



# RX PRODUCT LIST

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
ABACAVIR	Sol	20 mg/mL	240 mL	31722-562-24	Ziagen®	AA		Yellowish
ABACAVIR	Tab	300 mg	60	31722-557-60	Ziagen®	AB		Yellow
ABACAVIR AND LAMIVUDINE	Tab	600 mg/300 mg	30	31722-838-30	Epzicom®	AB		Orange
ACYCLOVIR	Susp	200 mg/5 mL	473 mL	31722-681-47	Zovirax®	AB		White Off-White
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
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	236.5 mL	31722-035-23	Amicar®	AA		Colorless to Slightly Yellow
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	5 mg/20 mg	30	31722-445-30	Azor®	AB		White to Off-White
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	5 mg/20 mg	90	31722-445-90	Azor®	AB		White to Off-White
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	5 mg/40 mg	30	31722-446-30	Azor®	AB		Cream
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	5 mg/40 mg	90	31722-446-90	Azor®	AB		Cream
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	10 mg/20 mg	30	31722-447-30	Azor®	AB		Grayish-Orange
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	10 mg/20 mg	90	31722-447-90	Azor®	AB		Grayish-Orange
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	10 mg/40 mg	30	31722-448-30	Azor®	AB		Brownish-Red
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	10 mg/40 mg	90	31722-448-90	Azor®	AB		Brownish-Red

*This product list is for marketing purposes only and is subject to changes, errors and omissions.*

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
AMPHETAMINE ER	Cap	5 mg	100	31722-185-01	Adderall XR®	AB1	CII	Blue/Clear
AMPHETAMINE ER	Cap	10 mg	100	31722-186-01	Adderall XR®	AB1	CII	Blue/Blue
AMPHETAMINE ER	Cap	15 mg	100	31722-187-01	Adderall XR®	AB1	CII	White/Blue
AMPHETAMINE ER	Cap	20 mg	100	31722-188-01	Adderall XR®	AB1	CII	Orange/Orange
AMPHETAMINE ER	Cap	25 mg	100	31722-189-01	Adderall XR®	AB1	CII	White/Orange
AMPHETAMINE ER	Cap	30 mg	100	31722-195-01	Adderall XR®	AB1	CII	Yellow/White
AMPHETAMINE IR	Tab	5 mg	100	31722-155-01	Adderall®	AB	CII	White to Off-White
AMPHETAMINE IR	Tab	7.5 mg	100	31722-156-01	Adderall®	AB	CII	Light Blue
AMPHETAMINE IR	Tab	10 mg	100	31722-157-01	Adderall®	AB	CII	Light Blue
AMPHETAMINE IR	Tab	12.5 mg	100	31722-158-01	Adderall®	AB	CII	Light to Dark Peach
AMPHETAMINE IR	Tab	15 mg	100	31722-159-01	Adderall®	AB	CII	Light to Dark Peach
AMPHETAMINE IR	Tab	20 mg	100	31722-163-01	Adderall®	AB	CII	Light to Dark Peach
AMPHETAMINE IR	Tab	30 mg	100	31722-164-01	Adderall®	AB	CII	Light to Dark Peach
ARIPIPIRAZOLE	Sol	1 mg/mL	150 mL	31722-684-15	Abilify®	AA		Colorless to Light Yellow
ARIPIPIRAZOLE	Tab	2 mg	30	31722-819-30	Abilify®	AB		Light Green to Green
ARIPIPIRAZOLE	Tab	5 mg	30	31722-820-30	Abilify®	AB		Light Blue to Blue
ARIPIPIRAZOLE	Tab	10 mg	30	31722-827-30	Abilify®	AB		Light Pink to Pink
ARIPIPIRAZOLE	Tab	15 mg	30	31722-828-30	Abilify®	AB		Light Yellow to Yellow
ARIPIPIRAZOLE	Tab	20 mg	30	31722-829-30	Abilify®	AB		White to Off-White
ARIPIPIRAZOLE	Tab	30 mg	30	31722-830-30	Abilify®	AB		Light Pink to Pink
ATAZANAVIR	Cap	150 mg	60	31722-653-60	Reyataz®	AB		Green/Light Green
ATAZANAVIR	Cap	200 mg	60	31722-654-60	Reyataz®	AB		Green/Light Green
ATAZANAVIR	Cap	300 mg	30	31722-655-30	Reyataz®	AB		Orange/Green
ATOMOXETINE HCL	Cap	10 mg	30	31722-714-30	Strattera®	AB		White/White
ATOMOXETINE HCL	Cap	18 mg	30	31722-715-30	Strattera®	AB		Yellow/White
ATOMOXETINE HCL	Cap	25 mg	30	31722-716-30	Strattera®	AB		Blue/White
ATOMOXETINE HCL	Cap	40 mg	30	31722-717-30	Strattera®	AB		Blue/Blue
ATOMOXETINE HCL	Cap	60 mg	30	31722-718-30	Strattera®	AB		Blue/Yellow
ATOMOXETINE HCL	Cap	80 mg	30	31722-719-30	Strattera®	AB		Brown/White
ATOMOXETINE HCL	Cap	100 mg	30	31722-720-30	Strattera®	AB		Brown/Brown



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
ATORVASTATIN CALCIUM	Tab	10 mg	90	31722-424-90	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	10 mg	500	31722-424-05	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	10 mg	1000	31722-424-10	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	20 mg	90	31722-425-90	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	20 mg	500	31722-425-05	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	20 mg	1000	31722-425-10	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	40 mg	90	31722-426-90	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	40 mg	500	31722-426-05	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	40 mg	1000	31722-426-10	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	80 mg	90	31722-427-90	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	80 mg	500	31722-427-05	Lipitor®	AB		White to Off-White
ATORVASTATIN CALCIUM	Tab	80 mg	1000	31722-427-10	Lipitor®	AB		White to Off-White
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	Cap	100 mg	100	31722-956-01	Tessalon®	AA		Yellow
BENZONATATE	Cap	100 mg	500	31722-956-05	Tessalon®	AA		Yellow
BENZONATATE	Cap	200 mg	100	31722-958-01	Tessalon®	AA		Yellow
BENZONATATE	Cap	200 mg	500	31722-958-05	Tessalon®	AA		Yellow
BEXAROTENE	Cap	75 mg	100	31722-380-01	Targretin®	AB		White to Off-White
BORTEZOMIB	Inj	3.5 mg	1 Single-Dose Vial	31722-303-31	Velcade®	AP		White to Off-White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
BUMETANIDE	Inj	1 mg/4 mL (0.25 mg/mL)	10 x 4 mL Single-Dose Vials	31722-368-32	Bumex®	AP		Colorless to Slightly Yellow
BUMETANIDE	Inj	2.5 mg/10 mL (0.25 mg/mL)	10 x 10 mL Multiple-Dose Vials	31722-369-32	Bumex®	AP		Colorless to Slightly Yellow
BUPIVACAINE HCL	Inj	0.25% 25 mg/10 mL (2.5 mg/mL)	25 x 10 mL Single-Dose Vials	31722-275-32	Marcaïne® HCl PF	AP		Colorless
BUPIVACAINE HCL	Inj	0.25% 75 mg/30 mL (2.5 mg/mL)	25 x 30 mL Single-Dose Vials	31722-275-34	Marcaïne® HCl PF	AP		Colorless
BUPIVACAINE HCL	Inj	0.5% 50 mg/10 mL (5 mg/mL)	25 x 10 mL Single-Dose Vials	31722-276-32	Marcaïne® HCl PF	AP		Colorless
BUPIVACAINE HCL	Inj	0.5% 150 mg/30 mL (5 mg/mL)	25 x 30 mL Single-Dose Vials	31722-276-34	Marcaïne® HCl PF	AP		Colorless
BUPIVACAINE HCL	Inj	0.75% 75 mg/10 mL (7.5 mg/mL)	25 x 10 mL Single-Dose Vials	31722-277-32	Marcaïne® HCl PF	AP		Colorless
BUPIVACAINE HCL	Inj	0.75% 225 mg/30 mL (7.5 mg/mL)	25 x 30 mL Single-Dose Vials	31722-277-34	Marcaïne® HCl PF	AP		Colorless
BUPROPION HCL ER	Tab	100 mg	60	31722-066-60	Wellbutrin SR®	AB1		Red
BUPROPION HCL ER	Tab	100 mg	100	31722-066-01	Wellbutrin SR®	AB1		Red
BUPROPION HCL ER	Tab	100 mg	500	31722-066-05	Wellbutrin SR®	AB1		Red
BUPROPION HCL ER	Tab	150 mg	60	31722-067-60	Wellbutrin SR®	AB1		Green
BUPROPION HCL ER	Tab	150 mg	100	31722-067-01	Wellbutrin SR®	AB1		Green
BUPROPION HCL ER	Tab	150 mg	500	31722-067-05	Wellbutrin SR®	AB1		Green
BUPROPION HCL ER	Tab	200 mg	60	31722-068-60	Wellbutrin SR®	AB1		Yellow
BUPROPION HCL ER	Tab	200 mg	100	31722-068-01	Wellbutrin SR®	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
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



