CAMBER®
PHARMACEUTICALS, INC.

RX PRODUCT LIST

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INFORMATION ON ALL OF OUR PRODUCTS

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
ABACAVIR	Tab	300 mg	60	31722-557-60	Ziagen®	AB		Yellow
ABACAVIR	Sol	20 mg/mL	240 mL	31722-562-24	Ziagen®	AA		Clear Yellow
ACETAMINOPHEN	Inj	1000 mg/100 mL (10 mg/mL)	100 mL x 10 pk	31722-205-10	Ofirmev®	AP		Colorless
ACETAMINOPHEN	Inj	1000 mg/100 mL (10 mg/mL)	100 mL x 24 pk	31722-205-24	Ofirmev®	AP		Colorless
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	Susp	200 mg/5 mL	473 mL	31722-681-47	Zovirax®	AB		Off-White
ALBENDAZOLE	Tab	200 mg	2	31722-935-02	Albenza®	AB		White
ALLOPURINOL	Tab	100 mg	100	31722-252-01	Zyloprim®	AB		White to off White
ALLOPURINOL	Tab	100 mg	500	31722-252-05	Zyloprim®	AB		White to off White
ALLOPURINOL	Tab	100 mg	1000	31722-252-10	Zyloprim®	AB		White to off White
ALLOPURINOL	Tab	300 mg	100	31722-253-01	Zyloprim®	AB		White to off White
ALLOPURINOL	Tab	300 mg	500	31722-253-05	Zyloprim®	AB		White to off White
ALLOPURINOL	Tab	300 mg	1000	31722-253-10	Zyloprim®	AB		White to off White
AMINOCAPROIC ACID	Sol	0.25 g/ mL	8 fl. oz.	31722-035-23	Amicar®	AA		Colorless
AMPHETAMINE ER*	Cap	5 mg	100	31722-185-01	Adderall XR®	AB	II	Blue/Clear
AMPHETAMINE ER*	Cap	10 mg	100	31722-186-01	Adderall XR®	AB	II	Blue/Blue
AMPHETAMINE ER*	Cap	15 mg	100	31722-187-01	Adderall XR®	AB	II	White/Blue
AMPHETAMINE ER*	Cap	20 mg	100	31722-188-01	Adderall XR®	AB	II	Orange/Orange
AMPHETAMINE ER*	Cap	25 mg	100	31722-189-01	Adderall XR®	AB	II	White/Orange
AMPHETAMINE ER*	Cap	30 mg	100	31722-195-01	Adderall XR®	AB	II	Yellow

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
ARIPIPRAZOLE	Tab	2 mg	30	31722-819-30	Abilify®	AB		Green
ARIPIPRAZOLE	Tab	5 mg	30	31722-820-30	Abilify®	AB		Blue
ARIPIPRAZOLE	Tab	10 mg	30	31722-827-30	Abilify®	AB		Pink
ARIPIPRAZOLE	Tab	15 mg	30	31722-828-30	Abilify®	AB		Yellow
ARIPIPRAZOLE	Tab	20 mg	30	31722-829-30	Abilify®	AB		White
ARIPIPRAZOLE	Tab	30 mg	30	31722-830-30	Abilify®	AB		Pink
ARIPIPRAZOLE	Oral Sol	1 mg/mL	150 mL	31722-684-15	Abilify®	AA		Colorless
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
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
ATORVASTATIN	Tab	10 mg	90	31722-424-90	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	10 mg	500	31722-424-05	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	10 mg	1000	31722-424-10	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	20 mg	90	31722-425-90	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	20 mg	500	31722-425-05	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	20 mg	1000	31722-425-10	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	40 mg	90	31722-426-90	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	40 mg	500	31722-426-05	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	40 mg	1000	31722-426-10	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	80 mg	90	31722-427-90	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	80 mg	500	31722-427-05	Lipitor®	AB		White to off White
ATORVASTATIN	Tab	80 mg	1000	31722-427-10	Lipitor®	AB		White to off White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
ATOVAQUONE	Susp	750 mg/5 mL	210 mL	31722-629-21	Mepron®	AB		Yellow
AVANAFIL	Tab	50 mg	30	31722-440-30	Stendra®	AB		White to off White
AVANAFIL	Tab	100 mg	30	31722-441-30	Stendra®	AB		White to off White
AVANAFIL	Tab	200 mg	30	31722-442-30	Stendra®	AB		White to off White
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	1000	31722-999-10	Lioresal®	AB		White to off White
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
BORTEZOMIB FOR INJECTION	Inj	3.5 mg	1 Single-Dose Vial	31722-303-31	Velcade®	AP		White to Off White
BUPROPION HCL ER	Tab	100 mg	60	31722-066-60	WellbutrinSR®	AB1		Red
BUPROPION HCL ER	Tab	100 mg	100	31722-066-01	WellbutrinSR®	AB1		Red
BUPROPION HCL ER	Tab	100 mg	500	31722-066-05	WellbutrinSR®	AB1		Red
BUPROPION HCL ER	Tab	150 mg	60	31722-067-60	WellbutrinSR®	AB1		Green
BUPROPION HCL ER	Tab	150 mg	100	31722-067-01	WellbutrinSR®	AB1		Green
BUPROPION HCL ER	Tab	150 mg	500	31722-067-05	WellbutrinSR®	AB1		Green
BUPROPION HCL ER	Tab	200 mg	60	31722-068-60	WellbutrinSR®	AB1		Yellow
BUPROPION HCL ER	Tab	200 mg	100	31722-068-01	WellbutrinSR®	AB1		Yellow
CAPECITABINE	Tab	150 mg	60	31722-774-60	Xeloda®	AB		Light Peach
CAPECITABINE	Tab	500 mg	60	31722-775-60	Xeloda®	AB		Peach
CAPECITABINE	Tab	500 mg	120	31722-775-12	Xeloda®	AB		Peach

