CAMBER®
PHARMACEUTICALS, INC.



CAMBER PHARMACEUTICALS PRODUCT CATALOG

GENERIC Rx | SPECIALTY | OTC

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FALL 2026

CAMBER® PHARMACEUTICALS, INC.

FALL 2026

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
ACYCLOVIR	Susp	200 mg/5 mL	473 mL	31722-681-47	Zovirax®
ACYCLOVIR	Tab	400 mg	100	31722-777-01	Zovirax®
ACYCLOVIR	Tab	400 mg	500	31722-777-05	Zovirax®
ACYCLOVIR	Tab	800 mg	100	31722-778-01	Zovirax®
ACYCLOVIR	Tab	800 mg	500	31722-778-05	Zovirax®
ALLOPURINOL	Tab	100 mg	100	31722-252-01	Zyloprim®
ALLOPURINOL	Tab	100 mg	500	31722-252-05	Zyloprim®
ALLOPURINOL	Tab	100 mg	1000	31722-252-10	Zyloprim®
ALLOPURINOL	Tab	300 mg	100	31722-253-01	Zyloprim®
ALLOPURINOL	Tab	300 mg	500	31722-253-05	Zyloprim®
ALLOPURINOL	Tab	300 mg	1000	31722-253-10	Zyloprim®
AMINOCAPROIC ACID	Sol	0.25 g/mL	236.5 mL	31722-035-23	Amicar®
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	5 mg/20 mg	30	31722-445-30	Azor®
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	5 mg/20 mg	90	31722-445-90	Azor®
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	5 mg/40 mg	30	31722-446-30	Azor®
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	5 mg/40 mg	90	31722-446-90	Azor®
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	10 mg/20 mg	30	31722-447-30	Azor®
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	10 mg/20 mg	90	31722-447-90	Azor®
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	10 mg/40 mg	30	31722-448-30	Azor®
AMLODIPINE AND OLMESARTAN MEDOXOMIL	Tab	10 mg/40 mg	90	31722-448-90	Azor®
AMPHETAMINE MIXED SALTS **(CII)**	Tab	5 mg	100	31722-155-01	Adderall®
AMPHETAMINE MIXED SALTS **(CII)**	Tab	7.5 mg	100	31722-156-01	Adderall®
AMPHETAMINE MIXED SALTS **(CII)**	Tab	10 mg	100	31722-157-01	Adderall®
AMPHETAMINE MIXED SALTS **(CII)**	Tab	12.5 mg	100	31722-158-01	Adderall®
AMPHETAMINE MIXED SALTS **(CII)**	Tab	15 mg	100	31722-159-01	Adderall®
AMPHETAMINE MIXED SALTS **(CII)**	Tab	20 mg	100	31722-163-01	Adderall®
AMPHETAMINE MIXED SALTS **(CII)**	Tab	30 mg	100	31722-164-01	Adderall®
AMPHETAMINE MIXED SALTS ER **(CII)**	Cap	5 mg	100	31722-185-01	Adderall XR®
AMPHETAMINE MIXED SALTS ER **(CII)**	Cap	10 mg	100	31722-186-01	Adderall XR®
AMPHETAMINE MIXED SALTS ER **(CII)**	Cap	15 mg	100	31722-187-01	Adderall XR®
AMPHETAMINE MIXED SALTS ER **(CII)**	Cap	20 mg	100	31722-188-01	Adderall XR®
AMPHETAMINE MIXED SALTS ER **(CII)**	Cap	25 mg	100	31722-189-01	Adderall XR®
AMPHETAMINE MIXED SALTS ER **(CII)**	Cap	30 mg	100	31722-195-01	Adderall XR®

PRODUCT LIST ABBREVIATIONS KEY

Cap = Capsules
Chew Tab = Chewable Tablet
Film = Sublingual Film
Gran = Oral Granules
GFOS^= Granules for Oral Suspension
Inj = Injectable
Liq = Oral Liquid
PFOS = Powder for Oral Solution
PFOS^= Powder for Oral Suspension
Sol = Oral Solution
Supp = Suppository
Susp = Oral Suspension
Tab = Tablets

BLUE ITEMS ARE A CAMBER SPECIALTY GENERIC PRODUCT

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

CAMBER® PHARMACEUTICALS, INC.

