731	Zovirax®	AB		Off-White
ALBENDAZOLE	Tab	200 mg	2	31722-935-02	15000002000320	53290	Albenza®	AB		White
ALLOPURINOL	Tab	100 mg	100	31722-252-01	68000010000305	07070	Zyloprim®	AB		White to off White
ALLOPURINOL	Tab	100 mg	500	31722-252-05	68000010000305	07070	Zyloprim®	AB		White to off White
ALLOPURINOL	Tab	100 mg	1000	31722-252-10	68000010000305	07070	Zyloprim®	AB		White to off White
ALLOPURINOL	Tab	300 mg	100	31722-253-01	68000010000310	07071	Zyloprim®	AB		White to off White
ALLOPURINOL	Tab	300 mg	500	31722-253-05	68000010000310	07071	Zyloprim®	AB		White to off White
ALLOPURINOL	Tab	300 mg	1000	31722-253-10	68000010000310	07071	Zyloprim®	AB		White to off White
AMINOCAPROIC ACID	Sol	0.25 g/mL	8 fl. oz.	31722-035-23	84100010002060	25580	Amicar®	AA		Clear
AMPHETAMINE ER*	Cap	5 mg	100	31722-185-01	61109902107005	17459	Adderall XR®	AB	II	Blue/Clear
AMPHETAMINE ER*	Cap	10 mg	100	31722-186-01	61109902107010	14635	Adderall XR®	AB	II	Blue/Blue
AMPHETAMINE ER*	Cap	15 mg	100	31722-187-01	61109902107015	17468	Adderall XR®	AB	II	White/Blue
AMPHETAMINE ER*	Cap	20 mg	100	31722-188-01	61109902107020	14636	Adderall XR®	AB	II	Orange/Orange
AMPHETAMINE ER*	Cap	25 mg	100	31722-189-01	61109902107025	17469	Adderall XR®	AB	II	White/Orange
AMPHETAMINE ER*	Cap	30 mg	100	31722-195-01	61109902107030	14637	Adderall XR®	AB	II	Yellow

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
ARIPIPIRAZOLE	Tab	2 mg	30	31722-819-30	59250015000305	26305	Abilify®	AB		Green
ARIPIPIRAZOLE	Tab	5 mg	30	31722-820-30	59250015000310	20173	Abilify®	AB		Blue
ARIPIPIRAZOLE	Tab	10 mg	30	31722-827-30	59250015000320	18537	Abilify®	AB		Pink
ARIPIPIRAZOLE	Tab	15 mg	30	31722-828-30	59250015000330	18538	Abilify®	AB		Yellow
ARIPIPIRAZOLE	Tab	20 mg	30	31722-829-30	59250015000340	18539	Abilify®	AB		White
ARIPIPIRAZOLE	Tab	30 mg	30	31722-830-30	59250015000350	18541	Abilify®	AB		Pink
ARIPIPIRAZOLE	Oral Sol	1 mg/mL	150 mL	31722-684-15	59250015002020	24062	Abilify®	AA		Clear
ATAZANAVIR	Cap	150 mg	60	31722-653-60	12104515200130	19952	Reyataz®	AB		Lt Green/Teal
ATAZANAVIR	Cap	200 mg	60	31722-654-60	12104515200140	19953	Reyataz®	AB		Green/Lt Green
ATAZANAVIR	Cap	300 mg	30	31722-655-30	12104515200150	97430	Reyataz®	AB		Orange/Green
ATOMOXETINE	Cap	10 mg	30	31722-714-30	61354015100110	18776	Strattera®	AB		White/White
ATOMOXETINE	Cap	18 mg	30	31722-715-30	61354015100118	18777	Strattera®	AB		Yellow/White
ATOMOXETINE	Cap	25 mg	30	31722-716-30	61354015100125	18778	Strattera®	AB		Blue/White
ATOMOXETINE	Cap	40 mg	30	31722-717-30	61354015100140	18779	Strattera®	AB		Blue/Blue
ATOMOXETINE	Cap	60 mg	30	31722-718-30	61354015100160	18781	Strattera®	AB		Blue/Yellow
ATOMOXETINE	Cap	80 mg	30	31722-719-30	61354015100170	26538	Strattera®	AB		Brown/White
ATOMOXETINE	Cap	100 mg	30	31722-720-30	61354015100180	26539	Strattera®	AB		Brown/Brown
ATORVASTATIN	Tab	10 mg	90	31722-424-90	39400010100310	43720	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	10 mg	500	31722-424-05	39400010100310	43720	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	10 mg	1000	31722-424-10	39400010100310	43720	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	20 mg	90	31722-425-90	39400010100320	43721	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	20 mg	500	31722-425-05	39400010100320	43721	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	20 mg	1000	31722-425-10	39400010100320	43721	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	40 mg	90	31722-426-90	39400010100330	43722	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	40 mg	500	31722-426-05	39400010100330	43722	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	40 mg	1000	31722-426-10	39400010100330	43722	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	80 mg	90	31722-427-90	39400010100350	43723	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	80 mg	500	31722-427-05	39400010100350	43723	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	80 mg	1000	31722-427-10	39400010100350	43723	Lipitor®	AB		White to off White



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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
ATOVAQUONE	Susp	750 mg/5 mL	210 mL	31722-629-21	16400020001820	34490	Mepron®	AB		Yellow
AVANAFIL	Tab	50 mg	30	31722-440-30	40304015000320	35716	Stendra®	AB		White to off White
AVANAFIL	Tab	100 mg	30	31722-441-30	40304015000330	35719	Stendra®	AB		White to off White
AVANAFIL	Tab	200 mg	30	31722-442-30	40304015000340	35725	Stendra®	AB		White to off White
BACLOFEN*	Tab	5 mg	100	31722-138-01	75100010000303	18012	Lioresal®	AB		White to off White
BACLOFEN*	Tab	10 mg	100	31722-998-01	75100010000305	18010	Lioresal®	AB		White to off White
BACLOFEN*	Tab	10 mg	1000	31722-998-10	75100010000305	18010	Lioresal®	AB		White to off White
BACLOFEN*	Tab	20 mg	100	31722-999-01	75100010000310	18011	Lioresal®	AB		White to off White
BACLOFEN*	Tab	20 mg	1000	31722-999-10	75100010000310	18011	Lioresal®	AB		White to off White
BENZONATATE*	Soft Gel Cap	100 mg	100	31722-956-01	43102010000105	29840	Tessalon®	AA		Yellow
BENZONATATE*	Soft Gel Cap	100 mg	500	31722-956-05	43102010000105	29840	Tessalon®	AA		Yellow
BENZONATATE*	Soft Gel Cap	200 mg	100	31722-958-01	43102010000110	93007	Tessalon®	AA		Yellow
BORTEZOMIB FOR INJECTION	Inj	3.5 mg	1 Single-Dose Vial	31722-303-31	21536015002122	44204	Velcade®	AP		White to Off White
BUPROPION HCL ER	Tab	100 mg	60	31722-066-60	58300040107420	16387	WellbutrinSR®	AB1		Red
BUPROPION HCL ER	Tab	100 mg	100	31722-066-01	58300040107420	16387	WellbutrinSR®	AB1		Red
BUPROPION HCL ER	Tab	100 mg	500	31722-066-05	58300040107420	16387	WellbutrinSR®	AB1		Red
BUPROPION HCL ER	Tab	150 mg	60	31722-067-60	58300040107430	16386	WellbutrinSR®	AB1		Green
BUPROPION HCL ER	Tab	150 mg	100	31722-067-01	58300040107430	16386	WellbutrinSR®	AB1		Green
BUPROPION HCL ER	Tab	150 mg	500	31722-067-05	58300040107430	16386	WellbutrinSR®	AB1		Green
BUPROPION HCL ER	Tab	200 mg	60	31722-068-60	58300040107440	17573	WellbutrinSR®	AB1		Yellow
BUPROPION HCL ER	Tab	200 mg	100	31722-068-01	58300040107440	17573	WellbutrinSR®	AB1		Yellow
CAPECITABINE	Tab	150 mg	60	31722-774-60	21300005000320	31611	Xeloda®	AB		Light Peach
CAPECITABINE	Tab	500 mg	60	31722-775-60	21300005000350	31612	Xeloda®	AB		Peach
CAPECITABINE	Tab	500 mg	120	31722-775-12	21300005000350	31612	Xeloda®	AB		Peach