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
CAPTOPRIL*	Tab	12.5 mg	100	31722-141-01	Capoten®	AB		White to Off White
CAPTOPRIL*	Tab	25 mg	100	31722-142-01	Capoten®	AB		White to Off White
CAPTOPRIL*	Tab	50 mg	100	31722-143-01	Capoten®	AB		White to Off White
CAPTOPRIL*	Tab	100 mg	100	31722-144-01	Capoten®	AB		White to Off White
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
CHLORZOXAZONE*	Tab	250 mg	60	31722-974-60	Paraflex®	AA		White to Off White
CITALOPRAM	Sol	10 mg/5 mL	240 mL	31722-564-24	Celexa®	AA		Clear to Pale Yellow
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	Cap	75 mg	60	31722-621-60	Pradaxa®	AB		Cream
DABIGATRAN ETEXILATE	Cap	110 mg	60	31722-666-60	Pradaxa®	AB		Cream
DABIGATRAN ETEXILATE	Cap	110 mg	60 (10 x 6)	31722-666-32	Pradaxa®	AB		Cream
DABIGATRAN ETEXILATE	Cap	150 mg	60	31722-622-60	Pradaxa®	AB		Cream
DAPTOMYCIN FOR INJECTION	Inj	350 mg	1 x 20 mL	31722-215-01	Daptomycin for Injection®	AP		Pale Yellow to Light Brown
DAPTOMYCIN FOR INJECTION	Inj	500 mg	1 x 30 mL	31722-216-01	Cubicin®	AP		Pale Yellow to Light Brown
DARUNAVIR	Tab	600 mg	60	31722-568-60	Prezista®	AB		Orange
DECITABINE	Inj	50 mg	20 mL	31722-304-31	Dacogen®	AP		White to Almost White
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

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
DEFERASIROX	Granules	90 mg	30	31722-029-32	Jadenu®	AB		White to Off White
DEFERASIROX	Granules	180 mg	30	31722-030-32	Jadenu®	AB		White to Off White
DEFERASIROX	Granules	360 mg	30	31722-031-32	Jadenu®	AB		White to Off White
DEXMETHYLPHENIDATE*	Cap	5 mg	100	31722-229-01	Focalin XR®	AB	II	Light Brown/ White
DEXMETHYLPHENIDATE*	Cap	10 mg	100	31722-230-01	Focalin XR®	AB	II	White / White
DEXMETHYLPHENIDATE*	Cap	15 mg	100	31722-231-01	Focalin XR®	AB	II	Yellow / White
DEXMETHYLPHENIDATE*	Cap	20 mg	100	31722-232-01	Focalin XR®	AB	II	Light Brown / White
DEXMETHYLPHENIDATE*	Cap	25 mg	100	31722-233-01	Focalin XR®	AB	II	Yellow/ White
DEXMETHYLPHENIDATE*	Cap	30 mg	100	31722-234-01	Focalin XR®	AB	II	White / White
DEXMETHYLPHENIDATE*	Cap	35 mg	100	31722-235-01	Focalin XR®	AB	II	Light Yellow/ Light Yellow
DEXMETHYLPHENIDATE*	Cap	40 mg	100	31722-236-01	Focalin XR®	AB	II	Yellow/ White
DIATRIZOATE MEGLUMINE AND DIATRIZOATE SODIUM	Sol	66-10%	30 mL x 24 SD	31722-019-31	Gastrografin® Oral Sol	AA		Clear to Pale Yellow
DIATRIZOATE MEGLUMINE AND DIATRIZOATE SODIUM	Sol	66-10%	120 mL x 12 SD	31722-019-32	Gastrografin® Oral Sol	AA		Clear to Pale Yellow
DICLOFENAC POTASSIUM	Sol	50 mg	9	31722-046-32	Cambia®	AB		White to Off-White
DICYCLOMINE	Cap	10 mg	100	31722-052-01	Bentyl®	AB		Light Blue to Blue
DICYCLOMINE	Cap	10 mg	1000	31722-052-10	Bentyl®	AB		Light Blue to Blue
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	120 mg/240 mg SP	60	31722-680-60	Tecfidera®	AB		120mg-Blue & 240mg- White
DIVALPROEX SODIUM	Tab	250 mg	100	31722-021-01	Depakote®	AB		White to Off White
DIVALPROEX SODIUM	Tab	250 mg	500	31722-021-05	Depakote®	AB		White to Off White
DIVALPROEX SODIUM	Tab	500 mg	100	31722-022-01	Depakote®	AB		White to Off White

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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	Tab	3 mg/0.02 mg	3x28 ct	31722-934-32	Yaz®	AB		Active-Pink/Placebo-White
DROSPIRENONE ETHINYL ESTRADIOL	Tab	3 mg/0.03 mg	3x28ct	31722-945-31	Yasmin®	AB		Active-Yellow/Placebo-White
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	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*	Cap	0.5 mg	30	31722-131-30	Avodart®	AB		Yellow
DUTASTERIDE*	Cap	0.5 mg	90	31722-131-90	Avodart®	AB		Yellow
EFAVIRENZ	Tab	600 mg	30	31722-504-30	Sustiva®	AB		Yellow
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	Tab	200 mg/ 300 mg	30	31722-560-30	Truvada®	AB		White to Off White
ENALAPRIL	Sol	1 mg/mL	150 mL	31722-020-15	Epaned®	AB		Colorless