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
CHLORPROMAZINE HCL	Inj	25 mg/mL	25 x 1 mL Single-Dose Vials	31722-366-32	Thorazine®	AP		Colorless
CHLORPROMAZINE HCL	Inj	50 mg/2 mL (25 mg/mL)	25 x 2 mL Single-Dose Vials	31722-367-32	Thorazine®	AP		Colorless
CHLORZOAZONE	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		Colorless to Pale Yellow
COLCHICINE	Cap	0.6 mg	30	31722-099-30	Mitigare®	AB		Green/Light Green
COLCHICINE	Cap	0.6 mg	100	31722-099-01	Mitigare®	AB		Green/Light Green
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/Cream
DABIGATRAN ETEXILATE	Cap	75 mg	60 (10 x 6)	31722-621-32	Pradaxa®	AB		Cream/Cream
DABIGATRAN ETEXILATE	Cap	110 mg	60	31722-666-60	Pradaxa®	AB		Cream/Cream
DABIGATRAN ETEXILATE	Cap	110 mg	60 (10 x 6)	31722-666-32	Pradaxa®	AB		Cream/Cream
DABIGATRAN ETEXILATE	Cap	150 mg	60	31722-622-60	Pradaxa®	AB		Cream/Cream
DABIGATRAN ETEXILATE	Cap	150 mg	60 (10 x 6)	31722-622-32	Pradaxa®	AB		Cream/Cream
DAPTOMYCIN	Inj	350 mg	15 mL Single-Dose Vial	31722-215-01	Daptomycin for Injection®	AP		Pale Yellow to Light Brown
DAPTOMYCIN	Inj	500 mg	10 mL Single-Dose Vial	31722-216-01	Cubicin®	AP		Pale Yellow to Light Brown
DARUNAVIR	Tab	600 mg	60	31722-568-60	Prezista®	AB		Orange
DARUNAVIR	Tab	800 mg	30	31722-089-30	Prezista®	AB		Yellow
DECITABINE	Inj	50 mg	20 mL Single-Dose Vial	31722-304-31	Dacogen®	AP		White to Almost White

**Cap** = Capsules

**Tab** = Tablets

**Inj** = Injectable

**Supp** = Suppository

**Susp** = Oral Suspension

**Sol** = Oral Solution

**PFOS** = Powder for Oral Suspension

**Chew Tab** = Chewable Tablet

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
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
DEFERASIROX	Tab	90 mg	30	31722-011-30	Jadenu®	AB		White to Off-White
DEFERASIROX	Tab	180 mg	30	31722-012-30	Jadenu®	AB		White to Off-White
DEFERASIROX	Tab	360 mg	30	31722-013-30	Jadenu®	AB		White to Off-White
DEXMETHYLPHENIDATE HCL ER	Cap	5 mg	100	31722-229-01	Focalin XR®	AB	CII	Light Brown/White
DEXMETHYLPHENIDATE HCL ER	Cap	10 mg	100	31722-230-01	Focalin XR®	AB	CII	White/White
DEXMETHYLPHENIDATE HCL ER	Cap	15 mg	100	31722-231-01	Focalin XR®	AB	CII	Yellow/White
DEXMETHYLPHENIDATE HCL ER	Cap	20 mg	100	31722-232-01	Focalin XR®	AB	CII	Light Brown/White
DEXMETHYLPHENIDATE HCL ER	Cap	25 mg	100	31722-233-01	Focalin XR®	AB	CII	Yellow/White
DEXMETHYLPHENIDATE HCL ER	Cap	30 mg	100	31722-234-01	Focalin XR®	AB	CII	White/White
DEXMETHYLPHENIDATE HCL ER	Cap	35 mg	100	31722-235-01	Focalin XR®	AB	CII	Light Yellow/Light Yellow
DEXMETHYLPHENIDATE HCL ER	Cap	40 mg	100	31722-236-01	Focalin XR®	AB	CII	Yellow/White
DIATRIZOATE MEGLUMINE AND DIATRIZOATE SODIUM	Sol	66-10%	24 x 30 mL Single-Dose Bottles	31722-019-31	Gastrografin® Oral Solution	AA		Pale Yellow
DIATRIZOATE MEGLUMINE AND DIATRIZOATE SODIUM	Sol	66-10%	12 x 120 mL Single-Dose Bottles	31722-019-32	Gastrografin® Oral Solution	AA		Pale Yellow
DICLOFENAC POTASSIUM	Sol	50 mg	9	31722-046-32	Cambia®	AB		White to Off-White
DICYCLOMINE HCL	Cap	10 mg	100	31722-052-01	Dicyclomine HCL	AB		Light Blue to Blue/Light Blue to Blue
DICYCLOMINE HCL	Cap	10 mg	1000	31722-052-10	Dicyclomine HCL	AB		Light Blue to Blue/Light Blue to Blue
DICYCLOMINE HCL	Tab	20 mg	100	31722-079-01	Dicyclomine HCL	AB		Light Blue to Blue
DICYCLOMINE HCL	Tab	20 mg	1000	31722-079-10	Dicyclomine HCL	AB		Light Blue to Blue
DIMETHYL FUMARATE DR	Cap	120 mg	14	31722-657-31	Tecfidera®	AB		Light Blue/Light Blue
DIMETHYL FUMARATE DR	Cap	120 mg/240 mg	60	31722-680-60	Tecfidera®	AB		120 mg-Blue & 240 mg-White
DIMETHYL FUMARATE DR	Cap	240 mg	60	31722-658-32	Tecfidera®	AB		White/White