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CAPTOPRIL*	Tab	12.5 mg	100	31722-141-01	36100010000305	01483	Capoten®	AB		White to off white
CAPTOPRIL*	Tab	25 mg	100	31722-142-01	36100010000310	01481	Capoten®	AB		White to off white
CAPTOPRIL*	Tab	50 mg	100	31722-143-01	36100010000315	01482	Capoten®	AB		White to off white
CAPTOPRIL*	Tab	100 mg	100	31722-144-01	36100010000320	01480	Capoten®	AB		White to off white
CHERRY SYRUP*	Sol		473 mL	31722-938-47	98402020001200	36980	Cherry Syrup	-		Clear
CINACALCET	Tab	30 mg	30	31722-103-30	30905225100320	21497	Sensipar®	AB		Light Green
CINACALCET	Tab	60 mg	30	31722-104-30	30905225100330	21498	Sensipar®	AB		Light Green
CINACALCET	Tab	90 mg	30	31722-105-30	30905225100340	21499	Sensipar®	AB		Light Green
CITALOPRAM	Sol	10 mg/5 mL	240 mL	31722-564-24	58160020102020	16344	Celexa®	AA		Clear to Pale Yellow
COLCHICINE	Tab	0.6 mg	30	31722-899-30	68000020000310	35674	Colcrys®	AB		Purple
COLCHICINE	Tab	0.6 mg	100	31722-899-01	68000020000310	35674	Colcrys®	AB		Purple
DABIGATRAN ETEXILATE	Cap	75 mg	60	31722-621-60	83337030200120	99708	Pradaxa®	AB		Cream
DABIGATRAN ETEXILATE	Cap	110 mg	60	31722-666-60	83337030200130	99709	Pradaxa®	AB		Cream
DABIGATRAN ETEXILATE	Cap	110 mg	60 (10 x 6)	31722-666-32	83337030200130	99709	Pradaxa®	AB		Cream
DABIGATRAN ETEXILATE	Cap	150 mg	60	31722-622-60	83337030200140	29166	Pradaxa®	AB		Cream
DAPTOMYCIN FOR INJECTION	Inj	350 mg	1 x 20 mL	31722-215-01	16270030002130	26638	Daptomycin for Injection®	AP		Pale Yellow to Light Brown
DAPTOMYCIN FOR INJECTION	Inj	500 mg	1 x 30 mL	31722-216-01	16270030002140	20569	Cubicin®	AP		Pale Yellow to Light Brown
DARUNAVIR	Tab	600 mg	60	31722-568-60	12104520000325	99434	Prezista®	AB		Orange
DECITABINE	Inj	50 mg	20 mL	31722-304-31	21300015002120	27027	Dacogen®	AP		White to almost White

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
DEFERASIROX	Tab	90 mg	30	31722-011-30	93100025000320	38244	Jadenu®	AB		White to Off White
DEFERASIROX	Tab	180 mg	30	31722-012-30	93100025000330	38245	Jadenu®	AB		White to Off White
DEFERASIROX	Tab	360 mg	30	31722-013-30	93100025000340	38246	Jadenu®	AB		White to Off White
DEFERASIROX	Granules	90 mg	30	31722-029-32	93100025003020	43449	Jadenu®	AB		White to Off White
DEFERASIROX	Granules	180 mg	30	31722-030-32	93100025003030	43465	Jadenu®	AB		White to Off White
DEFERASIROX	Granules	360 mg	30	31722-031-32	93100025003040	43466	Jadenu®	AB		White to Off White
DEXMETHYLPHENIDATE*	Cap	5 mg	100	31722-229-01	61400016107020	24733	Focalin XR®	AB	II	Light Brown/ White
DEXMETHYLPHENIDATE*	Cap	10 mg	100	31722-230-01	61400016107030	24734	Focalin XR®	AB	II	White / White
DEXMETHYLPHENIDATE*	Cap	15 mg	100	31722-231-01	61400016107035	97111	Focalin XR®	AB	II	Yellow / White
DEXMETHYLPHENIDATE*	Cap	20 mg	100	31722-232-01	61400016107040	24735	Focalin XR®	AB	II	Light Brown / White
DEXMETHYLPHENIDATE*	Cap	25 mg	100	31722-233-01	61400016107045	30305	Focalin XR®	AB	II	Yellow/ White
DEXMETHYLPHENIDATE*	Cap	30 mg	100	31722-234-01	61400016107050	28035	Focalin XR®	AB	II	White / White
DEXMETHYLPHENIDATE*	Cap	35 mg	100	31722-235-01	61400016107055	30306	Focalin XR®	AB	II	Light Yellow/ Light Yellow
DEXMETHYLPHENIDATE*	Cap	40 mg	100	31722-236-01	61400016107060	28933	Focalin XR®	AB	II	Yellow/ White
DIATRIZOATE MEGLUMINE AND DIATRIZOATE SODIUM	Sol	66-10%	30 mL x 24 SD	31722-019-31	94402015302050		Gastrografin® Oral Sol	AA		Clear to Pale Yellow
DIATRIZOATE MEGLUMINE AND DIATRIZOATE SODIUM	Sol	66-10%	120 mL x 12 SD	31722-019-32	94402015302050		Gastrografin® Oral Sol	AA		Clear to Pale Yellow
DICLOFENAC POTASSIUM	Sol	50 mg	9	31722-046-32	67600040103020	30891	Cambia®	AB		White to off-white
DICYCLOMINE	Cap	10 mg	100	31722-052-01	49103010100105	19261	Bentyl®	AB		Light Blue to Blue
DICYCLOMINE	Cap	10 mg	1000	31722-052-10	49103010100105	19261	Bentyl®	AB		Light Blue to Blue
DIMETHYL FUMARATE	Cap	120 mg	14	31722-657-31	62405525006520	34434	Tecfidera®	AB		Blue
DIMETHYL FUMARATE	Cap	240 mg	60	31722-658-32	62405525006540	34435	Tecfidera®	AB		White
DIMETHYL FUMARATE	Cap	120 mg/240 mg SP	60	31722-680-60	62405525006320	34433	Tecfidera®	AB		120mg-Blue & 240mg- White

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
DIVALPROEX SODIUM	Tab	250 mg	100	31722-021-01	72500010107520	18754	Depakote®	AB		White to Off White
DIVALPROEX SODIUM	Tab	250 mg	500	31722-021-05	72500010107520	18754	Depakote®	AB		White to Off White
DIVALPROEX SODIUM	Tab	500 mg	100	31722-022-01	72500010107530	18040	Depakote®	AB		White to Off White
DONEPEZIL	Tab	5 mg	30	31722-737-30	62051025100310	04302	Aricept®	AB		White
DONEPEZIL	Tab	5 mg	90	31722-737-90	62051025100310	04302	Aricept®	AB		White
DONEPEZIL	Tab	5 mg	500	31722-737-05	62051025100310	04302	Aricept®	AB		White
DONEPEZIL	Tab	10 mg	30	31722-738-30	62051025100320	04300	Aricept®	AB		Yellow
DONEPEZIL	Tab	10 mg	90	31722-738-90	62051025100320	04300	Aricept®	AB		Yellow
DONEPEZIL	Tab	10 mg	500	31722-738-05	62051025100320	04300	Aricept®	AB		Yellow
DROSPIRENONE ETHINYL ESTRADIOL	Tab	3 mg/0.02 mg	3x28 ct	31722-934-32	25990002150316	26737	Yaz®	AB		Active-Pink/Placebo-White
DROSPIRENONE ETHINYL ESTRADIOL	Tab	3 mg/0.03 mg	3x28ct	31722-945-31	25990002150320	13083	Yasmin®	AB		Active-Yellow/Placebo-White
DROXIDOPA	Cap	100 mg	90	31722-014-90	38700030000130	36088	Northera®	AB		Pink Opaque
DROXIDOPA	Cap	200 mg	90	31722-015-90	38700030000140	36089	Northera®	AB		Light Blue
DROXIDOPA	Cap	300 mg	90	31722-010-90	38700030000150	36093	Northera®	AB		White Opaque
DULOXETINE	Cap	20 mg	60	31722-168-60	58180025106720	23161	Cymbalta®	AB		Green
DULOXETINE	Cap	30 mg	30	31722-169-30	58180025106730	23162	Cymbalta®	AB		Blue/White
DULOXETINE	Cap	60 mg	30	31722-170-30	58180025106750	23164	Cymbalta®	AB		Blue/Green
DUTASTERIDE*	Cap	0.5 mg	30	31722-131-30	56851020000120	18428	Avodart®	AB		Yellow
DUTASTERIDE*	Cap	0.5 mg	90	31722-131-90	56851020000120	18428	Avodart®	AB		Yellow
EFAVIRENZ	Tab	600 mg	30	31722-504-30	12109030000330	15555	Sustiva®	AB		Yellow
EFAVIRENZ, EMTRICITABINE, TENOFIVIR DISOPROXIL FUMARATE	Tab	600 mg/200 mg/ 300 mg	30	31722-736-30	12109903300320	27346	Atripla®	AB		White to Off White
EMTRICITABINE AND TENOFIVIR DISOPROXIL FUMARATE	Tab	200 mg/ 300 mg	30	31722-560-30	12109902300320	23152	Truvada®	AB		White to Off White