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
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
EPLERENONE	Tab	25 mg	30	31722-049-30	Inspra®	AB		Light Yellow
EPLERENONE	Tab	25 mg	90	31722-049-90	Inspra®	AB		Light Yellow
EPLERENONE	Tab	50 mg	30	31722-050-30	Inspra®	AB		Light Yellow
EPLERENONE	Tab	50 mg	90	31722-050-90	Inspra®	AB		Light Yellow
ERLOTINIB	Tab	25 mg	30	31722-263-30	Tarceva®	AB		White
ERLOTINIB	Tab	100 mg	30	31722-264-30	Tarceva®	AB		White
ERLOTINIB	Tab	150 mg	30	31722-265-30	Tarceva®	AB		White
ESCITALOPRAM	Sol	5 mg/5 mL	240 mL	31722-569-24	Lexapro®	AA		Pale Yellow
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
ESZOPICLONE	Tab	1 mg	30	31722-855-30	Lunesta®	AB	CIV	Light Blue
ESZOPICLONE	Tab	1 mg	100	31722-855-01	Lunesta®	AB	CIV	Light Blue
ESZOPICLONE	Tab	2 mg	30	31722-856-30	Lunesta®	AB	CIV	White to Off White
ESZOPICLONE	Tab	2 mg	100	31722-85601	Lunesta®	AB	CIV	White to Off White
ESZOPICLONE	Tab	3 mg	100	31722-857-01	Lunesta®	AB	CIV	Dark Blue to Blue
EZETIMIBE	Tab	10 mg	30	31722-628-30	Zetia®	AB		White to Off White
EZETIMIBE	Tab	10 mg	90	31722-628-90	Zetia®	AB		White to Off White
EZETIMIBE	Tab	10 mg	500	31722-628-05	Zetia®	AB		White to Off White

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
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	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
FAMOTIDINE	Susp	40 mg/5 mL	50 mL	31722-063-31	Pepcid® for Oral Suspension	AB		White to Off-White
FENOFIBRATE	Tab	48 mg	90	31722-595-90	Tricor®	AB		Yellow
FENOFIBRATE	Tab	145 mg	90	31722-596-90	Tricor®	AB		White
FESOTERODINE ER	Tab	4 mg	30	31722-033-30	Toviaz®	AB		Light Blue
FESOTERODINE ER	Tab	8 mg	30	31722-034-30	Toviaz®	AB		Blue
FINASTERIDE	Tab	1 mg	30	31722-526-30	Propecia®	AB		Brown
FINASTERIDE	Tab	1mg	90	31722-526-90	Propecia®	AB		Brown
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	Cap	0.5 mg	30	31722-889-30	Gilenya ®	AB		White/Yellow
FOSAPREPITANT	Inj	150 mg	10 mL	31722-165-31	Emend®	AP		White to Off White
GABAPENTIN	Tab	600 mg	100	31722-166-01	Neurontin®	AB	V**	White
GABAPENTIN	Tab	600 mg	500	31722-166-05	Neurontin®	AB	V**	White
GABAPENTIN	Tab	800 mg	100	31722-167-01	Neurontin®	AB	V**	White
GABAPENTIN	Tab	800 mg	500	31722-167-05	Neurontin®	AB	V**	White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
GABAPENTIN	Cap	100 mg	100	31722-148-01	Neurontin Caps®		V**	White
GABAPENTIN	Cap	100 mg	500	31722-148-05	Neurontin Caps®	AB	V**	White
GABAPENTIN	Cap	300 mg	100	31722-149-01	Neurontin Caps®	AB	V**	Yellow
GABAPENTIN	Cap	300 mg	500	31722-149-05	Neurontin Caps®	AB	V**	Yellow
GABAPENTIN	Cap	400 mg	100	31722-150-01	Neurontin Caps®	AB	V**	Orange
GABAPENTIN	Cap	400 mg	500	31722-150-05	Neurontin Caps®	AB	V**	Orange
GABAPENTIN	Tab	300	90	31722-091-90	Gralise®	AB2	V**	White
GABAPENTIN	Tab	600	90	31722-092-90	Gralise®	AB2	V**	Yellow
GABAPENTIN	Sol	250 mg/ 5 mL	470 mL	31722-069-47	Neurontin®	AA	V**	Clear to Slight Yellow
GEMFIBROZIL*	Tab	600 mg	60	31722-128-60	Lopid®	AB		White
GEMFIBROZIL*	Tab	600 mg	500	31722-128-05	Lopid®	AB		White
GLYCOPYRROLATE	Sol	1 mg/5 mL (0.2 mg/mL)	473 mL	31722-016-47	Cuvposa®	AA		Colorless
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*	Tab	5 mg / 325 mg	100	31722-996-01	Norco®	AA	II	Off White
HYDROCODONE APAP*	Tab	5 mg / 325 mg	500	31722-996-05	Norco®	AA	II	Off White
HYDROCODONE APAP*	Tab	7.5 mg / 325 mg	100	31722-942-01	Norco®	AA	II	Off White
HYDROCODONE APAP*	Tab	7.5 mg / 325 mg	500	31722-942-05	Norco®	AA	II	Off White
HYDROCODONE APAP*	Tab	10 mg / 325 mg	100	31722-997-01	Norco®	AA	II	Off White
HYDROCODONE APAP*	Tab	10 mg / 325 mg	500	31722-997-05	Norco®	AA	II	Off White
IBUPROFEN AND FAMOTIDINE*	Tab	800 mg / 26.6 mg	90	31722-315-90	Duexis®	AB		Blue/Light Blue