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
DONEPEZIL HCL	Tab	5 mg	30	31722-737-30	Aricept®	AB		White
DONEPEZIL HCL	Tab	5 mg	90	31722-737-90	Aricept®	AB		White
DONEPEZIL HCL	Tab	5 mg	500	31722-737-05	Aricept®	AB		White
DONEPEZIL HCL	Tab	10 mg	30	31722-738-30	Aricept®	AB		Yellow
DONEPEZIL HCL	Tab	10 mg	90	31722-738-90	Aricept®	AB		Yellow
DONEPEZIL HCL	Tab	10 mg	500	31722-738-05	Aricept®	AB		Yellow
DROSPIRENONE ETHINYL ESTRADIOL	Tab	3 mg/0.02 mg	84 (3 x 28)	31722-934-32	Yaz®	AB		Active-Pink/Placebo-White
DROSPIRENONE ETHINYL ESTRADIOL	Tab	3 mg/0.03 mg	84 (3 x 28)	31722-945-31	Yasmin®	AB		Active-Yellow/Placebo-White
DROXIDOPA	Cap	100 mg	90	31722-014-90	Northera®	AB		Pink/Pink
DROXIDOPA	Cap	200 mg	90	31722-015-90	Northera®	AB		Light Blue/Light Blue
DROXIDOPA	Cap	300 mg	90	31722-010-90	Northera®	AB		White/White
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 AND TENOFOVIR DISOPROXIL FUMARATE	Tab	600 mg/200 mg/300 mg	30	31722-736-30	Atripla®	AB		White to Off-White
ELETRIPTAN HBR	Tab	20 mg	6	31722-443-31	Relpax®	AB		Orange
ELETRIPTAN HBR	Tab	40 mg	6	31722-444-31	Relpax®	AB		Orange
ELTROMBOPAG	PFOS	12.5 mg	30 Unit-Dose Packets	31722-300-32	Promacta®	AB		Reddish-Brown to Yellow
ELTROMBOPAG	PFOS	25 mg	30 Unit-Dose Packets	31722-301-32	Promacta®	AB		Reddish-Brown to Yellow
ELTROMBOPAG	Tab	12.5 mg	30	31722-841-30	Promacta®	AB		Off-White
ELTROMBOPAG	Tab	25 mg	30	31722-842-30	Promacta®	AB		Beige
ELTROMBOPAG	Tab	50 mg	30	31722-843-30	Promacta®	AB		Off-White
ELTROMBOPAG	Tab	75 mg	30	31722-844-30	Promacta®	AB		Off-White to Light Yellow
EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE	Tab	200 mg/300 mg	30	31722-560-30	Truvada®	AB		White to Off-White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
ENALAPRIL MALEATE	Sol	1 mg/mL	150 mL	31722-020-15	Epaned®	AB		Colorless
ENTECAVIR	Tab	0.5 mg	30	31722-833-30	Baraclude®	AB		White to Off-White
ENTECAVIR	Tab	0.5 mg	90	31722-833-90	Baraclude®	AB		White to Off-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 OXALATE	Sol	5 mg/5 mL	240 mL	31722-569-24	Lexapro®	AA		Colorless to Pale Yellow
ESLICARBAZEPINE ACETATE	Tab	200 mg	30	31722-428-30	Apitom®	AB		White to Off-White
ESLICARBAZEPINE ACETATE	Tab	400 mg	30	31722-429-30	Apitom®	AB		White to Off-White
ESLICARBAZEPINE ACETATE	Tab	600 mg	60	31722-430-60	Apitom®	AB		White to Off-White
ESLICARBAZEPINE ACETATE	Tab	800 mg	30	31722-431-30	Apitom®	AB		White to Off-White
ESOMEPRAZOLE MAGNESIUM DR	Cap	20 mg	30	31722-664-30	Nexium®	AB		White/White
ESOMEPRAZOLE MAGNESIUM DR	Cap	20 mg	90	31722-664-90	Nexium®	AB		White/White
ESOMEPRAZOLE MAGNESIUM DR	Cap	20 mg	1000	31722-664-10	Nexium®	AB		White/White
ESOMEPRAZOLE MAGNESIUM DR	Cap	40 mg	30	31722-665-30	Nexium®	AB		White/White
ESOMEPRAZOLE MAGNESIUM DR	Cap	40 mg	90	31722-665-90	Nexium®	AB		White/White
ESOMEPRAZOLE MAGNESIUM DR	Cap	40 mg	1000	31722-665-10	Nexium®	AB		White/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	31722-856-01	Lunesta®	AB	CIV	White to Off-White
ESZOPICLONE	Tab	3 mg	100	31722-857-01	Lunesta®	AB	CIV	Dark Blue to Blue



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
EZETIMIBE	Tab	10 mg	30	31722-628-30	Zeita®	AB		White to Off-White
EZETIMIBE	Tab	10 mg	90	31722-628-90	Zeita®	AB		White to Off-White
EZETIMIBE	Tab	10 mg	500	31722-628-05	Zeita®	AB		White to Off-White
FAMCICLOVIR	Tab	125 mg	30	31722-706-30	Famvir®	AB		Off-White
FAMCICLOVIR	Tab	250 mg	30	31722-707-30	Famvir®	AB		Off-White
FAMCICLOVIR	Tab	500 mg	30	31722-708-30	Famvir®	AB		Off-White
FAMOTIDINE	PFOS	40 mg/5 mL	50 mL (when reconstituted)	31722-063-31	Pepcid®	AB		White to Off-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
FENOFIBRATE	Tab	48 mg	90	31722-595-90	Tricor®	AB		Yellow
FENOFIBRATE	Tab	145 mg	90	31722-596-90	Tricor®	AB		White to Off-White
FESOTERODINE FUMARATE ER	Tab	4 mg	30	31722-033-30	Toviaz®	AB		Light Blue
FESOTERODINE FUMARATE ER	Tab	8 mg	30	31722-034-30	Toviaz®	AB		Blue
FINASTERIDE	Tab	1 mg	30	31722-526-30	Propecia®	AB		Brown
FINASTERIDE	Tab	1 mg	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		Yellow/White

**Cap** = Capsules

**Tab** = Tablets

**Inj** = Injectable

**Supp** = Suppository

**Susp** = Oral Suspension

**Sol** = Oral Solution

**PFOS** = Powder for Oral Suspension

**Chew Tab** = Chewable Tablet

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
FLUVOXAMINE MALEATE ER	Cap	100 mg	30	31722-064-30	Luvox® CR	AB		Blue/Yellow
FLUVOXAMINE MALEATE ER	Cap	150 mg	30	31722-065-30	Luvox® CR	AB		Green/Yellow
FOSAPREPITANT	Inj	150 mg	10 mL Single-Dose Vial	31722-165-31	Emend®	AP		White to Off-White
FUROSEMIDE	Inj	20 mg/2 mL (10 mg/mL)	25 x 2 mL Single-Dose Vials	31722-309-32	Lasix®	AP		Colorless
FUROSEMIDE	Inj	40 mg/4 mL (10 mg/mL)	25 x 4 mL Single-Dose Vials	31722-310-32	Lasix®	AP		Colorless
FUROSEMIDE	Inj	100 mg/10 mL (10 mg/mL)	25 x 10 mL Single-Dose Vials	31722-311-31	Lasix®	AP		Colorless
GABAPENTIN	Cap	100 mg	100	31722-148-01	Neurontin®	AB	CV*	White/White
GABAPENTIN	Cap	100 mg	500	31722-148-05	Neurontin®	AB	CV*	White/White
GABAPENTIN	Cap	100 mg	1000	31722-148-10	Neurontin®	AB	CV*	White/White
GABAPENTIN	Cap	300 mg	100	31722-149-01	Neurontin®	AB	CV*	Yellow/Yellow
GABAPENTIN	Cap	300 mg	500	31722-149-05	Neurontin®	AB	CV*	Yellow/Yellow
GABAPENTIN	Cap	400 mg	100	31722-150-01	Neurontin®	AB	CV*	Orange/Orange
GABAPENTIN	Cap	400 mg	500	31722-150-05	Neurontin®	AB	CV*	Orange/Orange
GABAPENTIN	Sol	250 mg/5 mL	470 mL	31722-069-47	Neurontin®	AA	CV*	Colorless to Slight Yellow
GABAPENTIN	Tab	300 mg	90	31722-091-90	Gralise®	AB2	CV*	White
GABAPENTIN	Tab	600 mg	90	31722-092-90	Gralise®	AB2	CV*	Yellow
GABAPENTIN	Tab	600 mg	100	31722-166-01	Neurontin®	AB	CV*	White
GABAPENTIN	Tab	600 mg	500	31722-166-05	Neurontin®	AB	CV*	White
GABAPENTIN	Tab	800 mg	100	31722-167-01	Neurontin®	AB	CV*	White
GABAPENTIN	Tab	800 mg	500	31722-167-05	Neurontin®	AB	CV*	White
GEMFIBROZIL	Tab	600 mg	60	31722-128-60	Lopid®	AB		White to Off-White
GEMFIBROZIL	Tab	600 mg	500	31722-128-05	Lopid®	AB		White to Off-White
GLYCOPYRROLATE	Sol	1 mg/5 mL	473 mL	31722-016-47	Cuvposa® Oral Solution	AA		Colorless