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ENALAPRIL	Sol	1 mg/mL	150 mL	31722-020-15	36100020102020	42337	Epaned®	AB		Clear
ENTECAVIR	Tab	0.5 mg	30	31722-833-30	12352030000380	24466	Baraclude®	AB		White
ENTECAVIR	Tab	0.5 mg	90	31722-833-90	12352030000320	24466	Baraclude®	AB		White
ENTECAVIR	Tab	1 mg	30	31722-834-30	12352030000330	24467	Baraclude®	AB		Pink
EPLERENONE	Tab	25 mg	30	31722-049-30	36250030000320	91883	Inspra®	AB		Light Yellow
EPLERENONE	Tab	25 mg	90	31722-049-90	36250030000320	91883	Inspra®	AB		Light Yellow
EPLERENONE	Tab	50 mg	30	31722-050-30	36250030000330	91884	Inspra®	AB		Light Yellow
EPLERENONE	Tab	50 mg	90	31722-050-90	36250030000330	91884	Inspra®	AB		Light Yellow
ERLOTINIB	Tab	25 mg	30	31722-263-30	21360025100320	23795	Tarceva®	AB		White
ERLOTINIB	Tab	100 mg	30	31722-264-30	21360025100330	23794	Tarceva®	AB		White
ERLOTINIB	Tab	150 mg	30	31722-265-30	21360025100360	23793	Tarceva®	AB		White
ESCITALOPRAM	Sol	5 mg/5 mL	240 mL	31722-569-24	58160034102020	19035	Lexapro®	AA		Pale Yellow
ESOMEPRAZOLE TRIHYDRATE	Cap	20 mg	30	31722-664-30	49270025106520	12867	Nexium®	AB		White
ESOMEPRAZOLE TRIHYDRATE	Cap	20 mg	90	31722-664-90	49270025106520	12867	Nexium®	AB		White
ESOMEPRAZOLE TRIHYDRATE	Cap	20 mg	1000	31722-664-10	49270025106520	12867	Nexium®	AB		White
ESOMEPRAZOLE TRIHYDRATE	Cap	40 mg	30	31722-665-30	49270025106540	12868	Nexium®	AB		White
ESOMEPRAZOLE TRIHYDRATE	Cap	40 mg	90	31722-665-90	49270025106540	12868	Nexium®	AB		White
ESOMEPRAZOLE TRIHYDRATE	Cap	40 mg	1000	31722-665-10	49270025106540	12868	Nexium®	AB		White
ESZOPICLONE	Tab	1 mg	30	31722-855-30	60204035000320	23927	Lunesta®	AB	CIV	Light Blue
ESZOPICLONE	Tab	1 mg	100	31722-855-01	60204035000320	23927	Lunesta®	AB	CIV	Light Blue
ESZOPICLONE	Tab	2 mg	30	31722-856-30	60204035000330	23926	Lunesta®	AB	CIV	White to Off White
ESZOPICLONE	Tab	2 mg	100	31722-85601	60204035000330	23926	Lunesta®	AB	CIV	White to Off White
ESZOPICLONE	Tab	3 mg	100	31722-857-01	60204035000340	23925	Lunesta®	AB	CIV	Dark Blue to Blue
EZETIMIBE	Tab	10 mg	30	31722-628-30	39300030000320	18387	Zetia®	AB		White to Off White
EZETIMIBE	Tab	10 mg	90	31722-628-90	39300030000320	18387	Zetia®	AB		White to Off White
EZETIMIBE	Tab	10 mg	500	31722-628-05	39300030000320	18387	Zetia®	AB		White to Off White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
FAMCICLOVIR	Tab	125 mg	30	31722-706-30	12408040000305	14101	Famvir®	AB		White
FAMCICLOVIR	Tab	250 mg	30	31722-707-30	12408040000310	14109	Famvir®	AB		White
FAMCICLOVIR	Tab	500 mg	30	31722-708-30	12408040000320	14108	Famvir®	AB		White
FAMOTIDINE	Tab	20 mg	100	31722-017-01	49200030000320	46430	Pepcid®	AB		Light Yellow
FAMOTIDINE	Tab	20 mg	1000	31722-017-10	49200030000320	46430	Pepcid®	AB		Light Yellow
FAMOTIDINE	Tab	40 mg	100	31722-018-01	49200030000340	46431	Pepcid®	AB		White
FAMOTIDINE	Tab	40 mg	500	31722-018-05	49200030000340	46431	Pepcid®	AB		White
FAMOTIDINE	Tab	40 mg	1000	31722-018-10	49200030000340	46431	Pepcid®	AB		White
FAMOTIDINE	Susp	40 mg/5 mL	50 mL	31722-063-31	49200030001920	45960	Pepcid® for Oral Suspension	AB		White to off-White
FENOFIBRATE	Tab	48 mg	90	31722-595-90	39200025000310	97002	Tricor®	AB		Yellow
FENOFIBRATE	Tab	145 mg	90	31722-596-90	39200025000323	97003	Tricor®	AB		White
FESOTERODINE ER	Tab	4 mg	30	31722-033-30	54100020207520	99711	Toviaz®	AB		Light Blue
FESOTERODINE ER	Tab	8 mg	30	31722-034-30	54100020207530	99712	Toviaz®	AB		Blue
FINASTERIDE	Tab	1 mg	30	31722-526-30	90736030000310	29248	Propecia®	AB		Brown
FINASTERIDE	Tab	1 mg	90	31722-526-90	90736030000310	29248	Propecia®	AB		Brown
FINASTERIDE	Tab	5 mg	30	31722-525-30	56851030000320	30521	Proscar®	AB		Blue
FINASTERIDE	Tab	5 mg	90	31722-525-90	56851030000320	30521	Proscar®	AB		Blue
FINASTERIDE	Tab	5 mg	1000	31722-525-10	56851030000320	30521	Proscar®	AB		Blue
FINGOLIMOD	Cap	0.5 mg	30	31722-889-30	62407025100120	29073	Gilenya®	AB		White/Yellow
FOSAPREPITANT	Inj	150 mg	10 mL	31722-165-31	50280035102130	29247	Emend®	AP		White to off White
GABAPENTIN*	Tab	600 mg	100	31722-166-01	72600030000330	94624	Neurontin®	AB	V**	White
GABAPENTIN*	Tab	600 mg	500	31722-166-05	72600030000330	94624	Neurontin®	AB	V**	White
GABAPENTIN*	Tab	800 mg	100	31722-167-01	72600030000340	94447	Neurontin®	AB	V**	White
GABAPENTIN*	Tab	800 mg	500	31722-167-05	72600030000340	94447	Neurontin®	AB	V**	White



* Manufactured in the US

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
GABAPENTIN*	Cap	100 mg	100	31722-148-01	72600030000110	00780	Neurontin Caps®		V**	White
GABAPENTIN*	Cap	100 mg	500	31722-148-05	72600030000110	00780	Neurontin Caps®	AB	V**	White
GABAPENTIN*	Cap	300 mg	100	31722-149-01	72600030000130	00781	Neurontin Caps®	AB	V**	Yellow
GABAPENTIN*	Cap	300 mg	500	31722-149-05	72600030000130	00781	Neurontin Caps®	AB	V**	Yellow
GABAPENTIN*	Cap	400 mg	100	31722-150-01	72600030000140	00782	Neurontin Caps®	AB	V**	Orange
GABAPENTIN*	Cap	400 mg	500	31722-150-05	72600030000140	00782	Neurontin Caps®	AB	V**	Orange
GABAPENTIN	Tab	300	90	31722-091-90	62540030000320	30295	Gralise®	AB2	V**	White
GABAPENTIN	Tab	600	90	31722-092-90	62540030000330	30296	Gralise®	AB2	V**	Yellow
GABAPENTIN	Sol	250 mg/ 5 mL	470 mL	31722-069-47	726000300002020	13235	Neurontin®	AA	V**	Clear to Slight Yellow
GEMFIBROZIL*	Tab	600 mg	60	31722-128-60	39200030000310	25540	Lopid®	AB		White
GEMFIBROZIL*	Tab	600 mg	500	31722-128-05	39200030000310	25540	Lopid®	AB		White
GLYCERIN LIQUID*	Sol	99.70%	473 mL	31722-939-47	96200050000900	14335	Glycerin Liquid	-		Clear
GLYCERIN LIQUID*	Sol	99.50%	473 mL	31722-137-47	96200050000900	14335	Glycerin Liquid	-		Clear
GLYCOPYRROLATE	Sol	1 mg/5 mL (0.2 mg/mL)	473 mL	31722-016-47	49102030002060	29344	Cuvposa®	AA		Clear
HYDRALAZINE	Tab	10 mg	100	31722-519-01	36400010100305	01241	Apresoline®	AA		Orange
HYDRALAZINE	Tab	25 mg	100	31722-520-01	36400010100310	01243	Apresoline®	AA		Orange
HYDRALAZINE	Tab	25 mg	1000	31722-520-10	36400010100310	01243	Apresoline®	AA		Orange
HYDRALAZINE	Tab	50 mg	100	31722-521-01	36400010100315	01244	Apresoline®	AA		Orange
HYDRALAZINE	Tab	50 mg	1000	31722-521-10	36400010100315	01244	Apresoline®	AA		Orange
HYDRALAZINE	Tab	100 mg	100	31722-522-01	36400010100320	01242	Apresoline®	AA		Orange

**This product is classified as a schedule V controlled substance in Alabama, Kentucky, North Dakota, Tennessee, Utah, Virginia, and West Virginia.