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

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
ICOSAPENT ETHYL*	Cap	0.5 gm	240	31722-298-24	Vascepa®	AB		Colorless
ICOSAPENT ETHYL*	Cap	1 gm	120	31722-299-12	Vascepa®	AB		Colorless
INDOMETHACIN	Cap	25 mg	100	31722-542-01	Indomethacin®	AB		Green
INDOMETHACIN	Cap	50 mg	100	31722-543-01	Indomethacin®	AB		Green
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	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	Sol	10 mg/mL	150 mL	31722-006-31	Sporanox®	AA		Colorless
IVABRADINE	Tab	5 mg	60	31722-053-60	Corlanor®	AB		White to Off White
IVABRADINE	Tab	7.5 mg	60	31722-054-60	Corlanor®	AB		Tan
KETOROLAC TROMETHAMINE	Inj	15 mg/ mL	10 x 1 mL SDV	31722-305-10	Toradol® Inj	AP		Clear to Slightly Yellow
KETOROLAC TROMETHAMINE	Inj	15 mg/ mL	25 x 1 mL SDV	31722-305-25	Toradol® Inj	AP		Clear to Slightly Yellow
KETOROLAC TROMETHAMINE	Inj	30 mg/ mL	25 x 1 mL SDV	31722-306-25	Toradol® Inj	AP		Clear to Slightly Yellow
KETOROLAC TROMETHAMINE	Inj	60 mg/ 2 mL (30 mg/mL)	25 x 2 mL SDV	31722-307-25	Toradol® Inj	AP		Clear to Slightly Yellow
KETOROLAC TROMETHAMINE	Tab	10 mg	100	31722-686-01	Toradol®	AB		White to Off White
LACOSAMIDE	Tab	50 mg	60	31722-812-60	Vimpat®	AB	V	Pink
LACOSAMIDE	Tab	100 mg	60	31722-813-60	Vimpat®	AB	V	Yellow
LACOSAMIDE	Tab	150 mg	60	31722-814-60	Vimpat®	AB	V	Salmon
LACOSAMIDE	Tab	200 mg	60	31722-815-60	Vimpat®	AB	V	Blue

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
LACOSAMIDE	Inj	200 mg/20 mL (10 mg/mL)	10 x 20 mL	31722-203-31	Vimpat®	AP	V	Colorless
LACOSAMIDE	Sol	10 mg/mL	200 mL	31722-627-26	Vimpat®	AA	V	Colorless
LAMIVUDINE/ZIDOVUDINE	Tab	150/300 mg	60	31722-506-60	Combivir®	AB		White
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
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	Cap	15 mg	30	31722-570-30	Prevacid®	AB		Pink/Green
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
LENALIDOMIDE	Cap	2.5 mg	28	31722-257-28	Revlimid®	AB		Pink/White
LENALIDOMIDE	Cap	5 mg	28	31722-258-28	Revlimid®	AB		White/White
LENALIDOMIDE	Cap	10 mg	28	31722-259-28	Revlimid®	AB		Orange/White
LENALIDOMIDE	Cap	15 mg	21	31722-260-21	Revlimid®	AB		Red/White
LENALIDOMIDE	Cap	20 mg	21	31722-261-21	Revlimid®	AB		Brown/White
LENALIDOMIDE	Cap	25 mg	21	31722-262-21	Revlimid®	AB		White/White
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

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
LEVETIRACETAM	Sol	100 mg	473 mL	31722-574-47	Keppra®	AA		Colorless
LEVOCETIRIZINE	Tab	5 mg	90	31722-551-90	Xyzal®	AB		Off White
LEVOCETIRIZINE	Sol	2.5 mg/5mL	148 mL	31722-659-31	Xyzal®	AA		Clear
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
LEVONORGESTREL AND ETHINYL ESTRADIOL	Tab	0.1 mg / 0.2 mg	3x28	31722-944-32	Alesse®	AB1		White –"LE" Orange "PL"