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



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
HYDRALAZINE HCL	Tab	10 mg	100	31722-519-01	Hydralazine HCL	AA		Orange
HYDRALAZINE HCL	Tab	25 mg	100	31722-520-01	Hydralazine HCL	AA		Orange
HYDRALAZINE HCL	Tab	25 mg	1000	31722-520-10	Hydralazine HCL	AA		Orange
HYDRALAZINE HCL	Tab	50 mg	100	31722-521-01	Hydralazine HCL	AA		Orange
HYDRALAZINE HCL	Tab	50 mg	1000	31722-521-10	Hydralazine HCL	AA		Orange
HYDRALAZINE HCL	Tab	100 mg	100	31722-522-01	Hydralazine HCL	AA		Orange
HYDRALAZINE HCL	Tab	100 mg	500	31722-522-05	Hydralazine HCL	AA		Orange
HYDROCODONE APAP	Tab	5 mg/325 mg	100	31722-996-01	Norco®	AA	CII	White to Off-White
HYDROCODONE APAP	Tab	5 mg/325 mg	500	31722-996-05	Norco®	AA	CII	White to Off-White
HYDROCODONE APAP	Tab	7.5 mg/325 mg	100	31722-942-01	Norco®	AA	CII	White to Off-White
HYDROCODONE APAP	Tab	7.5 mg/325 mg	500	31722-942-05	Norco®	AA	CII	White to Off-White
HYDROCODONE APAP	Tab	10 mg/325 mg	100	31722-997-01	Norco®	AA	CII	White to Off-White
HYDROCODONE APAP	Tab	10 mg/325 mg	500	31722-997-05	Norco®	AA	CII	White to Off-White
HYDROMORPHONE HCL ER	Tab	8 mg	100	31722-119-01	Exalgo®	AB	CII	Light Pink to Pink
HYDROMORPHONE HCL ER	Tab	12 mg	100	31722-120-01	Exalgo®	AB	CII	Light Yellow to Yellow
HYDROMORPHONE HCL ER	Tab	16 mg	100	31722-121-01	Exalgo®	AB	CII	Light Beige to Beige
ICOSAPENT ETHYL	Cap	0.5 g	240	31722-298-24	Vascepa®	AB		Colorless to Light Yellow
ICOSAPENT ETHYL	Cap	1 g	120	31722-299-12	Vascepa®	AB		Colorless to Light Yellow
IMATINIB MESYLATE	Tab	100 mg	90	31722-296-90	Gleevec®	AB		White to Off-White
IMATINIB MESYLATE	Tab	400 mg	30	31722-297-30	Gleevec®	AB		White to Off-White
INDOMETHACIN	Cap	25 mg	100	31722-542-01	Indomethacin	AB		Light Green/Light Green
INDOMETHACIN	Cap	50 mg	100	31722-543-01	Indomethacin	AB		Light Green/Light Green
INDOMETHACIN	Supp	50 mg	30	31722-051-31	Indocin®	AB		White to Off-White
INDOMETHACIN ER	Cap	75 mg	60	31722-565-60	Indomethacin ER	AB		Dark Yellow/Clear
INDOMETHACIN ER	Cap	75 mg	100	31722-565-01	Indomethacin ER	AB		Dark Yellow/Clear

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
IRBESARTAN	Tab	75 mg	30	31722-729-30	Avapro®	AB		White to Off-White
IRBESARTAN	Tab	75 mg	90	31722-729-90	Avapro®	AB		White to Off-White
IRBESARTAN	Tab	150 mg	30	31722-730-30	Avapro®	AB		White to Off-White
IRBESARTAN	Tab	150 mg	90	31722-730-90	Avapro®	AB		White to Off-White
IRBESARTAN	Tab	150 mg	500	31722-730-05	Avapro®	AB		White to Off-White
IRBESARTAN	Tab	300 mg	30	31722-731-30	Avapro®	AB		White to Off-White
IRBESARTAN	Tab	300 mg	90	31722-731-90	Avapro®	AB		White to Off-White
ITRACONAZOLE	Sol	10 mg/mL	150 mL	31722-006-31	Sporanox®	AA		Colorless to Yellowish-Brown
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 Single-Dose Vials	31722-305-10	Toradol®	AP		Slightly Yellow
KETOROLAC TROMETHAMINE	Inj	15 mg/mL	25 x 1 mL Single-Dose Vials	31722-305-25	Toradol®	AP		Slightly Yellow
KETOROLAC TROMETHAMINE	Inj	30 mg/mL	25 x 1 mL Single-Dose Vials	31722-306-25	Toradol®	AP		Slightly Yellow
KETOROLAC TROMETHAMINE	Tab	10 mg	100	31722-686-01	Toradol®	AB		White to Off-White
LACOSAMIDE	Inj	200 mg/20 mL (10 mg/mL)	10 x 20 mL Single-Dose Vials	31722-203-31	Vimpat®	AP	CV	Colorless
LACOSAMIDE	Sol	10 mg/mL	200 mL	31722-627-26	Vimpat®	AA	CV	Colorless to Yellow or Yellow-Brown
LACOSAMIDE	Tab	50 mg	60	31722-812-60	Vimpat®	AB	CV	Pink
LACOSAMIDE	Tab	100 mg	60	31722-813-60	Vimpat®	AB	CV	Yellow
LACOSAMIDE	Tab	150 mg	60	31722-814-60	Vimpat®	AB	CV	Salmon
LACOSAMIDE	Tab	200 mg	60	31722-815-60	Vimpat®	AB	CV	Blue
LAMIVUDINE AND ZIDOVUDINE	Tab	150/300 mg	60	31722-506-60	Combivir®	AB		White

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
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	Sol	100 mg	473 mL	31722-574-47	Keppra®	AA		Colorless
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
LEVOCETIRIZINE DIHYDROCHLORIDE	Sol	2.5 mg/5mL	148 mL	31722-659-31	Xyzal®	AA		Colorless
LEVOCETIRIZINE DIHYDROCHLORIDE	Tab	5 mg	90	31722-551-90	Xyzal®	AB		White
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

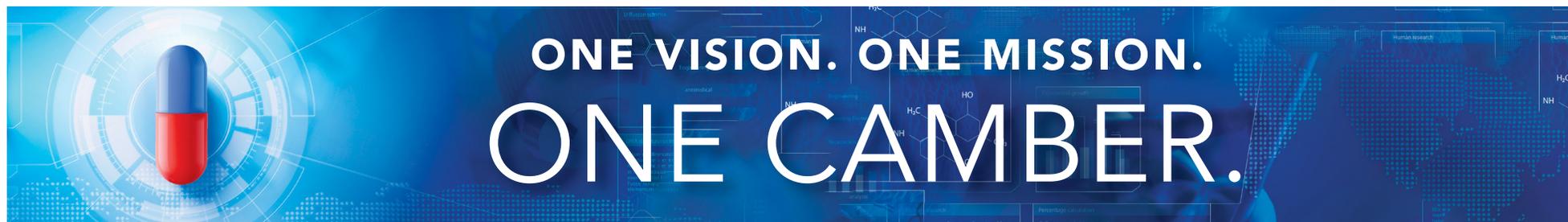
GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
LIDOCAINE HCL	Inj	1 % 20 mg/2 mL (10 mg/mL)	10 x 2 mL Single-Dose Vials	31722-117-34	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCL	Inj	1 % 20 mg/2 mL (10 mg/mL)	25 x 2 mL Single-Dose Vials	31722-117-31	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCL	Inj	1 % 50 mg/5 mL (10 mg/mL)	10 x 5 mL Single-Dose Vials	31722-117-35	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCL	Inj	1 % 50 mg/5 mL (10 mg/mL)	25 x 5 mL Single-Dose Vials	31722-117-32	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCL	Inj	1 % 300 mg/30 mL (10 mg/mL)	25 x 30 mL Single-Dose Vials	31722-117-33	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCL	Inj	2 % 40 mg/2 mL (20 mg/mL)	10 x 2 mL Single-Dose Vials	31722-118-33	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCL	Inj	2 % 40 mg/2 mL (20 mg/mL)	25 x 2 mL Single-Dose Vials	31722-118-31	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCL	Inj	2 % 100 mg/5 mL (20 mg/mL)	10 x 5 mL Single-Dose Vials	31722-118-34	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCL	Inj	2 % 100 mg/5 mL (20 mg/mL)	25 x 5 mL Single-Dose Vials	31722-118-32	Xylocaine MPF®	AP		Colorless
LIDOCAINE HCL	Inj	1 % 200 mg/20 mL (10 mg/mL)	10 x 20 mL Multiple-Dose Vials	31722-116-32	Xylocaine®	AP		Colorless
LIDOCAINE HCL	Inj	1 % 200 mg/20 mL (10 mg/mL)	25 x 20 mL Multiple-Dose Vials	31722-116-31	Xylocaine®	AP		Colorless
LIDOCAINE HCL	Inj	1 % 500 mg/50 mL (10 mg/mL)	10 x 50 mL Multiple-Dose Vials	31722-116-34	Xylocaine®	AP		Colorless
LIDOCAINE HCL	Inj	1 % 500 mg/50 mL (10 mg/mL)	25 x 50 mL Multiple-Dose Vials	31722-116-33	Xylocaine®	AP		Colorless
LIDOCAINE HCL	Inj	2 % 400 mg/20 mL (20 mg/mL)	25 x 50 mL Multiple-Dose Vials	31722-217-31	Xylocaine®	AP		Colorless
LIDOCAINE HCL	Inj	2 % 1000 mg/50 mL (20 mg/mL)	10 x 50 mL Multiple-Dose Vials	31722-217-33	Xylocaine®	AP		Colorless
LIDOCAINE HCL	Inj	2 % 1000 mg/50 mL (20 mg/mL)	25 x 50 mL Multiple-Dose Vials	31722-217-32	Xylocaine®	AP		Colorless
LINEZOLID	PFOS	100 mg/5 mL	150 mL	31722-865-25	Zyvox®	AB		White or Off-White to Brown
LINEZOLID	Tab	600 mg	20	31722-749-20	Zyvox®	AB		White to Off-White