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
ARIPIPRAZOLE	Sol	1 mg/mL	150 mL	31722-684-15	Abilify®
ARIPIPRAZOLE	Tab	2 mg	30	31722-819-30	Abilify®
ARIPIPRAZOLE	Tab	5 mg	30	31722-820-30	Abilify®
ARIPIPRAZOLE	Tab	10 mg	30	31722-827-30	Abilify®
ARIPIPRAZOLE	Tab	15 mg	30	31722-828-30	Abilify®
ARIPIPRAZOLE	Tab	20 mg	30	31722-829-30	Abilify®
ARIPIPRAZOLE	Tab	30 mg	30	31722-830-30	Abilify®
ATAZANAVIR	Cap	150 mg	60	31722-653-60	Reyataz®
ATAZANAVIR	Cap	200 mg	60	31722-654-60	Reyataz®
ATAZANAVIR	Cap	300 mg	30	31722-655-30	Reyataz®
ATOMOXETINE HCL	Cap	10 mg	30	31722-714-30	Strattera®
ATOMOXETINE HCL	Cap	18 mg	30	31722-715-30	Strattera®
ATOMOXETINE HCL	Cap	25 mg	30	31722-716-30	Strattera®
ATOMOXETINE HCL	Cap	40 mg	30	31722-717-30	Strattera®
ATOMOXETINE HCL	Cap	60 mg	30	31722-718-30	Strattera®
ATOMOXETINE HCL	Cap	80 mg	30	31722-719-30	Strattera®
ATOMOXETINE HCL	Cap	100 mg	30	31722-720-30	Strattera®
ATORVASTATIN CALCIUM	Tab	10 mg	90	31722-424-90	Lipitor®
ATORVASTATIN CALCIUM	Tab	10 mg	500	31722-424-05	Lipitor®
ATORVASTATIN CALCIUM	Tab	10 mg	1000	31722-424-10	Lipitor®
ATORVASTATIN CALCIUM	Tab	20 mg	90	31722-425-90	Lipitor®
ATORVASTATIN CALCIUM	Tab	20 mg	500	31722-425-05	Lipitor®
ATORVASTATIN CALCIUM	Tab	20 mg	1000	31722-425-10	Lipitor®
ATORVASTATIN CALCIUM	Tab	40 mg	90	31722-426-90	Lipitor®
ATORVASTATIN CALCIUM	Tab	40 mg	500	31722-426-05	Lipitor®
ATORVASTATIN CALCIUM	Tab	40 mg	1000	31722-426-10	Lipitor®
ATORVASTATIN CALCIUM	Tab	80 mg	90	31722-427-90	Lipitor®
ATORVASTATIN CALCIUM	Tab	80 mg	500	31722-427-05	Lipitor®
ATORVASTATIN CALCIUM	Tab	80 mg	1000	31722-427-10	Lipitor®
ATOVAQUONE	Susp	750 mg/5 mL	210 mL	31722-629-21	Mepron®
AVANAFIL	Tab	50 mg	30	31722-440-30	Stendra®
AVANAFIL	Tab	100 mg	30	31722-441-30	Stendra®
AVANAFIL	Tab	200 mg	30	31722-442-30	Stendra®

PRODUCT LIST ABBREVIATIONS KEY

Cap = Capsules
Chew Tab = Chewable Tablet
Film = Sublingual Film
Gran = Oral Granules
GFOS^= Granules for Oral Suspension
Inj = Injectable
Liq = Oral Liquid
PFOS = Powder for Oral Solution
PFOS^= Powder for Oral Suspension
Sol = Oral Solution
Supp = Suppository
Susp = Oral Suspension
Tab = Tablets

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
BACLOFEN	Tab	5 mg	100	31722-138-01	Lioresal®
BACLOFEN	Tab	10 mg	100	31722-998-01	Lioresal®
BACLOFEN	Tab	10 mg	1000	31722-998-10	Lioresal®
BACLOFEN	Tab	20 mg	100	31722-999-01	Lioresal®
BACLOFEN	Tab	20 mg	1000	31722-999-10	Lioresal®
BENZONATATE	Cap	100 mg	100	31722-956-01	Tessalon®
BENZONATATE	Cap	100 mg	500	31722-956-05	Tessalon®
BENZONATATE	Cap	200 mg	100	31722-958-01	Tessalon®
BENZONATATE	Cap	200 mg	500	31722-958-05	Tessalon®
BEXAROTENE	Cap	75 mg	100	31722-380-01	Targretin®
BORTEZOMIB	Inj	3.5 mg	1 Single-Dose Vial	31722-303-31	Velcade®
BUMETANIDE	Inj	1 mg/4 mL (0.25 mg/mL)	10 x 4 mL Single-Dose Vials	31722-368-32	Bumex®
BUMETANIDE	Inj	2.5 mg/10 mL (0.25 mg/mL)	10 x 10 mL Multiple-Dose Vials	31722-369-32	Bumex®
BUPIVACAINE HCL	Inj	0.25% 25 mg/10 mL (2.5 mg/mL)	25 x 10 mL Single-Dose Vials	31722-275-32	Marcaine® HCl PF
BUPIVACAINE HCL	Inj	0.25% 75 mg/30 mL (2.5 mg/mL)	25 x 30 mL Single-Dose Vials	31722-275-34	Marcaine® HCl PF
BUPIVACAINE HCL	Inj	0.5% 50 mg/10 mL (5 mg/mL)	25 x 10 mL Single-Dose Vials	31722-276-32	Marcaine® HCl PF
BUPIVACAINE HCL	Inj	0.5% 150 mg/30 mL (5 mg/mL)	25 x 30 mL Single-Dose Vials	31722-276-34	Marcaine® HCl PF
BUPIVACAINE HCL	Inj	0.75% 75 mg/10 mL (7.5 mg/mL)	25 x 10 mL Single-Dose Vials	31722-277-32	Marcaine® HCl PF
BUPIVACAINE HCL	Inj	0.75% 225 mg/30 mL (7.5 mg/mL)	25 x 30 mL Single-Dose Vials	31722-277-34	Marcaine® HCl PF
BUPRENORPHINE **(CIII)**	Tab	2 mg	30	31722-870-30	Subutex®
BUPRENORPHINE **(CIII)**	Tab	8 mg	30	31722-871-30	Subutex®
BUPRENORPHINE AND NALOXONE **(CIII)**	Film	2 mg/0.5 mg	30	31722-479-30	Suboxone®
BUPRENORPHINE AND NALOXONE **(CIII)**	Film	4 mg/1 mg	30	31722-480-30	Suboxone®
BUPRENORPHINE AND NALOXONE **(CIII)**	Film	8 mg/2 mg	30	31722-481-30	Suboxone®
BUPRENORPHINE AND NALOXONE **(CIII)**	Film	12 mg/3 mg	30	31722-482-30	Suboxone®
BUPRENORPHINE AND NALOXONE **(CIII)**	Tab	2 mg/0.5 mg	30	31722-850-30	Suboxone®
BUPRENORPHINE AND NALOXONE **(CIII)**	Tab	8 mg/2 mg	30	31722-851-30	Suboxone®