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
HYDROCODONE APAP*	Tab	5 mg / 325 mg	100	31722-996-01	65991702100356	47430	Norco®	AA	II	Off White
HYDROCODONE APAP*	Tab	5 mg / 325 mg	500	31722-996-05	65991702100356	47430	Norco®	AA	II	Off White
HYDROCODONE APAP*	Tab	7.5 mg / 325 mg	100	31722-942-01	65991702100358	47431	Norco®	AA	II	Off White
HYDROCODONE APAP*	Tab	7.5 mg / 325 mg	500	31722-942-05	65991702100358	47431	Norco®	AA	II	Off White
HYDROCODONE APAP*	Tab	10 mg / 325 mg	100	31722-997-01	65991702100305	30623	Norco®	AA	II	Off White
HYDROCODONE APAP*	Tab	10 mg / 325 mg	500	31722-997-05	65991702100305	30623	Norco®	AA	II	Off White
IBUPROFEN AND FAMOTIDINE	Tab	800 mg / 26.6 mg	90	31722-315-90	66109902320340	30547	Duexis®	AB		Blue/Light Blue
ICOSAPENT ETHYL*	Cap	0.5 gm	240	31722-298-24	39500035100110	42365	Vascepa®	AB		Clear
ICOSAPENT ETHYL*	Cap	1 gm	120	31722-299-12	39500035100120	33238	Vascepa®	AB		Clear
INDOMETHACIN	Cap	25 mg	100	31722-542-01	66100030000105	35680	Indomethacin®	AB		Green
INDOMETHACIN	Cap	50 mg	100	31722-543-01	66100030000110	35681	Indomethacin®	AB		Green
INDOMETHACIN ER	Cap	75 mg	60	31722-565-60	66100030000205	35690	Indocin SR®	AB		White
INDOMETHACIN ER	Cap	75 mg	100	31722-565-01	66100030000205	35690	Indocin SR®	AB		White
IRBESARTAN	Tab	75 mg	30	31722-729-30	36150030000310	4752	Avapro®	AB		White
IRBESARTAN	Tab	75 mg	90	31722-729-90	36150030000310	4752	Avapro®	AB		White
IRBESARTAN	Tab	150 mg	30	31722-730-30	36150030000320	4749	Avapro®	AB		White
IRBESARTAN	Tab	150 mg	90	31722-730-90	36150030000320	4749	Avapro®	AB		White
IRBESARTAN	Tab	300 mg	30	31722-731-30	36150030000340	4750	Avapro®	AB		White
IRBESARTAN	Tab	300 mg	90	31722-731-90	36150030000340	4750	Avapro®	AB		White
ITRACONAZOLE	Sol	10 mg/mL	150 mL	31722-006-31	11407035002020	49100	Sporanox®	AA		Clear
IVABRADINE	Tab	5 mg	60	31722-053-60	40700035100320	26238	Corlanor®	AB		White to Off White
IVABRADINE	Tab	7.5 mg	60	31722-054-60	40700035100330	26239	Corlanor®	AB		Tan

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
KETOROLAC TROMETHAMINE	Inj	15 mg/ mL	10 x 1 mL SDV	31722-305-10	66100037102015	35238	Toradol® Inj	AP		Clear-Slightly Yellow
KETOROLAC TROMETHAMINE	Inj	15 mg/ mL	25 x 1 mL SDV	31722-305-25	66100037102015	35238	Toradol® Inj	AP		Clear-Slightly Yellow
KETOROLAC TROMETHAMINE	Inj	30 mg/ mL	25 x 1 mL SDV	31722-306-25	66100037102030	35239	Toradol® Inj	AP		Clear-Slightly Yellow
KETOROLAC TROMETHAMINE	Inj	60 mg/ 2 mL (30 mg/mL)	25 x 2 mL SDV	31722-307-25	66100037102034	35236	Toradol® Inj	AP		Clear-Slightly Yellow
KETOROLAC TROMETHAMINE	Tab	10 mg	100	31722-686-01	66100037100320	32531	Toradol®	AB		White to Off White
LACOSAMIDE	Tab	50 mg	60	31722-812-60	72600036000320	14338	Vimpat®	AB	V	Pink
LACOSAMIDE	Tab	100 mg	60	31722-813-60	72600036000330	14339	Vimpat®	AB	V	Yellow
LACOSAMIDE	Tab	150 mg	60	31722-814-60	72600036000340	14341	Vimpat®	AB	V	Salmon
LACOSAMIDE	Tab	200 mg	60	31722-815-60	72600036000350	14342	Vimpat®	AB	V	Blue
LACOSAMIDE	Inj	200 mg/20 mL (10 mg/mL)	10 x 20 mL	31722-203-31	72600036002020	14344	Vimpat®	AP	V	Clear
LACOSAMIDE	Sol	10 mg/mL	200 mL	31722-627-26	72600036002060	28643	Vimpat®	AA	V	Clear
LAMIVUDINE/ZIDOVUDINE	Tab	150/300 mg	60	31722-506-60	12109902500320	89621	Combivir®	AB		White
LAMOTRIGINE ER	Tab	25 mg	30	31722-240-30	72600040007510	24693	Lamictal XR®	AB		Yellow
LAMOTRIGINE ER	Tab	50 mg	30	31722-241-30	72600040007520	24697	Lamictal XR®	AB		Green
LAMOTRIGINE ER	Tab	100 mg	30	31722-242-30	72600040007530	24703	Lamictal XR®	AB		Orange
LAMOTRIGINE ER	Tab	200 mg	30	31722-243-30	72600040007540	24739	Lamictal XR®	AB		Blue
LAMOTRIGINE ER	Tab	250 mg	30	31722-244-30	72600040007545	30787	Lamictal XR®	AB		Purple
LAMOTRIGINE ER	Tab	300 mg	30	31722-245-30	72600040007550	29725	Lamictal XR®	AB		Gray
LANSOPRAZOLE DR	Cap	15 mg	30	31722-570-30	49270040006510	01697	Prevacid®	AB		Pink/Green
LANSOPRAZOLE DR	Cap	30 mg	90	31722-571-90	49270040006520	01698	Prevacid®	AB		Pink/Black
LANSOPRAZOLE DR	Cap	30 mg	500	31722-571-05	49270040006520	01698	Prevacid®	AB		Pink/Black

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
LENALIDOMIDE	Cap	2.5 mg	28	31722-257-28	99394050000110	31911	Revlimid®	AB		Pink/White
LENALIDOMIDE	Cap	5 mg	28	31722-258-28	99394050000120	26314	Revlimid®	AB		White/White
LENALIDOMIDE	Cap	10 mg	28	31722-259-28	99394050000130	26315	Revlimid®	AB		Orange/White
LENALIDOMIDE	Cap	15 mg	21	31722-260-21	99394050000140	27276	Revlimid®	AB		Red/White
LENALIDOMIDE	Cap	20 mg	21	31722-261-21	99394050000145	34743	Revlimid®	AB		Brown/White
LENALIDOMIDE	Cap	25 mg	21	31722-262-21	99394050000150	27277	Revlimid®	AB		White/White
LEVETIRACETAM	Tab	250 mg	120	31722-536-12	72600043000320	41587	Keppra®	AB		Blue
LEVETIRACETAM	Tab	250 mg	500	31722-536-05	72600043000320	41587	Keppra®	AB		Blue
LEVETIRACETAM	Tab	500 mg	120	31722-537-12	72600043000330	41597	Keppra®	AB		Yellow
LEVETIRACETAM	Tab	500 mg	500	31722-537-05	72600043000330	41597	Keppra®	AB		Yellow
LEVETIRACETAM	Tab	750 mg	120	31722-538-12	72600043000340	41586	Keppra®	AB		Orange
LEVETIRACETAM	Tab	750 mg	500	31722-538-05	72600043000340	41586	Keppra®	AB		Orange
LEVETIRACETAM	Tab	1000 mg	60	31722-539-60	72600043000350	86223	Keppra®	AB		White
LEVETIRACETAM	Sol	100 mg	473 mL	31722-574-47	72600043002020	20353	Keppra®	AA		Clear
LEVOCETIRIZINE	Tab	5 mg	90	31722-551-90	41550027100320	14901	Xyzal®	AB		Off White
LEVOCETIRIZINE	Sol	2.5 mg/5mL	148 mL	31722-659-31	41550027102020	97950	Xyzal®	AA		Clear
LEVOFLOXACIN	Tab	250 mg	50	31722-721-50	05000034000320	47073	Levaquin®	AB		Pink
LEVOFLOXACIN	Tab	500 mg	50	31722-722-50	05000034000330	47074	Levaquin®	AB		Orange
LEVOFLOXACIN	Tab	750 mg	20	31722-723-20	05000034000340	89597	Levaquin®	AB		White
LEVONORGESTREL AND ETHINYL ESTRADIOL	Tab	0.1 mg / 0.2 mg	3x28	31722-944-32	25990002400305	11534	Alesse®	AB1		White –“LE” Orange “PL”