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
LISDEXAMFETAMINE DIMESYLATE	Cap	10 mg	100	31722-350-01	Vyvanse®	AB	CII	Pink/Pink
LISDEXAMFETAMINE DIMESYLATE	Cap	20 mg	100	31722-351-01	Vyvanse®	AB	CII	Ivory/Ivory
LISDEXAMFETAMINE DIMESYLATE	Cap	30 mg	100	31722-352-01	Vyvanse®	AB	CII	Orange/White
LISDEXAMFETAMINE DIMESYLATE	Cap	40 mg	100	31722-353-01	Vyvanse®	AB	CII	Blue-Green/White
LISDEXAMFETAMINE DIMESYLATE	Cap	50 mg	100	31722-354-01	Vyvanse®	AB	CII	Blue/White
LISDEXAMFETAMINE DIMESYLATE	Cap	60 mg	100	31722-355-01	Vyvanse®	AB	CII	Aqua-Blue/Aqua-Blue
LISDEXAMFETAMINE DIMESYLATE	Cap	70 mg	100	31722-356-01	Vyvanse®	AB	CII	White/Blue
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
LISINAPRIL	Tab	2.5 mg	100	31722-172-01	Zestril®	AB		White
LISINAPRIL	Tab	2.5 mg	500	31722-172-05	Zestril®	AB		White
LISINAPRIL	Tab	5 mg	100	31722-176-01	Zestril®	AB		Pink
LISINAPRIL	Tab	5 mg	1000	31722-176-10	Zestril®	AB		Pink
LISINAPRIL	Tab	10 mg	100	31722-177-01	Zestril®	AB		Pink
LISINAPRIL	Tab	10 mg	1000	31722-177-10	Zestril®	AB		Pink
LISINAPRIL	Tab	20 mg	100	31722-178-01	Zestril®	AB		Red
LISINAPRIL	Tab	20 mg	1000	31722-178-10	Zestril®	AB		Red
LISINAPRIL	Tab	30 mg	100	31722-179-01	Zestril®	AB		Red
LISINAPRIL	Tab	30 mg	500	31722-179-05	Zestril®	AB		Red
LISINAPRIL	Tab	40 mg	100	31722-180-01	Zestril®	AB		Yellow
LISINAPRIL	Tab	40 mg	1000	31722-180-10	Zestril®	AB		Yellow
LITHIUM CARBONATE	Cap	150 mg	100	31722-544-01	Lithium Carbonate®	AB		White/White
LITHIUM CARBONATE	Cap	300 mg	100	31722-545-01	Lithium Carbonate®	AB		Pink/Pink
LITHIUM CARBONATE	Cap	300 mg	1000	31722-545-10	Lithium Carbonate®	AB		Pink/Pink
LITHIUM CARBONATE	Cap	600 mg	100	31722-546-01	Lithium Carbonate®	AB		Pink/White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
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 to Off-White
LOSARTAN	Tab	25 mg	1000	31722-700-10	Cozaar®	AB		White to Off-White
LOSARTAN	Tab	50 mg	90	31722-701-90	Cozaar®	AB		White to Off-White
LOSARTAN	Tab	50 mg	1000	31722-701-10	Cozaar®	AB		White to Off-White
LOSARTAN	Tab	100 mg	90	31722-702-90	Cozaar®	AB		White to Off-White
LOSARTAN	Tab	100 mg	1000	31722-702-10	Cozaar®	AB		White to Off-White
LUBIPROSTONE	Cap	8 mcg	60	31722-403-60	Amitiza®	AB		Light Orange
LUBIPROSTONE	Cap	24 mcg	60	31722-404-60	Amitiza®	AB		Clear Orange
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
MAGNESIUM SULFATE	Inj	1 g/2 mL (500 mg/mL)	25 x 2 mL Single-Dose Vials	31722-394-32	Magnesium Sulfate Injection	AP		Colorless
MAGNESIUM SULFATE	Inj	5 g/10 mL (500 mg/mL)	25 x 10 mL Single-Dose Vials	31722-394-33	Magnesium Sulfate Injection	AP		Colorless
MAGNESIUM SULFATE	Inj	10 g/20 mL (500 mg/mL)	25 x 20 mL Single-Dose Vials	31722-394-34	Magnesium Sulfate Injection	AP		Colorless
MAGNESIUM SULFATE	Inj	25 g/50 mL (500 mg/mL)	25 x 50 mL Single-Dose Vials	31722-394-35	Magnesium Sulfate Injection	AP		Colorless
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
MEMANTINE HCL	Tab	5 mg	60	31722-807-60	Namenda®	AB		Tan
MEMANTINE HCL	Tab	10 mg	60	31722-808-60	Namenda®	AB		Gray

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
MESALAMINE	Supp	1000 mg	30	31722-005-30	Canasa®	AB		Light Tan to Grey
MESALAMINE DR	Tab	1.2 g	120	31722-043-12	Lialda®	AB		Reddish-Brown
METFORMIN HCL	Sol	500 mg/5 mL	473 mL	31722-042-47	Riomet® Oral Solution	AB		Colorless
METHADONE HCL	Tab	5 mg	100	31722-946-01	Dolophine®	AA	CII	White to Off-White
METHADONE HCL	Tab	10 mg	100	31722-947-01	Dolophine®	AA	CII	White to Off-White
METHOCARBAMOL	Tab	500 mg	100	31722-533-01	Robaxin®	AA		White to Off-White
METHOCARBAMOL	Tab	500 mg	500	31722-533-05	Robaxin®	AA		White to Off-White
METHOCARBAMOL	Tab	750 mg	100	31722-534-01	Robaxin®	AA		White to Off-White
METHOCARBAMOL	Tab	750 mg	500	31722-534-05	Robaxin®	AA		White to Off-White
METHYLPHENIDATE HCL	Chew Tab	2.5 mg	100	31722-926-01	Methylin®	AB	CII	White to Off-White
METHYLPHENIDATE HCL	Chew Tab	5 mg	100	31722-927-01	Methylin®	AB	CII	White to Off-White
METHYLPHENIDATE HCL	Chew Tab	10 mg	100	31722-928-01	Methylin®	AB	CII	White to Off-White
METHYLPHENIDATE HCL	Tab	5 mg	100	31722-173-01	Ritalin®	AB	CII	Light Yellow
METHYLPHENIDATE HCL	Tab	10 mg	100	31722-174-01	Ritalin®	AB	CII	White to Off-White
METHYLPHENIDATE HCL	Tab	20 mg	100	31722-175-01	Ritalin®	AB	CII	Light Yellow
METHYLPHENIDATE HCL ER	Tab	18 mg	100	31722-952-01	Concerta®	AB	CII	Light Yellow to Yellow
METHYLPHENIDATE HCL ER	Tab	27 mg	100	31722-953-01	Concerta®	AB	CII	Light Pink to Pink
METHYLPHENIDATE HCL ER	Tab	36 mg	100	31722-954-01	Concerta®	AB	CII	White to Off-White
METHYLPHENIDATE HCL ER	Tab	54 mg	100	31722-955-01	Concerta®	AB	CII	Light to Dark Brown