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
BUPROPION HCL ER	Tab	100 mg	60	31722-066-60	Wellbutrin SR®
BUPROPION HCL ER	Tab	100 mg	100	31722-066-01	Wellbutrin SR®
BUPROPION HCL ER	Tab	100 mg	500	31722-066-05	Wellbutrin SR®
BUPROPION HCL ER	Tab	150 mg	60	31722-067-60	Wellbutrin SR®
BUPROPION HCL ER	Tab	150 mg	100	31722-067-01	Wellbutrin SR®
BUPROPION HCL ER	Tab	150 mg	500	31722-067-05	Wellbutrin SR®
BUPROPION HCL ER	Tab	200 mg	60	31722-068-60	Wellbutrin SR®
BUPROPION HCL ER	Tab	200 mg	100	31722-068-01	Wellbutrin SR®
BUPROPION HCL ER (XL)	Tab	150 mg	30	31722-487-30	Wellbutrin XL®
BUPROPION HCL ER (XL)	Tab	150 mg	90	31722-487-90	Wellbutrin XL®
BUPROPION HCL ER (XL)	Tab	150 mg	500	31722-487-05	Wellbutrin XL®
BUPROPION HCL ER (XL)	Tab	300 mg	30	31722-488-30	Wellbutrin XL®
BUPROPION HCL ER (XL)	Tab	300 mg	90	31722-488-90	Wellbutrin XL®
BUPROPION HCL ER (XL)	Tab	300 mg	500	31722-488-05	Wellbutrin XL®
CAPECITABINE	Tab	150 mg	60	31722-774-60	Xeloda®
CAPECITABINE	Tab	500 mg	60	31722-775-60	Xeloda®
CAPECITABINE	Tab	500 mg	120	31722-775-12	Xeloda®
CHLORPROMAZINE HCL	Inj	25 mg/mL	25 x 1 mL Single-Dose Vials	31722-366-32	Thorazine®
CHLORPROMAZINE HCL	Inj	50 mg/2 mL (25 mg/mL)	25 x 2 mL Single-Dose Vials	31722-367-32	Thorazine®
CHLORZOXAZONE	Tab	250 mg	60	31722-974-60	Paraflex®
CISATRACURIUM BESYLATE	Inj	10 mg/5 mL (2 mg/mL)	10 x 5 mL Single-Dose Vials	31722-313-10	Nimbex®
CISATRACURIUM BESYLATE	Inj	20 mg/10 mL (2 mg/mL)	10 x 10 mL Multiple-Dose Vials	31722-314-10	Nimbex®
CISATRACURIUM BESYLATE	Inj	200 mg/20 mL (10 mg/mL)	10 x 20 mL Single-Dose Vials	31722-312-10	Nimbex®
CITALOPRAM	Sol	10 mg/5 mL	240 mL	31722-564-24	Celexa®
CLOMIPHENE CITRATE	Tab	50 mg	10	31722-541-32	Clomid®
CLOMIPHENE CITRATE	Tab	50 mg	30	31722-541-33	Clomid®
COLCHICINE	Cap	0.6 mg	30	31722-099-30	Mitigare®
COLCHICINE	Cap	0.6 mg	100	31722-099-01	Mitigare®
COLCHICINE	Tab	0.6 mg	30	31722-899-30	Colcrys®
COLCHICINE	Tab	0.6 mg	100	31722-899-01	Colcrys®