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
LEVOTHYROXINE*	Tab	25 mcg	90	31722-284-90	Thyro-Tabs®	AB4		Orange
LEVOTHYROXINE*	Tab	25 mcg	1000	31722-284-10	Thyro-Tabs®	AB4		Orange
LEVOTHYROXINE*	Tab	50 mcg	90	31722-285-90	Thyro-Tabs®	AB4		White
LEVOTHYROXINE*	Tab	50 mcg	1000	31722-285-10	Thyro-Tabs®	AB4		White
LEVOTHYROXINE*	Tab	75 mcg	90	31722-286-90	Thyro-Tabs®	AB4		Violet
LEVOTHYROXINE*	Tab	75 mcg	1000	31722-286-10	Thyro-Tabs®	AB4		Violet
LEVOTHYROXINE*	Tab	88 mcg	90	31722-287-90	Thyro-Tabs®	AB4		Olive
LEVOTHYROXINE*	Tab	88 mcg	1000	31722-287-10	Thyro-Tabs®	AB4		Olive
LEVOTHYROXINE*	Tab	100 mcg	90	31722-288-90	Thyro-Tabs®	AB4		Yellow
LEVOTHYROXINE*	Tab	100 mcg	1000	31722-288-10	Thyro-Tabs®	AB4		Yellow
LEVOTHYROXINE*	Tab	112 mcg	90	31722-289-90	Thyro-Tabs®	AB4		Rose
LEVOTHYROXINE*	Tab	112 mcg	1000	31722-289-10	Thyro-Tabs®	AB4		Rose
LEVOTHYROXINE*	Tab	125 mcg	90	31722-290-90	Thyro-Tabs®	AB4		Graay
LEVOTHYROXINE*	Tab	125 mcg	1000	31722-290-10	Thyro-Tabs®	AB4		Gray
LEVOTHYROXINE*	Tab	137 mcg	90	31722-291-90	Thyro-Tabs®	AB4		Turquoise
LEVOTHYROXINE*	Tab	137 mcg	1000	31722-291-10	Thyro-Tabs®	AB4		Turquoise
LEVOTHYROXINE*	Tab	150 mcg	90	31722-292-90	Thyro-Tabs®	AB4		Blue
LEVOTHYROXINE*	Tab	150 mcg	1000	31722-292-10	Thyro-Tabs®	AB4		Blue
LEVOTHYROXINE*	Tab	175 mcg	90	31722-293-90	Thyro-Tabs®	AB4		Lilac
LEVOTHYROXINE*	Tab	175 mcg	1000	31722-293-10	Thyro-Tabs®	AB4		Lilac
LEVOTHYROXINE*	Tab	200 mcg	90	31722-294-90	Thyro-Tabs®	AB4		Pink
LEVOTHYROXINE*	Tab	200 mcg	1000	31722-294-10	Thyro-Tabs®	AB4		Pink
LEVOTHYROXINE*	Tab	300 mcg	90	31722-295-90	Thyro-Tabs®	AB4		Green
LEVOTHYROXINE*	Tab	300 mcg	1000	31722-295-10	Thyro-Tabs®	AB4		Green

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	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	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	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	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	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	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	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	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	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	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	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	1 % 200 mg/20 mL (10 mg/mL)	25 x 20 mL Multi- Dose Vial	31722-116-31	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	1 % 500 mg/ 50 mL (10 mg/mL)	10 x 50 mL Multi-Dose Vial	31722-116-34	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	1 % 500 mg/ 50 mL (10 mg/mL)	25 x 50 mL Multi-Dose Vial	31722-116-33	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	2 % 400 mg/20 mL (20 mg/mL)	25 x 50 mL Multi-Dose Vial	31722-217-31	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	2 % 1000 mg/50 mL (20 mg/mL)	10 x 50 mL Multi-Dose Vial	31722-217-33	Xylocaine®	AP		Colorless
LIDOCAINE HCl	Inj	2 % 1000 mg/50 mL (20 mg/mL)	25 x 50 mL Multi-Dose Vial	31722-217-32	Xylocaine®	AP		Colorless
LINEZOLID	Tab	600 mg	20	31722-749-20	Zyvox®	AB		White
LINEZOLID	Susp	100 mg/ 5 mL	150 mL	31722-865-25	Zyvox®	AB		White to Off White
LISINOPRIL*	Tab	2.5 mg	100	31722-172-01	Zestril®	AB		White
LISINOPRIL*	Tab	2.5 mg	500	31722-172-05	Zestril®	AB		White
LISINOPRIL*	Tab	5 mg	100	31722-176-01	Zestril®	AB		Pink
LISINOPRIL*	Tab	5 mg	1000	31722-176-10	Zestril®	AB		Pink
LISINOPRIL*	Tab	10 mg	100	31722-177-01	Zestril®	AB		Pink
LISINOPRIL*	Tab	10 mg	1000	31722-177-10	Zestril®	AB		Pink
LISINOPRIL*	Tab	20 mg	100	31722-178-01	Zestril®	AB		Pink
LISINOPRIL*	Tab	20 mg	1000	31722-178-10	Zestril®	AB		Red
LISINOPRIL*	Tab	30 mg	100	31722-179-01	Zestril®	AB		Red
LISINOPRIL*	Tab	30 mg	500	31722-179-05	Zestril®	AB		Red
LISINOPRIL*	Tab	40 mg	100	31722-180-01	Zestril®	AB		Yellow
LISINOPRIL*	Tab	40 mg	1000	31722-180-10	Zestril®	AB		Yellow

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
LISDEXAMFETAMINE DIMESYLATE*	Cap	10 mg	100	31722-350-01	Vyvanse®	AB	CII	Pink Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	20 mg	100	31722-351-01	Vyvanse®	AB	CII	Ivory Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	30 mg	100	31722-352-01	Vyvanse®	AB	CII	Orange Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	40 mg	100	31722-353-01	Vyvanse®	AB	CII	Blue Green Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	50 mg	100	31722-354-01	Vyvanse®	AB	CII	Blue Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	60 mg	100	31722-355-01	Vyvanse®	AB	CII	Aqua Blue Opaque
LISDEXAMFETAMINE DIMESYLATE*	Cap	70 mg	100	31722-356-01	Vyvanse®	AB	CII	White Opaque
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	10 mg	100	31722-321-01	Vyvanse®	AB	CII	White to Off White
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	20 mg	100	31722-322-01	Vyvanse®	AB	CII	White to Off White
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	30 mg	100	31722-323-01	Vyvanse®	AB	CII	White to Off White
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	40 mg	100	31722-324-01	Vyvanse®	AB	CII	White to Off White
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	50 mg	100	31722-325-01	Vyvanse®	AB	CII	White to Off White
LISDEXAMFETAMINE DIMESYLATE*	Chew Tab	60 mg	100	31722-326-01	Vyvanse®	AB	CII	White to Off White
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	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	90	31722-701-90	Cozaar®	AB		White
LOSARTAN	Tab	50 mg	1000	31722-701-10	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
LURASIDONE HCl	Tab	20 mg	30	31722-080-30	Latuda®	AB		White to Off White
LURASIDONE HCl	Tab	40 mg	30	31722-081-30	Latuda®	AB		White to Off White
LURASIDONE HCl	Tab	60 mg	30	31722-082-30	Latuda®	AB		White to Off White
LURASIDONE HCl	Tab	80 mg	30	31722-083-30	Latuda®	AB		White to Off White
LURASIDONE HCl	Tab	120 mg	30	31722-084-30	Latuda®	AB		White to Off White
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