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
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/Light Blue
MEXILETINE HCL	Cap	200 mg	100	31722-037-01	Mexitil®	AB		White/Light Blue
MEXILETINE HCL	Cap	250 mg	100	31722-038-01	Mexitil®	AB		White/Light Blue
MONTELUKAST SODIUM	Chew Tab	4 mg	30	31722-727-30	Singulair®	AB		Light Pink to Pink
MONTELUKAST SODIUM	Chew Tab	4 mg	90	31722-727-90	Singulair®	AB		Light Pink to Pink
MONTELUKAST SODIUM	Chew Tab	5 mg	30	31722-728-30	Singulair®	AB		Light Pink to Pink
MONTELUKAST SODIUM	Chew Tab	5 mg	90	31722-728-90	Singulair®	AB		Light Pink to Pink
MONTELUKAST SODIUM	Tab	10 mg	30	31722-726-30	Singulair®	AB		Beige
MONTELUKAST SODIUM	Tab	10 mg	90	31722-726-90	Singulair®	AB		Beige
MONTELUKAST SODIUM	Tab	10 mg	1000	31722-726-10	Singulair®	AB		Beige
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
MYCOPHENOLATE MOFETIL	Tab	500 mg	100	31722-879-01	CellCept®	AB		Lavender
MYCOPHENOLATE MOFETIL	Tab	500 mg	500	31722-879-05	CellCept®	AB		Lavender
NAPROXEN	Susp	125 mg/5 mL	500 mL	31722-682-05	Naprosyn®	AB		Light Orange

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
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
NILOTINIB	Cap	150 mg	112 (4 x 28)	31722-779-33	Tasigna®	AB		Pink/Pink
NILOTINIB	Cap	200 mg	112 (4 x 28)	31722-780-33	Tasigna®	AB		White/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	5 mL Single-Dose Vial	31722-308-01	Zyprexa®	AP		Yellow
OLMESARTAN MEDOXOMIL	Tab	5 mg	30	31722-852-30	Benicar®	AB		Yellow
OLMESARTAN MEDOXOMIL	Tab	5 mg	90	31722-852-90	Benicar®	AB		Yellow
OLMESARTAN MEDOXOMIL	Tab	20 mg	30	31722-853-30	Benicar®	AB		White to Off-White
OLMESARTAN MEDOXOMIL	Tab	20 mg	90	31722-853-90	Benicar®	AB		White to Off-White
OLMESARTAN MEDOXOMIL	Tab	40 mg	30	31722-854-30	Benicar®	AB		White to Off-White
OLMESARTAN MEDOXOMIL	Tab	40 mg	90	31722-854-90	Benicar®	AB		White to Off-White
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	20 mg/12.5 mg	30	31722-886-30	Benicar HCT®	AB		Reddish-Yellow
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	20 mg/12.5 mg	90	31722-886-90	Benicar HCT®	AB		Reddish-Yellow
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	40 mg/12.5 mg	30	31722-887-30	Benicar HCT®	AB		Reddish-Yellow
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	40 mg/12.5 mg	90	31722-887-90	Benicar HCT®	AB		Reddish-Yellow
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	40 mg/25 mg	30	31722-888-30	Benicar HCT®	AB		Pink
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	40 mg/25 mg	90	31722-888-90	Benicar HCT®	AB		Pink

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
OMEGA-3-ACID ETHYL ESTERS	Cap	1 g	120	31722-936-12	Lovaza®	AB		Colorless to Light Yellow
OSELTAMIVIR PHOSPHATE	Cap	30 mg	10	31722-630-31	Tamiflu®	AB		Light Yellow/Light Yellow
OSELTAMIVIR PHOSPHATE	Cap	45 mg	10	31722-631-31	Tamiflu®	AB		Grey/Grey
OSELTAMIVIR PHOSPHATE	Cap	75 mg	10	31722-632-31	Tamiflu®	AB		Light Yellow/Grey
OXCARBAZEPINE	Susp	300 mg/5 mL	250 mL	31722-687-25	Trileptal®	AB		Off-White to Slightly Brown or Slightly Red
OXCARBAZEPINE	Tab	150 mg	100	31722-023-01	Trileptal®	AB		Brown
OXCARBAZEPINE	Tab	300 mg	100	31722-024-01	Trileptal®	AB		Brown
OXCARBAZEPINE	Tab	300 mg	500	31722-024-05	Trileptal®	AB		Brown
OXCARBAZEPINE	Tab	600 mg	100	31722-025-01	Trileptal®	AB		Brown
OXYCODONE APAP	Tab	2.5 mg/325 mg	100	31722-948-01	Percocet®	AA	CII	White to Off-White
OXYCODONE APAP	Tab	5 mg/325 mg	100	31722-949-01	Percocet®	AA	CII	White to Off-White
OXYCODONE APAP	Tab	5 mg/325 mg	500	31722-949-05	Percocet®	AA	CII	White to Off-White
OXYCODONE APAP	Tab	7.5 mg/325 mg	100	31722-950-01	Percocet®	AA	CII	White to Off-White
OXYCODONE APAP	Tab	7.5 mg/325 mg	500	31722-950-05	Percocet®	AA	CII	White to Off-White
OXYCODONE APAP	Tab	10 mg/325 mg	100	31722-951-01	Percocet®	AA	CII	White to Off-White
OXYCODONE APAP	Tab	10 mg/325 mg	500	31722-951-05	Percocet®	AA	CII	White to Off-White
PANTOPRAZOLE SODIUM	Inj	40 mg	10 Single-Dose Vials	31722-204-10	Protonix®	AP		White to Off-White
PANTOPRAZOLE SODIUM DR	Susp	40 mg	30 Unit-Dose Packets	31722-032-32	Protonix®	AB		Pale Yellow to Brown
PANTOPRAZOLE SODIUM DR	Tab	20 mg	90	31722-712-90	Protonix®	AB		Yellow to Pale Yellow
PANTOPRAZOLE SODIUM DR	Tab	40 mg	90	31722-713-90	Protonix®	AB		Yellow to Pale Yellow
PANTOPRAZOLE SODIUM DR	Tab	40 mg	1000	31722-713-10	Protonix®	AB		Yellow to Pale Yellow
PHENYLEPHRINE HCL	Inj	10 mg/mL	25 x 1 mL Single-Dose Vials	31722-343-33	Vazculep®	AP1		Colorless
PHENYLEPHRINE HCL	Inj	50 mg/5 mL (10 mg/mL)	10 x 5 mL Pharmacy Bulk Package Vials	31722-344-31	Vazculep®	AP1		Colorless
PHENYLEPHRINE HCL	Inj	100 mg/10 mL (10 mg/mL)	1 x 10 mL Pharmacy Bulk Package Vial	31722-345-10	Vazculep®	AP1		Colorless



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
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
PLERIXAFOR	Inj	24 mg/1.2 mL (20 mg/mL)	1 Single-Dose Vial	31722-373-31	Plerixafor Injection	AP		Colorless to Pale-Yellow
POMALIDOMIDE	Cap	1 mg	21	31722-770-21	Pomalyst®	AB		White/White
POMALIDOMIDE	Cap	2 mg	21	31722-771-21	Pomalyst®	AB		White/Brown
POMALIDOMIDE	Cap	3 mg	21	31722-772-21	Pomalyst®	AB		White/Pink
POMALIDOMIDE	Cap	4 mg	21	31722-773-21	Pomalyst®	AB		White/White
POSACONAZOLE	Inj	300 mg/16.7 mL (18 mg/mL)	16.7 mL Single-Dose Vial	31722-370-31	Noxafil®	AP		Colorless to Yellow
POSACONAZOLE DR	Tab	100 mg	60	31722-677-60	Noxafil®	AB		Light Orange
POTASSIUM CHLORIDE ER	Tab	10 mEq K (750 mg)	100	31722-133-01	Klor-Con®	AB1		White
POTASSIUM CHLORIDE ER	Tab	10 mEq K (750 mg)	500	31722-133-05	Klor-Con®	AB1		White
POTASSIUM CHLORIDE ER	Tab	20 mEq K (1500 mg)	100	31722-135-01	Klor-Con®	AB1		White
POTASSIUM CHLORIDE ER	Tab	20 mEq K (1500 mg)	500	31722-135-05	Klor-Con®	AB1		White
POTASSIUM CITRATE ER	Tab	5 mEq (540 mg)	100	31722-129-01	Urocit-K®	AB		Off-White to Tan-Yellowish
POTASSIUM CITRATE ER	Tab	10 mEq (1080 mg)	100	31722-130-01	Urocit-K®	AB		Off-White to Tan-Yellowish
POTASSIUM CITRATE ER	Tab	15 mEq (1620 mg)	100	31722-132-01	Urocit-K®	AB		Off-White to Tan-Yellowish