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
DABIGATRAN ETEXILATE	Cap	75 mg	60	31722-621-60	Pradaxa®
DABIGATRAN ETEXILATE	Cap	75 mg	60 (10 x 6)	31722-621-32	Pradaxa®
DABIGATRAN ETEXILATE	Cap	110 mg	60	31722-666-60	Pradaxa®
DABIGATRAN ETEXILATE	Cap	110 mg	60 (10 x 6)	31722-666-32	Pradaxa®
DABIGATRAN ETEXILATE	Cap	150 mg	60	31722-622-60	Pradaxa®
DABIGATRAN ETEXILATE	Cap	150 mg	60 (10 x 6)	31722-622-32	Pradaxa®
DAPTOMYCIN	Inj	350 mg	15 mL Single-Dose Vial	31722-215-01	Daptomycin for Injection
DAPTOMYCIN	Inj	500 mg	10 mL Single-Dose Vial	31722-216-01	Cubicin®
DARUNAVIR	Tab	600 mg	60	31722-568-60	Prezista®
DARUNAVIR	Tab	800 mg	30	31722-089-30	Prezista®
DECITABINE	Inj	50 mg	20 mL Single-Dose Vial	31722-304-31	Dacogen®
DEFERASIROX	Gran	90 mg	30	31722-029-32	Jadenu® Sprinkle
DEFERASIROX	Gran	180 mg	30	31722-030-32	Jadenu® Sprinkle
DEFERASIROX	Gran	360 mg	30	31722-031-32	Jadenu® Sprinkle
DEFERASIROX	Tab	90 mg	30	31722-011-30	Jadenu®
DEFERASIROX	Tab	180 mg	30	31722-012-30	Jadenu®
DEFERASIROX	Tab	360 mg	30	31722-013-30	Jadenu®
DEXMETHYLPHENIDATE HCL ER **(CII)**	Cap	5 mg	100	31722-229-01	Focalin XR®
DEXMETHYLPHENIDATE HCL ER **(CII)**	Cap	10 mg	100	31722-230-01	Focalin XR®
DEXMETHYLPHENIDATE HCL ER **(CII)**	Cap	15 mg	100	31722-231-01	Focalin XR®
DEXMETHYLPHENIDATE HCL ER **(CII)**	Cap	20 mg	100	31722-232-01	Focalin XR®
DEXMETHYLPHENIDATE HCL ER **(CII)**	Cap	25 mg	100	31722-233-01	Focalin XR®
DEXMETHYLPHENIDATE HCL ER **(CII)**	Cap	30 mg	100	31722-234-01	Focalin XR®
DEXMETHYLPHENIDATE HCL ER **(CII)**	Cap	35 mg	100	31722-235-01	Focalin XR®
DEXMETHYLPHENIDATE HCL ER **(CII)**	Cap	40 mg	100	31722-236-01	Focalin XR®
DEXTROMETHORPHAN HBR AND QUINIDINE SULFATE	Cap	20 mg/10 mg	60	31722-693-60	Nuedexta®
DIATRIZOATE MEGLUMINE AND DIATRIZOATE SODIUM	Sol	660 mg/100 mg per mL	24 x 30 mL Single-Dose Bottles	31722-019-31	Gastrografin®
DIATRIZOATE MEGLUMINE AND DIATRIZOATE SODIUM	Sol	660 mg/100 mg per mL	12 x 120 mL Single-Dose Bottles	31722-019-32	Gastrografin®
DICLOFENAC POTASSIUM	PFOS	50 mg	9 Single-Dose Packets	31722-046-32	Cambia®
DICYCLOMINE HCL	Cap	10 mg	100	31722-052-01	Bentyl®
DICYCLOMINE HCL	Cap	10 mg	1000	31722-052-10	Bentyl®
DICYCLOMINE HCL	Tab	20 mg	100	31722-079-01	Bentyl®
DICYCLOMINE HCL	Tab	20 mg	1000	31722-079-10	Bentyl®