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
LEVOTHYROXINE	Tab	25 mcg	90	31722-284-90	28100010100305	26321	Thyro-Tabs®	AB4		Orange
LEVOTHYROXINE	Tab	25 mcg	1000	31722-284-10	28100010100305	26321	Thyro-Tabs®	AB4		Orange
LEVOTHYROXINE	Tab	50 mcg	90	31722-285-90	28100010100310	26322	Thyro-Tabs®	AB4		White
LEVOTHYROXINE	Tab	50 mcg	1000	31722-285-10	28100010100310	26322	Thyro-Tabs®	AB4		White
LEVOTHYROXINE	Tab	75 mcg	90	31722-286-90	28100010100315	26324	Thyro-Tabs®	AB4		Violet
LEVOTHYROXINE	Tab	75 mcg	1000	31722-286-10	28100010100315	26324	Thyro-Tabs®	AB4		Violet
LEVOTHYROXINE	Tab	88 mcg	90	31722-287-90	28100010100317	47631	Thyro-Tabs®	AB4		Olive
LEVOTHYROXINE	Tab	88 mcg	1000	31722-287-10	28100010100317	47631	Thyro-Tabs®	AB4		Olive
LEVOTHYROXINE	Tab	100 mcg	90	31722-288-90	28100010100320	26323	Thyro-Tabs®	AB4		Yellow
LEVOTHYROXINE	Tab	100 mcg	1000	31722-288-10	28100010100320	26323	Thyro-Tabs®	AB4		Yellow
LEVOTHYROXINE	Tab	112 mcg	90	31722-289-90	28100010100322	26320	Thyro-Tabs®	AB4		Rose
LEVOTHYROXINE	Tab	112 mcg	1000	31722-289-10	28100010100322	26320	Thyro-Tabs®	AB4		Rose
LEVOTHYROXINE	Tab	125 mcg	90	31722-290-90	28100010100325	26326	Thyro-Tabs®	AB4		Gray
LEVOTHYROXINE	Tab	125 mcg	1000	31722-290-10	28100010100325	26326	Thyro-Tabs®	AB4		Gray
LEVOTHYROXINE	Tab	137 mcg	90	31722-291-90	28100010100327	47632	Thyro-Tabs®	AB4		Turquoise
LEVOTHYROXINE	Tab	137 mcg	1000	31722-291-10	28100010100327	47632	Thyro-Tabs®	AB4		Turquoise
LEVOTHYROXINE	Tab	150 mcg	90	31722-292-90	28100010100330	26327	Thyro-Tabs®	AB4		Blue
LEVOTHYROXINE	Tab	150 mcg	1000	31722-292-10	28100010100330	26327	Thyro-Tabs®	AB4		Blue
LEVOTHYROXINE	Tab	175 mcg	90	31722-293-90	28100010100335	26328	Thyro-Tabs®	AB4		Lilac
LEVOTHYROXINE	Tab	175 mcg	1000	31722-293-10	28100010100335	26328	Thyro-Tabs®	AB4		Lilac
LEVOTHYROXINE	Tab	200 mcg	90	31722-294-90	28100010100340	26325	Thyro-Tabs®	AB4		Pink
LEVOTHYROXINE	Tab	200 mcg	1000	31722-294-10	28100010100340	26325	Thyro-Tabs®	AB4		Pink
LEVOTHYROXINE	Tab	300 mcg	90	31722-295-90	28100010100345	26329	Thyro-Tabs®	AB4		Green
LEVOTHYROXINE	Tab	300 mcg	1000	31722-295-10	28100010100345	26329	Thyro-Tabs®	AB4		Green



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
LIDOCAINE HCl	Inj	1% 20 mg/ 2 mL (10 mg/mL)	10 x 2 mL Single-Dose Vial	31722-117-34	69100040102011	26886	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCl	Inj	1% 20 mg/ 2 mL (10 mg/mL)	25 x 2 mL Single-Dose Vial	31722-117-31	69100040102011	26886	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCl	Inj	1% 50 mg/ 5 mL (10 mg/mL)	10 x 5 mL Single-Dose Vial	31722-117-35	69100040102011	26886	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCl	Inj	1% 50 mg/ 5 mL (10 mg/mL)	25 x 5 mL Single-Dose Vial	31722-117-32	69100040102011	26886	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCl	Inj	1% 300 mg/ 30 mL (10 mg/mL)	25 x 30 mL Single-Dose Vial	31722-117-33	69100040102011	26886	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCl	Inj	2% 40 mg/2 mL (20 mg/mL)	10 x 2 mL Single-Dose Vial	31722-118-33	69100040102021	26885	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCl	Inj	2% 40 mg/2 mL (20 mg/mL)	25 x 2 mL Single-Dose Vial	31722-118-31	69100040102021	26885	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCl	Inj	2% 100 mg/5 mL (20 mg/mL)	10 x 5 mL Single-Dose Vial	31722-118-34	69100040102021	26885	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCl	Inj	2% 100 mg/5 mL (20 mg/mL)	25 x 5 mL Single-Dose Vial	31722-118-32	69100040102021	26885	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCl	Inj	1 % 200 mg/20 mL (10 mg/mL)	10 x 20 mL Multi-Dose Vial	31722-116-32	69100040102010	11854	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	1 % 200 mg/20 mL (10 mg/mL)	25 x 20 mL Multi-Dose Vial	31722-116-31	69100040102010	11854	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	1 % 500 mg/ 50 mL (10 mg/mL)	10 x 50 mL Multi-Dose Vial	31722-116-34	69100040102010	11854	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	1 % 500 mg/ 50 mL (10 mg/mL)	25 x 50 mL Multi-Dose Vial	31722-116-33	69100040102010	11854	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	2 % 400 mg/20 mL (20 mg/mL)	25 x 50 mL Multi-Dose Vial	31722-217-31	69100040102020	11857	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	2 % 1000 mg/50 mL (20 mg/mL)	10 x 50 mL Multi-Dose Vial	31722-217-33	69100040102020	11857	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	2 % 1000 mg/50 mL (20 mg/mL)	25 x 50 mL Multi-Dose Vial	31722-217-32	69100040102020	11857	Xylocaine®	AP		Colorless
LINEZOLID	Tab	600 mg	20	31722-749-20	16230040000330	26870	Zyvox®	AB		White
LINEZOLID	Susp	100 mg/ 5 mL	150 mL	31722-865-25	16230040001920	26871	Zyvox®	AB		White to Off White



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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
LISINAPRIL*	Tab	2.5 mg	100	31722-172-01	36100030000303	47264	Zestril®	AB		White
LISINAPRIL*	Tab	2.5 mg	500	31722-172-05	36100030000303	47264	Zestril®	AB		White
LISINAPRIL*	Tab	5 mg	100	31722-176-01	36100030000305	47260	Zestril®	AB		Pink
LISINAPRIL*	Tab	5 mg	1000	31722-176-10	36100030000305	47260	Zestril®	AB		Pink
LISINAPRIL*	Tab	10 mg	100	31722-177-01	36100030000310	47261	Zestril®	AB		Pink
LISINAPRIL*	Tab	10 mg	1000	31722-177-10	36100030000310	47261	Zestril®	AB		Pink
LISINAPRIL*	Tab	20 mg	100	31722-178-01	36100030000315	47262	Zestril®	AB		Pink
LISINAPRIL*	Tab	20 mg	1000	31722-178-10	36100030000315	47262	Zestril®	AB		Red
LISINAPRIL*	Tab	30 mg	100	31722-179-01	36100030000324	47265	Zestril®	AB		Red
LISINAPRIL*	Tab	30 mg	500	31722-179-05	36100030000324	47265	Zestril®	AB		Red
LISINAPRIL*	Tab	40 mg	100	31722-180-01	36100030000330	47263	Zestril®	AB		Yellow
LISINAPRIL*	Tab	40 mg	1000	31722-180-10	36100030000330	47263	Zestril®	AB		Yellow
LISDEXAMFETAMINE DIMESYLATE*	Cap	10 mg	100	31722-350-01	61100025100110	37674	Vyvanse®	AB	CII	Pink Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	20 mg	100	31722-351-01	61100025100120	99366	Vyvanse®	AB	CII	Ivory Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	30 mg	100	31722-352-01	61100025100130	98071	Vyvanse®	AB	CII	Orange Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	40 mg	100	31722-353-01	61100025100140	99367	Vyvanse®	AB	CII	Blue Green Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	50 mg	100	31722-354-01	61100025100150	98072	Vyvanse®	AB	CII	Blue Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	60 mg	100	31722-355-01	61100025100160	99368	Vyvanse®	AB	CII	Aqua Blue Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	70 mg	100	31722-356-01	61100025100170	98073	Vyvanse®	AB	CII	White Opaque
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	10 mg	100	31722-321-01	61100025100510	42969	Vyvanse®	AB	CII	White to Off White
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	20 mg	100	31722-322-01	61100025100520	43058	Vyvanse®	AB	CII	White to Off White
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	30 mg	100	31722-323-01	61100025100530	43059	Vyvanse®	AB	CII	White to Off White
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	40 mg	100	31722-324-01	61100025100540	43063	Vyvanse®	AB	CII	White to Off White
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	50 mg	100	31722-325-01	61100025100550	43064	Vyvanse®	AB	CII	White to Off White
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	60 mg	100	31722-326-01	61100025100560	43065	Vyvanse®	AB	CII	White to Off White
LOPINAVIR AND RITONAVIR	Tab	100 mg/25 mg	60	31722-603-60	12109902550310	99101	Kaletra®	AB		Yellow
LOPINAVIR AND RITONAVIR	Tab	200 mg/50 mg	120	31722-556-12	12109902550320	25919	Kaletra®	AB		Yellow