**Cap** = Capsules

**Inj** = Injectable

**Susp** = Oral Suspension

**PFOS** = Powder for Oral Suspension

**Tab** = Tablets

**Supp** = Suppository

**Sol** = Oral Solution

**Chew Tab** = Chewable Tablet

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
PREGABALIN	Cap	25 mg	90	31722-610-90	Lyrica®	AB	CV	White/White
PREGABALIN	Cap	25 mg	500	31722-610-05	Lyrica®	AB	CV	White/White
PREGABALIN	Cap	50 mg	90	31722-611-90	Lyrica®	AB	CV	White/White
PREGABALIN	Cap	50 mg	500	31722-611-05	Lyrica®	AB	CV	White/White
PREGABALIN	Cap	75 mg	90	31722-612-90	Lyrica®	AB	CV	Light Peach/White
PREGABALIN	Cap	75 mg	500	31722-612-05	Lyrica®	AB	CV	Light Peach/White
PREGABALIN	Cap	100 mg	90	31722-613-90	Lyrica®	AB	CV	Light Peach/Light Peach
PREGABALIN	Cap	100 mg	500	31722-613-05	Lyrica®	AB	CV	Light Peach/Light Peach
PREGABALIN	Cap	150 mg	90	31722-614-90	Lyrica®	AB	CV	White/White
PREGABALIN	Cap	150 mg	500	31722-614-05	Lyrica®	AB	CV	White/White
PREGABALIN	Cap	200 mg	90	31722-615-90	Lyrica®	AB	CV	Light Peach/Light Peach
PREGABALIN	Cap	200 mg	500	31722-615-05	Lyrica®	AB	CV	Light Peach/Light Peach
PREGABALIN	Cap	225 mg	90	31722-616-90	Lyrica®	AB	CV	Light Peach/White
PREGABALIN	Cap	225 mg	500	31722-616-05	Lyrica®	AB	CV	Light Peach/White
PREGABALIN	Cap	300 mg	90	31722-617-90	Lyrica®	AB	CV	Light Peach/White
PREGABALIN	Cap	300 mg	500	31722-617-05	Lyrica®	AB	CV	Light Peach/White
PROMETHAZINE HCL	Supp	12.5 mg	12	31722-040-31	Phenergan®	AB		White to Off-White
PROMETHAZINE HCL	Supp	25 mg	12	31722-041-31	Phenergan®	AB		White to Off-White
PRUCALOPRIDE	Tab	1 mg	30	31722-391-30	Motegrity®	AB		White to Off-White
PRUCALOPRIDE	Tab	2 mg	30	31722-392-30	Motegrity®	AB		Yellow
QUETIAPINE FUMARATE	Tab	25 mg	100	31722-764-01	Seroquel®	AB		Peach
QUETIAPINE FUMARATE	Tab	50 mg	100	31722-765-01	Seroquel®	AB		White
QUETIAPINE FUMARATE	Tab	100 mg	100	31722-766-01	Seroquel®	AB		Yellow
QUETIAPINE FUMARATE	Tab	200 mg	100	31722-767-01	Seroquel®	AB		White
QUETIAPINE FUMARATE	Tab	300 mg	60	31722-768-60	Seroquel®	AB		White
QUETIAPINE FUMARATE	Tab	300 mg	100	31722-768-01	Seroquel®	AB		White
QUETIAPINE FUMARATE	Tab	400 mg	100	31722-769-01	Seroquel®	AB		Yellow
RANOLAZINE ER	Tab	500 mg	60	31722-668-60	Ranexa®	AB		Blue
RANOLAZINE ER	Tab	1000 mg	60	31722-669-60	Ranexa®	AB		Blue

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
RITONAVIR	Tab	100 mg	30	31722-597-30	Norvir®	AB		White to Off-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 to Off-White
ROFLUMILAST	Tab	500 mcg	90	31722-623-90	Daliresp®	AB		White to Off-White
ROSUVASTATIN	Tab	5 mg	90	31722-882-90	Crestor®	AB		Light Yellow to Yellow
ROSUVASTATIN	Tab	10 mg	90	31722-883-90	Crestor®	AB		Light Pink to Pink
ROSUVASTATIN	Tab	20 mg	90	31722-884-90	Crestor®	AB		Light Pink to Pink
ROSUVASTATIN	Tab	40 mg	30	31722-885-30	Crestor®	AB		Light Pink to Pink
RUFINAMIDE	Susp	40 mg/mL	460 mL	31722-688-46	Protonix®	AB		White
RUFINAMIDE	Tab	200 mg	120	31722-598-12	Banzel®	AB		Pink
RUFINAMIDE	Tab	400 mg	120	31722-599-12	Banzel®	AB		Pink
SACUBITRIL AND VALSARTAN	Tab	24 mg/26 mg	60	31722-673-60	Entresto®	AB		White
SACUBITRIL AND VALSARTAN	Tab	24 mg/26 mg	180	31722-673-18	Entresto®	AB		White
SACUBITRIL AND VALSARTAN	Tab	49 mg/51 mg	60	31722-674-60	Entresto®	AB		Blue
SACUBITRIL AND VALSARTAN	Tab	49 mg/51 mg	180	31722-674-18	Entresto®	AB		Blue
SACUBITRIL AND VALSARTAN	Tab	97 mg/103 mg	60	31722-675-60	Entresto®	AB		Brown
SACUBITRIL AND VALSARTAN	Tab	97 mg/103 mg	180	31722-675-18	Entresto®	AB		Brown
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
SAPROPTERIN DIHYDROCHLORIDE	Tab	100 mg	120	31722-045-12	Kuvan®	AB		Off-White to Light Yellow



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
SERTRALINE HCL	Tab	25 mg	30	31722-145-30	Zoloff®	AB		Green
SERTRALINE HCL	Tab	25 mg	90	31722-145-90	Zoloff®	AB		Green
SERTRALINE HCL	Tab	25 mg	500	31722-145-05	Zoloff®	AB		Green
SERTRALINE HCL	Tab	50 mg	30	31722-146-30	Zoloff®	AB		Blue
SERTRALINE HCL	Tab	50 mg	90	31722-146-90	Zoloff®	AB		Blue
SERTRALINE HCL	Tab	50 mg	500	31722-146-05	Zoloff®	AB		Blue
SERTRALINE HCL	Tab	100 mg	30	31722-147-30	Zoloff®	AB		Light Yellow
SERTRALINE HCL	Tab	100 mg	90	31722-147-90	Zoloff®	AB		Light Yellow
SERTRALINE HCL	Tab	100 mg	500	31722-147-05	Zoloff®	AB		Light Yellow
SILDENAFIL	PFOS	10 mg/mL	112 mL	31722-136-31	Revatio® for Oral Suspension	AB		White to Off-White
SILDENAFIL	Tab	20 mg	90	31722-776-90	Revatio®	AB		White to Off-White
SILDENAFIL	Tab	20 mg	500	31722-776-05	Revatio®	AB		White to Off-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	Tab	100 mg	500	31722-711-05	Viagra®	AB		White
SILODOSIN	Cap	4 mg	30	31722-635-30	Rapaflo®	AB		White/White
SILODOSIN	Cap	8 mg	30	31722-636-30	Rapaflo®	AB		White/White
SILODOSIN	Cap	8 mg	90	31722-636-90	Rapaflo®	AB		White/White
SIROLIMUS	Sol	1 mg/mL	60 mL	31722-316-31	Rapamune®	AA		Pale Yellow to Yellow
SODIUM OXYBATE	Sol	0.5 g/mL	180 mL	31722-891-18	Xyrem®	AA	CIII	Clear to Slightly Opalescent
SODIUM SULFATE, POTASSIUM SULFATE AND MAGNESIUM SULFATE	Sol	17.5 g/3.13 g/1.6 g	2 x 6 ounces	31722-098-31	Suprep®	AA		Colorless