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
DIMETHYL FUMARATE DR	Cap	120 mg	14	31722-657-31	Tecfidera®
DIMETHYL FUMARATE DR	Cap	120 mg & 240 mg	14 & 46	31722-680-60	Tecfidera®
DIMETHYL FUMARATE DR	Cap	240 mg	60	31722-658-32	Tecfidera®
DONEPEZIL HCL	Tab	5 mg	30	31722-737-30	Aricept®
DONEPEZIL HCL	Tab	5 mg	90	31722-737-90	Aricept®
DONEPEZIL HCL	Tab	5 mg	500	31722-737-05	Aricept®
DONEPEZIL HCL	Tab	10 mg	30	31722-738-30	Aricept®
DONEPEZIL HCL	Tab	10 mg	90	31722-738-90	Aricept®
DONEPEZIL HCL	Tab	10 mg	500	31722-738-05	Aricept®
DRONABINOL **(CIII)**	Cap	2.5 mg	60	31722-960-60	Marinol®
DRONABINOL **(CIII)**	Cap	5 mg	60	31722-961-60	Marinol®
DRONABINOL **(CIII)**	Cap	10 mg	60	31722-962-60	Marinol®
DROSPIRENONE ETHINYL ESTRADIOL	Tab	3 mg/0.02 mg	84 (3 x 28)	31722-934-32	Yaz®
DROSPIRENONE ETHINYL ESTRADIOL	Tab	3 mg/0.03 mg	84 (3 x 28)	31722-945-31	Yasmin®
DROXIDOPA	Cap	100 mg	90	31722-014-90	Northera®
DROXIDOPA	Cap	200 mg	90	31722-015-90	Northera®
DROXIDOPA	Cap	300 mg	90	31722-010-90	Northera®
DUTASTERIDE	Cap	0.5 mg	30	31722-131-30	Avodart®
DUTASTERIDE	Cap	0.5 mg	90	31722-131-90	Avodart®
ELETRIPTAN HBR	Tab	20 mg	6	31722-443-31	Relpax®
ELETRIPTAN HBR	Tab	40 mg	6	31722-444-31	Relpax®
ELTROMBOPAG	PFOS^	12.5 mg	30 Unit-Dose Packets	31722-300-32	Promacta®
ELTROMBOPAG	PFOS^	25 mg	30 Unit-Dose Packets	31722-301-32	Promacta®
ELTROMBOPAG	Tab	12.5 mg	30	31722-841-30	Promacta®
ELTROMBOPAG	Tab	25 mg	30	31722-842-30	Promacta®
ELTROMBOPAG	Tab	50 mg	30	31722-843-30	Promacta®
ELTROMBOPAG	Tab	75 mg	30	31722-844-30	Promacta®
EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE	Tab	200 mg/300 mg	30	31722-560-30	Truvada®
ENALAPRIL MALEATE	Sol	1 mg/mL	150 mL	31722-020-15	Epaned®
ENTECAVIR	Tab	0.5 mg	30	31722-833-30	Baraclude®
ENTECAVIR	Tab	0.5 mg	90	31722-833-90	Baraclude®
ENTECAVIR	Tab	1 mg	30	31722-834-30	Baraclude®
EPLERENONE	Tab	25 mg	30	31722-049-30	Inspra®
EPLERENONE	Tab	25 mg	90	31722-049-90	Inspra®
EPLERENONE	Tab	50 mg	30	31722-050-30	Inspra®
EPLERENONE	Tab	50 mg	90	31722-050-90	Inspra®

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
ERLOTINIB	Tab	25 mg	30	31722-263-30	Tarceva®
ERLOTINIB	Tab	100 mg	30	31722-264-30	Tarceva®
ERLOTINIB	Tab	150 mg	30	31722-265-30	Tarceva®
ESCITALOPRAM OXALATE	Sol	5 mg/5 mL	240 mL	31722-569-24	Lexapro®
ESLICARBAZEPINE ACETATE	Tab	200 mg	30	31722-428-30	Apitom®
ESLICARBAZEPINE ACETATE	Tab	400 mg	30	31722-429-30	Apitom®
ESLICARBAZEPINE ACETATE	Tab	600 mg	60	31722-430-60	Apitom®
ESLICARBAZEPINE ACETATE	Tab	800 mg	30	31722-431-30	Apitom®
ESOMEPRAZOLE MAGNESIUM DR	Cap	20 mg	30	31722-664-30	Nexium®
ESOMEPRAZOLE MAGNESIUM DR	Cap	20 mg	90	31722-664-90	Nexium®
ESOMEPRAZOLE MAGNESIUM DR	Cap	20 mg	1000	31722-664-10	Nexium®
ESOMEPRAZOLE MAGNESIUM DR	Cap	40 mg	30	31722-665-30	Nexium®
ESOMEPRAZOLE MAGNESIUM DR	Cap	40 mg	90	31722-665-90	Nexium®
ESOMEPRAZOLE MAGNESIUM DR	Cap	40 mg	1000	31722-665-10	Nexium®
ESZOPICLONE **(CIV)**	Tab	1 mg	30	31722-855-30	Lunesta®
ESZOPICLONE **(CIV)**	Tab	1 mg	100	31722-855-01	Lunesta®
ESZOPICLONE **(CIV)**	Tab	2 mg	30	31722-856-30	Lunesta®
ESZOPICLONE **(CIV)**	Tab	2 mg	100	31722-856-01	Lunesta®
ESZOPICLONE **(CIV)**	Tab	3 mg	100	31722-857-01	Lunesta®
EZETIMIBE	Tab	10 mg	30	31722-628-30	Zeita®
EZETIMIBE	Tab	10 mg	90	31722-628-90	Zeita®
EZETIMIBE	Tab	10 mg	500	31722-628-05	Zeita®
FAMCICLOVIR	Tab	125 mg	30	31722-706-30	Famvir®
FAMCICLOVIR	Tab	250 mg	30	31722-707-30	Famvir®
FAMCICLOVIR	Tab	500 mg	30	31722-708-30	Famvir®
FAMOTIDINE	PFOS^	40 mg/5 mL (when reconstituted)	50 mL (when reconstituted)	31722-063-31	Pepcid®
FAMOTIDINE	Tab	20 mg	100	31722-017-01	Pepcid®
FAMOTIDINE	Tab	20 mg	1000	31722-017-10	Pepcid®
FAMOTIDINE	Tab	40 mg	100	31722-018-01	Pepcid®
FAMOTIDINE	Tab	40 mg	500	31722-018-05	Pepcid®
FAMOTIDINE	Tab	40 mg	1000	31722-018-10	Pepcid®
FENOFIBRATE	Tab	48 mg	90	31722-595-90	Tricor®
FENOFIBRATE	Tab	145 mg	90	31722-596-90	Tricor®
FESOTERODINE FUMARATE ER	Tab	4 mg	30	31722-033-30	Toviaz®
FESOTERODINE FUMARATE ER	Tab	8 mg	30	31722-034-30	Toviaz®