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
LOSARTAN	Tab	25 mg	90	31722-700-90	36150040200320	14850	Cozaar®	AB		White
LOSARTAN	Tab	25 mg	1000	31722-700-10	36150040200320	14850	Cozaar®	AB		White
LOSARTAN	Tab	50 mg	90	31722-701-90	36150040200330	14851	Cozaar®	AB		White
LOSARTAN	Tab	50 mg	1000	31722-701-10	36150040200330	14851	Cozaar®	AB		White
LOSARTAN	Tab	100 mg	90	31722-702-90	36150040200340	14853	Cozaar®	AB		White
LOSARTAN	Tab	100 mg	1000	31722-702-10	36150040200340	14853	Cozaar®	AB		White
MARAVIROC	Tab	150 mg	60	31722-579-60	12102060000320	98734	Selzentry®	AB		White to Off White
MARAVIROC	Tab	300 mg	60	31722-580-60	12102060000330	98739	Selzentry®	AB		White to Off White
MEMANTINE	Tab	5 mg	60	31722-807-60	62053550100320	20773	Namenda®	AB		Tan
MEMANTINE	Tab	10 mg	60	31722-808-60	62053550100330	03253	Namenda®	AB		Gray
MESALAMINE	Supp	1000 mg	30	31722-005-30	52500030005240	48490	Canasa®	AB		Light Tan
MESALAMINE	Tab	1.2 g	120	31722-043-12	52500030000670	97842	Lialda®	AB		Reddish-Brown
METHADONE*	Tab	5 mg	100	31722-946-01	65100050100305	16422	Dolophine®	AA	II	White
METHADONE*	Tab	10 mg	100	31722-947-01	65100050100310	16420	Dolophine®	AA	II	White
METHOCARBAMOL	Tab	500 mg	100	31722-533-01	75100070000305	17892	Robaxin®	AA		Off White
METHOCARBAMOL	Tab	500 mg	500	31722-533-05	75100070000305	17892	Robaxin®	AA		Off White
METHOCARBAMOL	Tab	750 mg	100	31722-534-01	75100070000310	17893	Robaxin®	AA		Off White
METHOCARBAMOL	Tab	750 mg	500	31722-534-05	75100070000310	17893	Robaxin®	AA		Off White
METHYLPHENIDATE*	Tab	5 mg	100	31722-173-01	61400020100305	15913	Ritalin®	AB	II	Light Yellow
METHYLPHENIDATE*	Tab	10 mg	100	31722-174-01	61400020100310	15911	Ritalin®	AB	II	Light Blue
METHYLPHENIDATE*	Tab	20 mg	100	31722-175-01	61400020100315	15920	Ritalin®	AB	II	Light Yellow
METHYLPHENIDATE*	Tab-Chew	2.5 mg	100	31722-926-01	61400020100510	22682	Methylin®	AB	II	White
METHYLPHENIDATE*	Tab-Chew	5 mg	100	31722-927-01	61400020100520	22683	Methylin®	AB	II	White
METHYLPHENIDATE*	Tab-Chew	10 mg	100	31722-928-01	61400020100530	22684	Methylin®	AB	II	White



* Manufactured in the US

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
METHYLPHENIDATE ER*	Tab	18 mg	100	31722-952-01	61400020100460	8874	Concerta®	AB	II	Yellow
METHYLPHENIDATE ER*	Tab	27 mg	100	31722-953-01	61400020100465	8875	Concerta®	AB	II	Light Pink
METHYLPHENIDATE ER*	Tab	36 mg	100	31722-954-01	61400020100470	8872	Concerta®	AB	II	White
METHYLPHENIDATE ER*	Tab	54 mg	100	31722-955-01	61400020100480	8871	Concerta®	AB	II	Light Brown
METOPROLOL SUCCINATE ER*	Tab	25 mg	100	31722-589-01	33200030057510	12947	TOPROL-XL®	AB		White to Off White
METOPROLOL SUCCINATE ER*	Tab	25 mg	500	31722-589-05	33200030057510	12947	TOPROL-XL®	AB		White to Off White
METOPROLOL SUCCINATE ER*	Tab	25 mg	1000	31722-589-10	33200030057510	12947	TOPROL-XL®	AB		White to Off White
METOPROLOL SUCCINATE ER*	Tab	50 mg	100	31722-590-01	33200030057520	20741	TOPROL-XL®	AB		White to Off White
METOPROLOL SUCCINATE ER*	Tab	50 mg	500	31722-590-05	33200030057520	20741	TOPROL-XL®	AB		White to Off White
METOPROLOL SUCCINATE ER*	Tab	50 mg	1000	31722-590-10	33200030057520	20741	TOPROL-XL®	AB		White to Off White
METOPROLOL SUCCINATE ER*	Tab	100 mg	100	31722-591-01	33200030057530	20742	TOPROL-XL®	AB		White to Off White
METOPROLOL SUCCINATE ER*	Tab	100 mg	500	31722-591-05	33200030057530	20742	TOPROL-XL®	AB		White to Off White
METOPROLOL SUCCINATE ER*	Tab	100 mg	1000	31722-591-10	33200030057530	20742	TOPROL-XL®	AB		White to Off White
METOPROLOL SUCCINATE ER*	Tab	200 mg	100	31722-592-01	33200030057540	20743	TOPROL-XL®	AB		White to Off White
METOPROLOL SUCCINATE ER*	Tab	200 mg	500	31722-592-05	33200030057540	20743	TOPROL-XL®	AB		White to Off White
MEXILETINE HCl	Cap	150 mg	100	31722-036-01	35200025100105	12210	Mexitil®	AB		White to Light Blue
MEXILETINE HCl	Cap	200 mg	100	31722-037-01	35200025100110	12211	Mexitil®	AB		White to Light Blue
MEXILETINE HCl	Cap	250 mg	100	31722-038-01	35200025100115	12212	Mexitil®	AB		White to Light Blue
MONTELUKAST	Tab	10 mg	30	31722-726-30	44505050100330	94444	Singulair®	AB		Beige
MONTELUKAST	Tab	10 mg	90	31722-726-90	44505050100330	94444	Singulair®	AB		Beige
MONTELUKAST	Tab	10 mg	1000	31722-726-10	44505050100330	94444	Singulair®	AB		Beige
MONTELUKAST CHEWABLE	Tab-Chew	4 mg	30	31722-727-30	44505050100516	42373	Singulair®	AB		Light Pink
MONTELUKAST CHEWABLE	Tab-Chew	4 mg	90	31722-727-90	44505050100516	42373	Singulair®	AB		Light Pink
MONTELUKAST CHEWABLE	Tab-Chew	5 mg	30	31722-728-30	44505050100520	94440	Singulair®	AB		Light Pink
MONTELUKAST CHEWABLE	Tab-Chew	5 mg	90	31722-728-90	44505050100520	94440	Singulair®	AB		Light Pink
NAPROXEN	Susp	125 mg/5 mL	500 mL	31722-682-05	66100060001805	41670	Naprosyn®	AB		Orange

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
NEBIVOLOL	Tab	2.5 mg	30	31722-585-30	33200040100310	63510	Bystolic®	AB		White to Off White
NEBIVOLOL	Tab	5 mg	30	31722-586-30	33200040100320	36654	Bystolic®	AB		Light Orange
NEBIVOLOL	Tab	5 mg	90	31722-586-90	33200040100320	36654	Bystolic®	AB		Light Orange
NEBIVOLOL	Tab	10 mg	30	31722-587-30	33200040100330	63511	Bystolic®	AB		Light Peach
NEBIVOLOL	Tab	10 mg	90	31722-587-90	33200040100330	63511	Bystolic®	AB		Light Peach
NEBIVOLOL	Tab	20 mg	30	31722-588-30	33200040100340	64945	Bystolic®	AB		White to Off White
NEBIVOLOL	Tab	20 mg	90	31722-588-90	33200040100340	64945	Bystolic®	AB		White to Off White
NEOSTIGMINE METHYLSULFATE	Inj	10 mg/ 10 mL	10 x 10 mL	31722-995-31	76000040202022	034759	Bloxiverz®	AP		Clear
NEVIRAPINE	Tab	200 mg	60	31722-505-60	12109050000320	29767	Viramune®	AB		Off-White
OLANZAPINE	Inj	10 mg/vial	1	31722-308-01	59157060002120	17407	Zyprexa®	AP		Yellow
OMEGA-3*	Soft Gel Cap	1 g	120	31722-936-12	39500045200130	23929	Lovaza®	AB		Yellow
OSELTAMIVIR	Cap	30 mg	10	31722-630-31	12504060200110	98980	Tamiflu®	AB		Light Yellow
OSELTAMIVIR	Cap	45 mg	10	31722-631-31	12504060200115	98981	Tamiflu®	AB		Grey
OSELTAMIVIR	Cap	75 mg	10	31722-632-31	12504060200120	73441	Tamiflu®	AB		Light Yellow
OXCARBAZEPINE	Tab	150 mg	100	31722-023-01	72600046000310	21724	Trileptal®	AB		Brown
OXCARBAZEPINE	Tab	300 mg	100	31722-024-01	72600046000320	21721	Trileptal®	AB		Brown
OXCARBAZEPINE	Tab	600 mg	100	31722-025-01	72600046000340	21722	Trileptal®	AB		Brown
OXCARBAZEPINE	Susp	300 mg/5 mL	250 mL	31722-687-25	72600046001820	21723	Trileptal®	AB		Off-White to Slightly Brown
OXYCODONE APAP	Tab	2.5 mg /325 mg	100	31722-948-01	65990002200305	70492	Percocet®	AB	II	White
OXYCODONE APAP	Tab	5 mg /325 mg	100	31722-949-01	65990002200310	70491	Percocet®	AB	II	White
OXYCODONE APAP	Tab	5 mg /325 mg	500	31722-949-05	65990002200310	70491	Percocet®	AB	II	White
OXYCODONE APAP	Tab	7.5 mg /325 mg	100	31722-950-01	65990002200327	14965	Percocet®	AB	II	White
OXYCODONE APAP	Tab	7.5 mg /325 mg	500	31722-950-05	65990002200327	14965	Percocet®	AB	II	White
OXYCODONE APAP	Tab	10 mg /325 mg	100	31722-951-01	65990002200335	14966	Percocet®	AB	II	White
OXYCODONE APAP	Tab	10 mg /325 mg	500	31722-951-05	65990002200335	14966	Percocet®	AB	II	White