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
MEMANTINE	Tab	5 mg	60	31722-807-60	Namenda®	AB		Tan
MEMANTINE	Tab	10 mg	60	31722-808-60	Namenda®	AB		Gray
MESALAMINE	Supp	1000 mg	30	31722-005-30	Canasa®	AB		Light Tan
MESALAMINE	Tab	1.2 g	120	31722-043-12	Lialda®	AB		Reddish-Brown
METHADONE*	Tab	5 mg	100	31722-946-01	Dolophine®	AA	II	White
METHADONE*	Tab	10 mg	100	31722-947-01	Dolophine®	AA	II	White
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*	Tab	5 mg	100	31722-173-01	Ritalin®	AB	II	Light Yellow
METHYLPHENIDATE*	Tab	10 mg	100	31722-174-01	Ritalin®	AB	II	Light Blue
METHYLPHENIDATE*	Tab	20 mg	100	31722-175-01	Ritalin®	AB	II	Light Yellow
METHYLPHENIDATE*	Tab-Chew	2.5 mg	100	31722-926-01	Methylin®	AB	II	White
METHYLPHENIDATE*	Tab-Chew	5 mg	100	31722-927-01	Methylin®	AB	II	White
METHYLPHENIDATE*	Tab-Chew	10 mg	100	31722-928-01	Methylin®	AB	II	White
METHYLPHENIDATE ER*	Tab	18 mg	100	31722-952-01	Concerta®	AB	II	Yellow
METHYLPHENIDATE ER*	Tab	27 mg	100	31722-953-01	Concerta®	AB	II	Light Pink
METHYLPHENIDATE ER*	Tab	36 mg	100	31722-954-01	Concerta®	AB	II	White
METHYLPHENIDATE ER*	Tab	54 mg	100	31722-955-01	Concerta®	AB	II	Light Brown

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
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
MEXILETINE HCl	Cap	150 mg	100	31722-036-01	Mexitil®	AB		White to Light Blue
MEXILETINE HCl	Cap	200 mg	100	31722-037-01	Mexitil®	AB		White to Light Blue
MEXILETINE HCl	Cap	250 mg	100	31722-038-01	Mexitil®	AB		White to Light Blue
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	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
MYCOPHENOLATE MOFETIL	Cap	250 mg	100	31722-878-01	CellCept®	AB		Blue/Brown
MYCOPHENOLATE MOFETIL	Cap	250 mg	500	31722-878-05	CellCept®	AB		Blue/Brown
NAPROXEN	Susp	125 mg/5 mL	500 mL	31722-682-05	Naprosyn®	AB		Orange

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
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	Inj	10 mg/ 10 mL	10 x 10 mL	31722-995-31	Bloxiverz®	AP		Colorless
NEVIRAPINE	Tab	200 mg	60	31722-505-60	Viramune®	AB		Off-White
NIMODIPINE	Sol	60 mg/20 mL (3 mg/mL)	473 mL	31722-039-47	N/A	N/A		Pale Yellow
OLANZAPINE	Inj	10 mg/vial	1	31722-308-01	Zyprexa®	AP		Yellow
OMEGA-3*	Soft Gel Cap	1 g	120	31722-936-12	Lovaza®	AB		Yellow
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	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
OXCARBAZEPINE	Susp	300 mg/5 mL	250 mL	31722-687-25	Trileptal®	AB		Off-White to Slightly Brown