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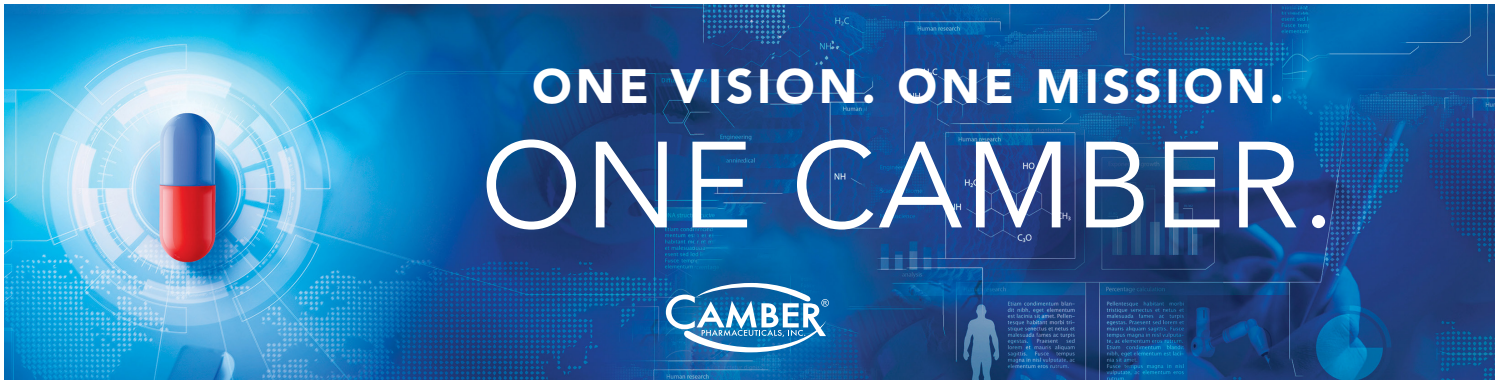
GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
FINASTERIDE	Tab	1 mg	30	31722-526-30	Propecia®
FINASTERIDE	Tab	1 mg	90	31722-526-90	Propecia®
FINASTERIDE	Tab	5 mg	30	31722-525-30	Proscar®
FINASTERIDE	Tab	5 mg	90	31722-525-90	Proscar®
FINASTERIDE	Tab	5 mg	1000	31722-525-10	Proscar®
FINGOLIMOD	Cap	0.5 mg	30	31722-889-30	Gilenya®
FLUPHENAZINE HCL	Tab	1 mg	100	31722-384-01	Prolixin®
FLUPHENAZINE HCL	Tab	2.5 mg	100	31722-385-01	Prolixin®
FLUPHENAZINE HCL	Tab	5 mg	100	31722-386-01	Prolixin®
FLUPHENAZINE HCL	Tab	10 mg	100	31722-387-01	Prolixin®
FLUVOXAMINE MALEATE ER	Cap	100 mg	30	31722-064-30	Luvox® CR
FLUVOXAMINE MALEATE ER	Cap	150 mg	30	31722-065-30	Luvox® CR
FOSAPREPITANT	Inj	150 mg	10 mL Single-Dose Vial	31722-165-31	Emend®
FUROSEMIDE	Inj	20 mg/2 mL (10 mg/mL)	25 x 2 mL Single-Dose Vials	31722-309-32	Lasix®
FUROSEMIDE	Inj	40 mg/4 mL (10 mg/mL)	25 x 4 mL Single-Dose Vials	31722-310-32	Lasix®
FUROSEMIDE	Inj	100 mg/10 mL (10 mg/mL)	25 x 10 mL Single-Dose Vials	31722-311-31	Lasix®
GABAPENTIN **(CV*)**	Cap	100 mg	100	31722-148-01	Neurontin®
GABAPENTIN **(CV*)**	Cap	100 mg	500	31722-148-05	Neurontin®
GABAPENTIN **(CV*)**	Cap	100 mg	1000	31722-148-10	Neurontin®
GABAPENTIN **(CV*)**	Cap	300 mg	100	31722-149-01	Neurontin®
GABAPENTIN **(CV*)**	Cap	300 mg	500	31722-149-05	Neurontin®
GABAPENTIN **(CV*)**	Cap	300 mg	1000	31722-149-10	Neurontin®
GABAPENTIN **(CV*)**	Cap	400 mg	100	31722-150-01	Neurontin®
GABAPENTIN **(CV*)**	Cap	400 mg	500	31722-150-05	Neurontin®
GABAPENTIN **(CV*)**	Sol	250 mg/5 mL	470 mL	31722-069-47	Neurontin®
GABAPENTIN **(CV*)**	Tab	300 mg	90	31722-091-90	Gralise®
GABAPENTIN **(CV*)**	Tab	600 mg	90	31722-092-90	Gralise®
GABAPENTIN **(CV*)**	Tab	600 mg	100	31722-166-01	Neurontin®
GABAPENTIN **(CV*)**	Tab	600 mg	500	31722-166-05	Neurontin®
GABAPENTIN **(CV*)**	Tab	800 mg	100	31722-167-01	Neurontin®
GABAPENTIN **(CV*)**	Tab	800 mg	500	31722-167-05	Neurontin®
GEMFIBROZIL	Tab	600 mg	60	31722-128-60	Lopid®
GEMFIBROZIL	Tab	600 mg	500	31722-128-05	Lopid®
GLYCEROL PHENYLBUTYRATE	Liq	1.1 g/mL	25 mL	31722-605-31	Ravicti®
GLYCOPYRROLATE	Sol	1 mg/5 mL	473 mL	31722-016-47	Cuvposa®