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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
PALIPERODINE ER*	Tab	1.5 mg	30	31722-317-30	59070050007505	27685	Invega®	AB		Light Beige
PALIPERODINE ER*	Tab	3 mg	30	31722-318-30	59070050007510	97769	Invega®	AB		Light Pink
PALIPERODINE ER*	Tab	6 mg	30	31722-319-30	59070050007520	97770	Invega®	AB		Light Beige
PALIPERODINE ER*	Tab	9 mg	30	31722-320-30	59070050007530	97771	Invega®	AB		Light Yellow
PANTOPRAZOLE	Tab	20 mg	90	31722-712-90	49270070100610	95976	Protonix®	AB		Yellow
PANTOPRAZOLE	Tab	40 mg	90	31722-713-90	49270070100620	40120	Protonix®	AB		Yellow
PANTOPRAZOLE	Tab	40 mg	1000	31722-713-10	49270070100620	40120	Protonix®	AB		Yellow
PANTOPRAZOLE	Inj	40 mg	10	31722-204-10	49270070102120	13025	Protonix®	AP		White to Off White
PANTOPRAZOLE SODIUM FOR DELAYED RELEASE	PFOS	40 mg	30-unit dose packets	31722-032-32	49270070103020	99418	Protonix®	AB		Pale Yellow to Brown Granules
PIRFENIDONE	Tab	267 mg	270	31722-872-27	45550060000120	42903	Esbriet®	AB		White
PIRFENIDONE	Tab	801 mg	90	31722-873-90	45550060000345	42905	Esbriet®	AB		Red
PITAVASTATIN	Tab	1 mg	90	31722-875-90	39400058100321	28588	Livalo®	AB		White to Off-White
PITAVASTATIN	Tab	2 mg	90	31722-876-90	39400058100331	28594	Livalo®	AB		White to Off-White
PITAVASTATIN	Tab	4 mg	90	31722-877-90	39400058100341	28595	Livalo®	AB		White to Off-White
POSACONAZOLE DR	Tab	100 mg	60	31722-677-60	11407060000620	35649	Noxafi®	AB		Light Orange
POTASSIUM CITRATE ER*	Tab	5 mEq	100	31722-129-01	56202010200420	14950	Urocit-K®	AB		Off White to Tan Yellowish
POTASSIUM CITRATE ER*	Tab	10 mEq	100	31722-130-01	56202010200440	14951	Urocit-K®	AB		Off White to Tan Yellowish
POTASSIUM CITRATE ER*	Tab	15 mEq	100	31722-132-01	56202010200460	28095	Urocit-K®	AB		Off White to Tan Yellowish
POTASSIUM CHLORIDE ER*	Tab	(750 mg) 10 mEq K	100	31722-133-01	79700030000440	03512	Klor-Con®	AB		White
POTASSIUM CHLORIDE ER*	Tab	(750 mg) 10 mEq K	500	31722-133-05	79700030000440	03512	Klor-Con®	AB		White
POTASSIUM CHLORIDE ER*	Tab	(1500 mg) 20 mEq K	100	31722-135-01	79700030100440	03513	Klor-Con®	AB		White
POTASSIUM CHLORIDE ER*	Tab	(1500 mg) 20 mEq K	500	31722-135-05	79700030100440	03513	Klor-Con®	AB		White

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
PREGABALIN	Cap	25 mg	90	31722-610-90	72600057000110	23039	Lyrica®	AB	V	White/White
PREGABALIN	Cap	25 mg	500	31722-610-05	72600057000110	23039	Lyrica®	AB	V	White/White
PREGABALIN	Cap	50 mg	90	31722-611-90	72600057000115	23046	Lyrica®	AB	V	White/White
PREGABALIN	Cap	50 mg	500	31722-611-05	72600057000115	23046	Lyrica®	AB	V	White/White
PREGABALIN	Cap	75 mg	90	31722-612-90	72600057000120	23047	Lyrica®	AB	V	Light Peach/White
PREGABALIN	Cap	75 mg	500	31722-612-05	72600057000120	23047	Lyrica®	AB	V	Light Peach/White
PREGABALIN	Cap	100 mg	90	31722-613-90	72600057000125	23048	Lyrica®	AB	V	Light Peach/Light Peach
PREGABALIN	Cap	100 mg	500	31722-613-05	72600057000125	23048	Lyrica®	AB	V	Light Peach/Light Peach
PREGABALIN	Cap	150 mg	90	31722-614-90	72600057000135	23049	Lyrica®	AB	V	White/White
PREGABALIN	Cap	150 mg	500	31722-614-05	72600057000135	23049	Lyrica®	AB	V	White/White
PREGABALIN	Cap	200 mg	90	31722-615-90	72600057000145	23051	Lyrica®	AB	V	Light Peach/Light Peach
PREGABALIN	Cap	200 mg	500	31722-615-05	72600057000145	23051	Lyrica®	AB	V	Light Peach/Light Peach
PREGABALIN	Cap	225 mg	90	31722-616-90	72600057000150	25019	Lyrica®	AB	V	Light Peach/White
PREGABALIN	Cap	225 mg	500	31722-616-05	72600057000150	25019	Lyrica®	AB	V	Light Peach/White
PREGABALIN	Cap	300 mg	90	31722-617-90	72600057000160	23052	Lyrica®	AB	V	Light Peach/White
PREGABALIN	Cap	300 mg	500	31722-617-05	72600057000160	23052	Lyrica®	AB	V	Light Peach/White
PROMETHAZINE HYDROCHLORIDE	Supp	12.5 mg	12	31722-040-31	41400020105205	15003	Phenergan®	AB		White to Off White
PROMETHAZINE HYDROCHLORIDE	Supp	20 mg	12	31722-041-31	41400020105210	15001	Phenergan®	AB		White to Off White
QUETIAPINE	Tab	25 mg	100	31722-764-01	59153070100310	67661	Seroquel®	AB		Peach
QUETIAPINE	Tab	50 mg	100	31722-765-01	59153070100314	26409	Seroquel®	AB		White
QUETIAPINE	Tab	100 mg	100	31722-766-01	59153070100320	67662	Seroquel®	AB		Yellow
QUETIAPINE	Tab	200 mg	100	31722-767-01	59153070100330	67663	Seroquel®	AB		White
QUETIAPINE	Tab	300 mg	60	31722-768-60	59153070100340	67665	Seroquel®	AB		White
QUETIAPINE	Tab	300 mg	100	31722-768-01	59153070100340	67665	Seroquel®	AB		White
QUETIAPINE	Tab	400 mg	100	31722-769-01	59153070100350	26411	Seroquel®	AB		Yellow
QUETIAPINE	Tab	400 mg	500	31722-769-05	59153070100350	26411	Seroquel®	AB		Yellow
RANOLAZINE ER	Tab	1000 mg	60	31722-669-60	32200040007430	98733	Ranexa®	AB		Blue
RITONAVIR	Tab	100 mg	30	31722-597-30	12104560000320	28224	Norvir®	AB		White



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
ROFLUMILAST	Tab	250 mcg	20 (2 x 10)	31722-676-32	44450065000310	44498	Daliresp®	AB		White to Off White
ROFLUMILAST	Tab	250 mcg	28 (1 x 28)	31722-676-36	44450065000310	44498	Daliresp®	AB		White to Off White
ROFLUMILAST	Tab	500 mcg	30	31722-623-30	44450065000320	44498	Daliresp®	AB		White
ROFLUMILAST	Tab	500 mcg	90	31722-623-90	44450065000320	28934	Daliresp®	AB		White
ROSUVASTATIN	Tab	5 mg	90	31722-882-90	39400060100305	20229	Crestor®	AB		Yellow
ROSUVASTATIN	Tab	10 mg	90	31722-883-90	39400060100310	19153	Crestor®	AB		Pink
ROSUVASTATIN	Tab	20 mg	90	31722-884-90	39400060100320	19154	Crestor®	AB		Pink
ROSUVASTATIN	Tab	40 mg	30	31722-885-30	39400060100340	19155	Crestor®	AB		Pink
RUFINAMIDE	Tab	200 mg	120	31722-598-12	72600065000320	98836	Banzel®	AB		Pink
RUFINAMIDE	Tab	400 mg	120	31722-599-12	72600065000330	98837	Banzel®	AB		Pink
RUFINAMIDE	Susp	40 mg	30	31722-688-46	72600065001820	29462	Protonix®	AB		White/Orange
SAPROPTERIN DIHYDROCHLORIDE	Tab	100 mg	120	31722-045-12	30908565100320	99211	Kuvan®	AB		Off-White to Yellow
SAPROPTERIN DIHYDROCHLORIDE	PFOS	100 mg	30	31722-047-30	30908565103020	35789	Kuvan®	AB		Off-White to Yellow
SAPROPTERIN DIHYDROCHLORIDE	PFOS	500 mg	30	31722-048-30	30908565103040	38845	Kuvan®	AB		Off-White to Yellow
SERTRALINE	Tab	25 mg	500	31722-145-05	58160070100305	16373	Zoloff®	AB	24	Green
SERTRALINE	Tab	50 mg	500	31722-146-05	58160070100310	16374	Zoloff®	AB	24	Blue
SERTRALINE	Tab	100 mg	500	31722-147-05	58160070100320	16375	Zoloff®	AB	24	Light Yellow
SILDENAFIL	Tab	20 mg	90	31722-776-90	40143060100320	24758	Revatio®	AB		White
SILDENAFIL	Tab	25 mg	30	31722-709-30	40304070100310	57901	Viagra®	AB		White
SILDENAFIL	Tab	50 mg	30	31722-710-30	40304070100320	57902	Viagra®	AB		White
SILDENAFIL	Tab	50 mg	100	31722-710-01	40304070100320	57902	Viagra®	AB		White
SILDENAFIL	Tab	100 mg	30	31722-711-30	40304070100330	57903	Viagra®	AB		White
SILDENAFIL	Tab	100 mg	100	31722-711-01	40304070100330	57903	Viagra®	AB		White
SILDENAFIL	Susp	10 mg/mL	112 mL	31722-136-31	40143060101920	33186	Revatio for Oral Suspension®	AB		Clear to Pale Yellow