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
OXYCODONE APAP*	Tab	2.5 mg /325 mg	100	31722-948-01	Percocet®	AB	II	White
OXYCODONE APAP*	Tab	5 mg /325 mg	100	31722-949-01	Percocet®	AB	II	White
OXYCODONE APAP*	Tab	5 mg /325 mg	500	31722-949-05	Percocet®	AB	II	White
OXYCODONE APAP*	Tab	7.5 mg /325 mg	100	31722-950-01	Percocet®	AB	II	White
OXYCODONE APAP*	Tab	7.5 mg /325 mg	500	31722-950-05	Percocet®	AB	II	White
OXYCODONE APAP*	Tab	10 mg /325 mg	100	31722-951-01	Percocet®	AB	II	White
OXYCODONE APAP*	Tab	10 mg /325 mg	500	31722-951-05	Percocet®	AB	II	White
PALIPERODINE ER*	Tab	1.5 mg	30	31722-317-30	Invega®	AB		Light Beige
PALIPERODINE ER*	Tab	3 mg	30	31722-318-30	Invega®	AB		Light Pink
PALIPERODINE ER*	Tab	6 mg	30	31722-319-30	Invega®	AB		Light Beige
PALIPERODINE ER*	Tab	9 mg	30	31722-320-30	Invega®	AB		Light Yellow
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
PANTOPRAZOLE	Inj	40 mg	10	31722-204-10	Protonix®	AP		White to Off White
PANTOPRAZOLE SODIUM FOR DELAYED RELEASE	PFOS	40 mg	30-unit dose packets	31722-032-32	Protonix®	AB		Pale Yellow to Brown Granules
PHENYLEPHRINE HCl	Inj	10 mg/1 mL	25	31722-343-33	Vazculep®	AP1		Colorless
PHENYLEPHRINE HCl	Inj	50 mg/5 mL	10	31722-344-31	Vazculep®	AP1		Colorless
PHENYLEPHRINE HCl	Inj	100 mg/10 mL	1	31722-345-10	Vazculep®	AP1		Colorless
PIRFENIDONE	Tab	267 mg	270	31722-872-27	Esbriet®	AB		White
PIRFENIDONE	Tab	801 mg	90	31722-873-90	Esbriet®	AB		Red
PITAVASTATIN	Tab	1 mg	90	31722-875-90	Livalo®	AB		White to Off-White
PITAVASTATIN	Tab	2 mg	90	31722-876-90	Livalo®	AB		White to Off-White
PITAVASTATIN	Tab	4 mg	90	31722-877-90	Livalo®	AB		White to Off-White
POSACONAZOLE DR	Tab	100 mg	60	31722-677-60	Noxafil®	AB		Light Orange

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
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*	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	Cap	25 mg	90	31722-610-90	Lyrica®	AB	V	White/White
PREGABALIN	Cap	25 mg	500	31722-610-05	Lyrica®	AB	V	White/White
PREGABALIN	Cap	50 mg	90	31722-611-90	Lyrica®	AB	V	White/White
PREGABALIN	Cap	50 mg	500	31722-611-05	Lyrica®	AB	V	White/White
PREGABALIN	Cap	75 mg	90	31722-612-90	Lyrica®	AB	V	Light Peach/White
PREGABALIN	Cap	75 mg	500	31722-612-05	Lyrica®	AB	V	Light Peach/White
PREGABALIN	Cap	100 mg	90	31722-613-90	Lyrica®	AB	V	Light Peach/Light Peach
PREGABALIN	Cap	100 mg	500	31722-613-05	Lyrica®	AB	V	Light Peach/Light Peach
PREGABALIN	Cap	150 mg	90	31722-614-90	Lyrica®	AB	V	White/White
PREGABALIN	Cap	150 mg	500	31722-614-05	Lyrica®	AB	V	White/White
PREGABALIN	Cap	200 mg	90	31722-615-90	Lyrica®	AB	V	Light Peach/Light Peach
PREGABALIN	Cap	200 mg	500	31722-615-05	Lyrica®	AB	V	Light Peach/Light Peach
PREGABALIN	Cap	225 mg	90	31722-616-90	Lyrica®	AB	V	Light Peach/White
PREGABALIN	Cap	225 mg	500	31722-616-05	Lyrica®	AB	V	Light Peach/White
PREGABALIN	Cap	300 mg	90	31722-617-90	Lyrica®	AB	V	Light Peach/White
PREGABALIN	Cap	300 mg	500	31722-617-05	Lyrica®	AB	V	Light Peach/White
PROMETHAZINE HYDROCHLORIDE	Supp	12.5 mg	12	31722-040-31	Phenergan®	AB		White to Off White
PROMETHAZINE HYDROCHLORIDE	Supp	20 mg	12	31722-041-31	Phenergan®	AB		White to Off White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
QUETIAPINE	Tab	25 mg	100	31722-764-01	Seroquel®	AB		Peach
QUETIAPINE	Tab	50 mg	100	31722-765-01	Seroquel®	AB		White
QUETIAPINE	Tab	100 mg	100	31722-766-01	Seroquel®	AB		Yellow
QUETIAPINE	Tab	200 mg	100	31722-767-01	Seroquel®	AB		White
QUETIAPINE	Tab	300 mg	60	31722-768-60	Seroquel®	AB		White
QUETIAPINE	Tab	300 mg	100	31722-768-01	Seroquel®	AB		White
QUETIAPINE	Tab	400 mg	100	31722-769-01	Seroquel®	AB		Yellow
QUETIAPINE	Tab	400 mg	500	31722-769-05	Seroquel®	AB		Yellow
RANOLAZINE ER	Tab	1000 mg	60	31722-669-60	Ranexa®	AB		Blue
RITONAVIR	Tab	100 mg	30	31722-597-30	Norvir®	AB		White
ROFLUMILAST	Tab	250 mcg	20 (2 x 10)	31722-676-32	Daliresp®	AB		White to Off White
ROFLUMILAST	Tab	250 mcg	28 (1 x 28)	31722-676-36	Daliresp®	AB		White to Off White
ROFLUMILAST	Tab	500 mcg	30	31722-623-30	Daliresp®	AB		White
ROFLUMILAST	Tab	500 mcg	90	31722-623-90	Daliresp®	AB		White
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	Tab	200 mg	120	31722-598-12	Banzel®	AB		Pink
RUFINAMIDE	Tab	400 mg	120	31722-599-12	Banzel®	AB		Pink
RUFINAMIDE	Susp	40 mg	30	31722-688-46	Protonix®	AB		White/Orange
SAPROPTERIN DIHYDROCHLORIDE	Tab	100 mg	120	31722-045-12	Kuvan®	AB		Off-White to Yellow
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