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
HYDRALAZINE HCL	Tab	10 mg	100	31722-519-01	Hydralazine HCl
HYDRALAZINE HCL	Tab	10 mg	1000	31722-520-10	Hydralazine HCl
HYDRALAZINE HCL	Tab	25 mg	100	31722-520-01	Hydralazine HCl
HYDRALAZINE HCL	Tab	25 mg	1000	31722-520-10	Hydralazine HCl
HYDRALAZINE HCL	Tab	50 mg	100	31722-521-01	Hydralazine HCl
HYDRALAZINE HCL	Tab	50 mg	1000	31722-521-10	Hydralazine HCl
HYDRALAZINE HCL	Tab	100 mg	100	31722-522-01	Hydralazine HCl
HYDRALAZINE HCL	Tab	100 mg	500	31722-522-05	Hydralazine HCl
HYDROCODONE BITARTRATE AND ACETAMINOPHEN **(CII)**	Tab	5 mg/325 mg	100	31722-996-01	Norco®
HYDROCODONE BITARTRATE AND ACETAMINOPHEN **(CII)**	Tab	5 mg/325 mg	500	31722-996-05	Norco®
HYDROCODONE BITARTRATE AND ACETAMINOPHEN **(CII)**	Tab	7.5 mg/325 mg	100	31722-942-01	Norco®
HYDROCODONE BITARTRATE AND ACETAMINOPHEN **(CII)**	Tab	7.5 mg/325 mg	500	31722-942-05	Norco®
HYDROCODONE BITARTRATE AND ACETAMINOPHEN **(CII)**	Tab	10 mg/325 mg	100	31722-997-01	Norco®
HYDROCODONE BITARTRATE AND ACETAMINOPHEN **(CII)**	Tab	10 mg/325 mg	500	31722-997-05	Norco®
HYDROMORPHONE HCL ER **(CII)**	Tab	8 mg	100	31722-119-01	Exalgo®
HYDROMORPHONE HCL ER **(CII)**	Tab	12 mg	100	31722-120-01	Exalgo®
HYDROMORPHONE HCL ER **(CII)**	Tab	16 mg	100	31722-121-01	Exalgo®
ICOSAPENT ETHYL	Cap	0.5 g	240	31722-298-24	Vascepa®
ICOSAPENT ETHYL	Cap	1 g	120	31722-299-12	Vascepa®
IMATINIB MESYLATE	Tab	100 mg	90	31722-296-90	Gleevec®
IMATINIB MESYLATE	Tab	400 mg	30	31722-297-30	Gleevec®
INDOMETHACIN	Cap	25 mg	100	31722-542-01	Indomethacin
INDOMETHACIN	Cap	50 mg	100	31722-543-01	Indomethacin
INDOMETHACIN	Supp	50 mg	30	31722-051-31	Indocin®
INDOMETHACIN ER	Cap	75 mg	60	31722-565-60	Indomethacin ER
INDOMETHACIN ER	Cap	75 mg	100	31722-565-01	Indomethacin ER
IRBESARTAN	Tab	75 mg	30	31722-729-30	Avapro®
IRBESARTAN	Tab	75 mg	90	31722-729-90	Avapro®
IRBESARTAN	Tab	150 mg	30	31722-730-30	Avapro®
IRBESARTAN	Tab	150 mg	90	31722-730-90	Avapro®
IRBESARTAN	Tab	150 mg	500	31722-730-05	Avapro®
IRBESARTAN	Tab	300 mg	30	31722-731-30	Avapro®
IRBESARTAN	Tab	300 mg	90	31722-731-90	Avapro®
IRBESARTAN	Tab	300 mg	500	31722-731-05	Avapro®
ITRACONAZOLE	Sol	10 mg/mL	150 mL	31722-006-31	Sporanox®