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
SILODOSIN	Cap	4 mg	30	31722-635-30	56852060000120	16857	Rapaflo®	AB		White
SILODOSIN	Cap	8 mg	30	31722-636-30	56852060000140	16858	Rapaflo®	AB		White
SILODOSIN	Cap	8 mg	90	31722-636-90	56852060000140	16858	Rapaflo®	AB		White
SIMPLE SYRUP*	Sol		473 mL	31722-937-47	98402030001200	37070	Simple Syrup	-		Clear
SOLIFENACIN SUCCINATE	Tab	5 mg	30	31722-027-30	54100055200320	23276	Vesicare®	AB		White to Off White
SOLIFENACIN SUCCINATE	Tab	5 mg	90	31722-027-90	54100055200320	23276	Vesicare®	AB		White to Off White
SOLIFENACIN SUCCINATE	Tab	10 mg	30	31722-028-30	54100055200330	23277	Vesicare®	AB		White to Off White
SOLIFENACIN SUCCINATE	Tab	10 mg	90	31722-028-90	54100055200330	23277	Vesicare®	AB		White to Off White
SOSWEET SYRUP*	Sol		473 mL	31722-959-01	98402000001200	44908	ORA-Sweet®	-		Clear
SUCCINYLCHOLINE CHLORIDE	Inj	200 mg/10 mL	25 x 10 mL	31722-981-31	74100010102005	17992	Quelicin®	AP		Clear
TADALAFIL	Tab	20 mg	30	31722-647-30	40143080000320	26587	Adcirca®	AB		White
TADALAFIL	Tab	2.5 mg	30	31722-643-30	40304080000302	99409	Cialis®	AB		Blue
TADALAFIL	Tab	5 mg	30	31722-644-30	40304080000305	20736	Cialis®	AB		White
TADALAFIL	Tab	10 mg	30	31722-645-30	40304080000310	18995	Cialis®	AB		White
TADALAFIL	Tab	20 mg	30	31722-646-30	40304080000320	18996	Cialis®	AB		White
TENOFOVIR	Tab	300 mg	30	31722-535-30	12108570100320	14822	Viread®	AB		White
TERIFLUNOMIDE	Tab	7 mg	30	31722-246-30	62404070000320	33259	Aubagio®	AB		Light Yellow
TERIFLUNOMIDE	Tab	14 mg	30	31722-247-30	62404070000330	33262	Aubagio®	AB		White
TETRABENAZINE	Tab	12.5 mg	112	31722-821-11	62380070000310	15508	Xenazine®	AB		White
TETRABENAZINE	Tab	25 mg	112	31722-822-11	62380070000320	49900	Xenazine®	AB		Yellow
THEOPHYLLINE ER	Tab	300 mg	100	31722-077-01	44300040007440	000413	Theophylline ER	AB		White to Off White
THEOPHYLLINE ER	Tab	450 mg	100	31722-078-01	44300040007455	000416	Theophylline ER	AB		White to Off White



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
TOLTERODINE TARTRATE ER	Cap	2 mg	30	31722-607-30	54100060207020	12264	Detrol® LA	AB		Blue Green
TOLTERODINE TARTRATE ER	Cap	2 mg	90	31722-608-30	54100060207030	12263	Detrol® LA	AB		Blue
TOLTERODINE TARTRATE IR	Tab	1 mg	60	31722-805-60	54100060200320	37061	Detrol®	AB		Pale Yellow
TOLTERODINE TARTRATE IR	Tab	2 mg	60	31722-806-60	54100060200330	037062	Detrol®	AB		White
TOLTERODINE TARTRATE IR	Tab	2 mg	500	31722-806-05	54100060200330	037062	Detrol®	AB		White
TOLVAPTAN	Tab	15 mg	10	31722-868-03	30454060000320	24294	Samsca®	AB		White
TOLVAPTAN	Tab	30 mg	10	31722-869-03	30454060000330	24302	Samsca®	AB		Blue
TORSEMIDE	Tab	5 mg	100	31722-529-01	37200080000310	21130	Demadex®	AB		Off White
TORSEMIDE	Tab	10 mg	100	31722-530-01	37200080000320	21131	Demadex®	AB		Off White
TORSEMIDE	Tab	20 mg	100	31722-531-01	37200080000330	21132	Demadex®	AB		Off White
TORSEMIDE	Tab	100 mg	100	31722-532-01	37200080000350	21133	Demadex®	AB		Off White
TRIENTINE HYDROCHLORIDE	Cap	250 mg	100	31722-683-01	99200020100110	00720	Syprine®	AB		Purple
VALACYCLOVIR	Tab	500 mg	30	31722-704-30	12405085100310	13740	Valtrex®	AB		Blue
VALACYCLOVIR	Tab	500 mg	90	31722-704-90	12405085100310	13740	Valtrex®	AB		Blue
VALACYCLOVIR	Tab	1000 mg	30	31722-705-30	12405085100320	13742	Valtrex®	AB		White
VALACYCLOVIR	Tab	1000 mg	90	31722-705-90	12405085100320	13742	Valtrex®	AB		White
VALGANCICLOVIR	Tab	450 mg	60	31722-832-60	12200066100320	13088	Valcyte®	AB		White
VALGANCICLOVIR	Sol	50 mg/ mL	88 mL	31722-837-10	12200066102120	14453	Valcyte®	AB		White to Light Yellow
VALSARTAN	Tab	40 mg	30	31722-151-30	36150080000310	018092	Diovan®	AB		Yellow
VALSARTAN	Tab	80 mg	90	31722-152-90	36150080000320	013846	Diovan®	AB		Pink
VALSARTAN	Tab	160 mg	90	31722-153-90	36150080000330	013844	Diovan®	AB		Yellowish Brown
VALSARTAN	Tab	320 mg	90	31722-154-90	36150080000340	013838	Diovan®	AB		Dark Grey Violet
VANCOMYCIN	Inj	500 mg	10	31722-210-10	16280080102110	41280	no RLD	AP		White to Tan
VANCOMYCIN	Inj	1 g	10	31722-211-10	16280080102120	41281	no RLD	AP		White to Tan

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	GPI	GCN	BRAND REFERENCE	RATING	SCHEDULE	COLOR
VARENCLINE	Tab	0.5 mg	56	31722-678-56	62100080200320	27046	Chantix®	AB		Pink
VARENCLINE	Tab	1 mg	56	31722-679-56	62100080200330	27047	Chantix®	AB		Yellow
VARENCLINE	Tab	0.5mg & 1 mg (Starter pk)	0.5 mg- 11 tabs 1 mg - 42 tabs	31722-690-31	62100080206320	27048	Chantix®	AB		0.5 mg-Pink & 1 mg- Yellow
VENLAFAXINE HYDROCHLORIDE ER	Cap	37.5 mg	30	31722-002-30	58180090107020	16816	Effexor XR®	AB		Grey/White
VENLAFAXINE HYDROCHLORIDE ER	Cap	37.5 mg	90	31722-002-90	58180090107020	16816	Effexor XR®	AB		Grey/White
VENLAFAXINE HYDROCHLORIDE ER	Cap	75 mg	30	31722-003-30	58180090107030	16817	Effexor XR®	AB		Peach/White
VENLAFAXINE HYDROCHLORIDE ER	Cap	75 mg	90	31722-003-90	58180090107030	16817	Effexor XR®	AB		Peach/White
VENLAFAXINE HYDROCHLORIDE ER	Cap	150 mg	30	31722-004-30	58180090107050	16818	Effexor XR®	AB		Orange/White
VENLAFAXINE HYDROCHLORIDE ER	Cap	150 mg	90	31722-004-90	58180090107050	16818	Effexor XR®	AB		Orange/White
VENLAFAXINE ER*	Tab	37.5 mg	30	31722-123-30	58180090107510	14349	Effexor ER®	AB		Off White/White
VENLAFAXINE ER*	Tab	37.5 mg	90	31722-123-90	58180090107510	14349	Effexor ER®	AB		Off White/White
VENLAFAXINE ER*	Tab	75 mg	30	31722-124-30	58180090107520	14352	Effexor ER®	AB		Off White/White
VENLAFAXINE ER*	Tab	75 mg	90	31722-124-90	58180090107520	14352	Effexor ER®	AB		Off White/White
VENLAFAXINE ER*	Tab	150 mg	30	31722-125-30	58180090107350	14353	Effexor ER®	AB		Off White/White
VENLAFAXINE ER*	Tab	150 mg	90	31722-125-90	58180090107350	14353	Effexor ER®	AB		Off White/White
VENLAFAXINE ER*	Tab	225 mg	30	31722-126-30	58180090107540	14354	Effexor ER®	AB		Off White/White
VENLAFAXINE ER*	Tab	225 mg	90	31722-126-90	58180090107540	14354	Effexor ER®	AB		Off White/White
ZAFIRLUKAST	Tab	10 mg	60	31722-007-60	44505080000310	52271	Accolate®	AB		White
ZAFIRLUKAST	Tab	20 mg	60	31722-008-60	44505080000320	18690	Accolate®	AB		White
ZIDOVDINE	Tab	300 mg	60	31722-509-60	12108085000330	44533	Retrovir®	AB		Off White