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**Tab** = Tablets

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**Supp** = Suppository

**Susp** = Oral Suspension

**Sol** = Oral Solution

**PFOS** = Powder for Oral Suspension

**Chew Tab** = Chewable Tablet

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
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
SPIRONOLACTONE	Susp	25 mg/5 mL	118 mL	31722-691-11	Carospir®	AB		White to Off-White
SPIRONOLACTONE	Susp	25 mg/5 mL	473 mL	31722-691-47	Carospir®	AB		White to Off-White
SPIRONOLACTONE	Tab	25 mg	100	31722-094-01	Aldactone®	AB		White to Off-White
SPIRONOLACTONE	Tab	25 mg	500	31722-094-05	Aldactone®	AB		White to Off-White
SPIRONOLACTONE	Tab	25 mg	1000	31722-094-10	Aldactone®	AB		White to Off-White
SPIRONOLACTONE	Tab	50 mg	100	31722-095-01	Aldactone®	AB		White to Off-White
SPIRONOLACTONE	Tab	50 mg	500	31722-095-05	Aldactone®	AB		White to Off-White
SPIRONOLACTONE	Tab	100 mg	100	31722-096-01	Aldactone®	AB		White to Off-White
SPIRONOLACTONE	Tab	100 mg	500	31722-096-05	Aldactone®	AB		White to Off-White
SUCCINYLCHOLINE CHLORIDE	Inj	200 mg/10 mL	25 x 10 mL Multiple-Dose Vials	31722-981-31	Quelicin®	AP		Colorless
TADALAFIL	Tab	2.5 mg	30	31722-643-30	Cialis®	AB1		Blue
TADALAFIL	Tab	5 mg	30	31722-644-30	Cialis®	AB1		White
TADALAFIL	Tab	10 mg	30	31722-645-30	Cialis®	AB1		White
TADALAFIL	Tab	20 mg	30	31722-646-30	Cialis®	AB1		White
TADALAFIL	Tab	20 mg	30	31722-647-30	Adcirca®	AB2		White



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
TEMOZOLOMIDE	Cap	5 mg	5	31722-411-31	Temodar®	AB		Green/White
TEMOZOLOMIDE	Cap	5 mg	14	31722-411-14	Temodar®	AB		Green/White
TEMOZOLOMIDE	Cap	20 mg	5	31722-412-31	Temodar®	AB		Yellow/White
TEMOZOLOMIDE	Cap	20 mg	14	31722-412-14	Temodar®	AB		Yellow/White
TEMOZOLOMIDE	Cap	100 mg	5	31722-413-31	Temodar®	AB		Pink/White
TEMOZOLOMIDE	Cap	100 mg	14	31722-413-14	Temodar®	AB		Pink/White
TEMOZOLOMIDE	Cap	140 mg	5	31722-414-31	Temodar®	AB		Blue/White
TEMOZOLOMIDE	Cap	140 mg	14	31722-414-14	Temodar®	AB		Blue/White
TEMOZOLOMIDE	Cap	180 mg	5	31722-415-31	Temodar®	AB		Orange/White
TEMOZOLOMIDE	Cap	180 mg	14	31722-415-14	Temodar®	AB		Orange/White
TEMOZOLOMIDE	Cap	250 mg	5	31722-416-31	Temodar®	AB		White/White
TENOFOVIR DISOPROXIL FUMARATE	Tab	300 mg	30	31722-535-30	Viread®	AB		White
TERIFLUNOMIDE	Tab	7 mg	30	31722-246-30	Aubagio®	AB		Light Yellow to 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		Yellowish-Buff
THIAMINE HCL	Inj	200 mg/2 mL (100 mg/mL)	25 x 2 mL Multiple-Dose Vials	31722-363-32	Thiamine Hydrochloride Injection	AP		Colorless
TOLTERODINE TARTRATE ER	Cap	2 mg	30	31722-607-30	Detrol® LA	AB		Blue-Green
TOLTERODINE TARTRATE ER	Cap	4 mg	30	31722-608-30	Detrol® LA	AB		Blue
TOLTERODINE TARTRATE IR	Tab	1 mg	60	31722-805-60	Detrol®	AB		Pale Yellow
TOLTERODINE TARTRATE IR	Tab	2 mg	60	31722-806-60	Detrol®	AB		White
TOLVAPTAN	Tab	15 mg	10	31722-868-03	Samsca®	AB		White to Off-White
TOLVAPTAN	Tab	30 mg	10	31722-869-03	Samsca®	AB		Blue

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
TORSEMIDE	Tab	5 mg	100	31722-529-01	Demadex®	AB		White to Off-White
TORSEMIDE	Tab	10 mg	100	31722-530-01	Demadex®	AB		White to Off-White
TORSEMIDE	Tab	20 mg	100	31722-531-01	Demadex®	AB		White to Off-White
TORSEMIDE	Tab	100 mg	100	31722-532-01	Demadex®	AB		White to Off-White
TRIENTINE HCL	Cap	250 mg	100	31722-683-01	Syprine®	AB		Purple/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	1 g	30	31722-705-30	Valtrex®	AB		White to Off-White
VALACYCLOVIR	Tab	1 g	90	31722-705-90	Valtrex®	AB		White to Off-White
VALACYCLOVIR	Tab	1 g	500	31722-705-05	Valtrex®	AB		White to Off-White
VALGANCICLOVIR	PFOS	50 mg/mL	100 mL	31722-837-10	Valcyte®	AB		White to Slightly Yellow
VALGANCICLOVIR	Tab	450 mg	60	31722-832-60	Valcyte®	AB		Pink
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
VARENICLINE	Tab	0.5 mg	56	31722-678-56	Chantix®	AB		Pink
VARENICLINE	Tab	0.5 mg & 1 mg	0.5 mg - 11 tabs   1 mg - 42 tabs	31722-690-31	Chantix®	AB		0.5 mg-Pink & 1 mg-Yellow
VARENICLINE	Tab	1 mg	56	31722-679-56	Chantix®	AB		Yellow
VENLAFAXINE ER	Tab	37.5 mg	30	31722-123-30	Effexor ER®	AB		White to Off-White
VENLAFAXINE ER	Tab	37.5 mg	90	31722-123-90	Effexor ER®	AB		White to Off-White
VENLAFAXINE ER	Tab	75 mg	30	31722-124-30	Effexor ER®	AB		White to Off-White
VENLAFAXINE ER	Tab	75 mg	90	31722-124-90	Effexor ER®	AB		White to Off-White
VENLAFAXINE ER	Tab	150 mg	30	31722-125-30	Effexor ER®	AB		White to Off-White
VENLAFAXINE ER	Tab	150 mg	90	31722-125-90	Effexor ER®	AB		White to Off-White
VENLAFAXINE ER	Tab	225 mg	30	31722-126-30	Effexor ER®	AB		White to Off-White
VENLAFAXINE ER	Tab	225 mg	90	31722-126-90	Effexor ER®	AB		White to Off-White

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE	RATING	SCHEDULE	COLOR / DESCRIPTION
VENLAFAXINE HCL ER	Cap	37.5 mg	30	31722-002-30	Effexor XR®	AB		Grey/White
VENLAFAXINE HCL ER	Cap	37.5 mg	90	31722-002-90	Effexor XR®	AB		Grey/White
VENLAFAXINE HCL ER	Cap	75 mg	30	31722-003-30	Effexor XR®	AB		Peach/White
VENLAFAXINE HCL ER	Cap	75 mg	90	31722-003-90	Effexor XR®	AB		Peach/White
VENLAFAXINE HCL ER	Cap	150 mg	30	31722-004-30	Effexor XR®	AB		Orange/White
VENLAFAXINE HCL ER	Cap	150 mg	90	31722-004-90	Effexor XR®	AB		Orange/White
VORICONAZOLE	Inj	200 mg	30 mL Single-Dose Vial	31722-224-31	Vfend®	AP		White to Off-White
VORICONAZOLE	Susp	40 mg/mL	75 mL	31722-266-31	Vfend®	AB		White to Off-White
ZAFIRLUKAST	Tab	10 mg	60	31722-007-60	Accolate®	AB		White to Off-White
ZAFIRLUKAST	Tab	20 mg	60	31722-008-60	Accolate®	AB		White to Off-White
ZIDOVUDINE	Tab	300 mg	60	31722-509-60	Retrovir®	AB		White to Off-White
ZILEUTON ER	Tab	600 mg	120	31722-044-12	Zyflo CR®	AB		Pink to Red/White to Off-White
ZINC SULFATE	Inj	10 mg/10 mL (1 mg/mL)	25 x 10 mL Pharmacy Bulk Package Vials	31722-453-31	Zinc Sulfate Injection	AP		Colorless
ZINC SULFATE	Inj	25 mg/5 mL (5 mg/mL)	25 x 5 mL Pharmacy Bulk Package Vials	31722-455-31	Zinc Sulfate Injection	AP		Colorless