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
SERTRALINE*	Tab	25 mg	500	31722-145-05	Zoloft®	AB	24	Green
SERTRALINE*	Tab	50 mg	500	31722-146-05	Zoloft®	AB	24	Blue
SERTRALINE*	Tab	100 mg	500	31722-147-05	Zoloft®	AB	24	Light Yellow
SILDENAFIL	Tab	20 mg	90	31722-776-90	Revatio®	AB		White
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	Susp	10 mg/mL	112 mL	31722-136-31	Revatio for Oral Suspension®	AB		Clear to Pale Yellow
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
SIROLIMUS	Sol	1 mg/mL	60 mL	31722-316-31	Rapamune®	AA		Clear Pale Yellow To Yellow
SODIUM SULFATE, POTASSIUM SULFATE, MAGNESIUM SULFATE	Oral Sol	17.5 g/3.13 g/1.6 g	2 x 6 ounces	31722-098-31	Suprep®	AA		Colorless
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	10 mg	90	31722-028-90	Vesicare®	AB		White to Off White
SUCCINYLCHOLINE CHLORIDE	Inj	200 mg/10 mL	25 x 10 mL	31722-981-31	Quelicin®	AP		Colorless
TADALAFIL	Tab	20 mg	30	31722-647-30	Adcirca®	AB		White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
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
TEMOZOLOMIDE	Cap	5 mg	5	31722-411-31	Temodar®	AA		Green/White
TEMOZOLOMIDE	Cap	5 mg	14	31722-411-14	Temodar®	AA		Green/White
TEMOZOLOMIDE	Cap	20 mg	5	31722-412-31	Temodar®	AA		Yellow/White
TEMOZOLOMIDE	Cap	20 mg	14	31722-412-14	Temodar®	AA		Yellow/White
TEMOZOLOMIDE	Cap	100 mg	5	31722-413-31	Temodar®	AA		Pink/White
TEMOZOLOMIDE	Cap	100 mg	14	31722-413-14	Temodar®	AA		Pink/White
TEMOZOLOMIDE	Cap	140 mg	5	31722-414-31	Temodar®	AA		Blue/White
TEMOZOLOMIDE	Cap	140 mg	14	31722-414-14	Temodar®	AA		Blue/White
TEMOZOLOMIDE	Cap	180 mg	5	31722-415-31	Temodar®	AA		Orange/White
TEMOZOLOMIDE	Cap	180 mg	14	31722-415-14	Temodar®	AA		Orange/White
TEMOZOLOMIDE	Cap	250 mg	5	31722-416-31	Temodar®	AA		White/White
TENOFOVIR	Tab	300 mg	30	31722-535-30	Viread®	AB		White
TERIFLUNOMIDE	Tab	7 mg	30	31722-246-30	Aubagio®	AB		Light Yellow
TERIFLUNOMIDE	Tab	14 mg	30	31722-247-30	Aubagio®	AB		White
TETRABENAZINE	Tab	12.5 mg	112	31722-821-11	Xenazine®	AB		White
TETRABENAZINE	Tab	25 mg	112	31722-822-11	Xenazine®	AB		Yellow
THEOPHYLLINE ER	Tab	300 mg	100	31722-077-01	Theophylline ER®	AB		White to Off White
THEOPHYLLINE ER	Tab	450 mg	100	31722-078-01	Theophylline ER®	AB		White to Off White
TOLTERODINE TARTRATE ER	Cap	2 mg	30	31722-607-30	Detrol® LA	AB		Blue Green
TOLTERODINE TARTRATE ER	Cap	2 mg	90	31722-608-30	Detrol® LA	AB		Blue

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
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
TOLTERODINE TARTRATE IR	Tab	2 mg	500	31722-806-05	Detrol®	AB		White
TOLVAPTAN	Tab	15 mg	10	31722-868-03	Samsca®	AB		White
TOLVAPTAN	Tab	30 mg	10	31722-869-03	Samsca®	AB		Blue
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
TRIENTINE HYDROCHLORIDE	Cap	250 mg	100	31722-683-01	Syprine®	AB		Purple
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	Tab	450 mg	60	31722-832-60	Valcyte®	AB		White
VALGANCICLOVIR	Sol	50 mg/ mL	88 mL	31722-837-10	Valcyte®	AB		White to Light Yellow
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	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

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR
VARENICLINE	Tab	0.5 mg	56	31722-678-56	Chantix®	AB		Pink
VARENICLINE	Tab	1 mg	56	31722-679-56	Chantix®	AB		Yellow
VARENICLINE	Tab	0.5mg & 1 mg (Starter pk)	0.5 mg- 11 tabs 1 mg - 42 tabs	31722-690-31	Chantix®	AB		0.5 mg–Pink 1 mg–Yellow
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*	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
VENLAFAXINE ER*	Tab	225 mg	90	31722-126-90	Effexor ER®	AB		Off White/White
ZAFIRLUKAST	Tab	10 mg	60	31722-007-60	Accolate®	AB		White
ZAFIRLUKAST	Tab	20 mg	60	31722-008-60	Accolate®	AB		White
ZIDOVUDINE	Tab	300 mg	60	31722-509-60	Retrovir®	AB		Off White
ZILEUTON ER	Tab	600 mg	120	31722-044-12	Zyflo CR®	AB		Bi-Layer (Pink/White)