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
IVABRADINE	Tab	5 mg	60	31722-053-60	Corlanor®
IVABRADINE	Tab	7.5 mg	60	31722-054-60	Corlanor®
KETOROLAC TROMETHAMINE	Inj	15 mg/mL	25 x 1 mL Single-Dose Vials	31722-305-25	Toradol®
KETOROLAC TROMETHAMINE	Inj	30 mg/mL	25 x 1 mL Single-Dose Vials	31722-306-25	Toradol®
KETOROLAC TROMETHAMINE	Tab	10 mg	100	31722-686-01	Toradol®
LACOSAMIDE **(CV)**	Inj	200 mg/20 mL (10 mg/mL)	10 x 20 mL Single-Dose Vials	31722-203-31	Vimpat®
LACOSAMIDE **(CV)**	Sol	10 mg/mL	200 mL	31722-627-26	Vimpat®
LACOSAMIDE **(CV)**	Tab	50 mg	60	31722-812-60	Vimpat®
LACOSAMIDE **(CV)**	Tab	100 mg	60	31722-813-60	Vimpat®
LACOSAMIDE **(CV)**	Tab	150 mg	60	31722-814-60	Vimpat®
LACOSAMIDE **(CV)**	Tab	200 mg	60	31722-815-60	Vimpat®
LAMIVUDINE AND ZIDOVUDINE	Tab	150/300 mg	60	31722-506-60	Combivir®
LAMOTRIGINE ER	Tab	25 mg	30	31722-240-30	Lamictal XR®
LAMOTRIGINE ER	Tab	50 mg	30	31722-241-30	Lamictal XR®
LAMOTRIGINE ER	Tab	100 mg	30	31722-242-30	Lamictal XR®
LAMOTRIGINE ER	Tab	200 mg	30	31722-243-30	Lamictal XR®
LAMOTRIGINE ER	Tab	250 mg	30	31722-244-30	Lamictal XR®
LAMOTRIGINE ER	Tab	300 mg	30	31722-245-30	Lamictal XR®
LANSOPRAZOLE DR	Cap	15 mg	30	31722-570-30	Prevacid®
LANSOPRAZOLE DR	Cap	30 mg	90	31722-571-90	Prevacid®
LANSOPRAZOLE DR	Cap	30 mg	500	31722-571-05	Prevacid®
LENALIDOMIDE	Cap	2.5 mg	28	31722-257-28	Revlimid®
LENALIDOMIDE	Cap	5 mg	28	31722-258-28	Revlimid®
LENALIDOMIDE	Cap	10 mg	28	31722-259-28	Revlimid®
LENALIDOMIDE	Cap	15 mg	21	31722-260-21	Revlimid®
LENALIDOMIDE	Cap	20 mg	21	31722-261-21	Revlimid®
LENALIDOMIDE	Cap	25 mg	21	31722-262-21	Revlimid®
LEVETIRACETAM	Sol	100 mg/mL	473 mL	31722-574-47	Keppra®
LEVETIRACETAM	Tab	250 mg	120	31722-536-12	Keppra®
LEVETIRACETAM	Tab	250 mg	500	31722-536-05	Keppra®
LEVETIRACETAM	Tab	500 mg	120	31722-537-12	Keppra®
LEVETIRACETAM	Tab	500 mg	500	31722-537-05	Keppra®
LEVETIRACETAM	Tab	750 mg	120	31722-538-12	Keppra®
LEVETIRACETAM	Tab	750 mg	500	31722-538-05	Keppra®
LEVETIRACETAM	Tab	1000 mg	60	31722-539-60	Keppra®
LEVOCETIRIZINE DIHYDROCHLORIDE	Sol	2.5 mg/5 mL (0.5 mg/mL)	148 mL	31722-659-31	Xyzal®
LEVOCETIRIZINE DIHYDROCHLORIDE	Tab	5 mg	90	31722-551-90	Xyzal®

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
LEVOFLOXACIN	Tab	250 mg	50	31722-721-50	Levaquin®
LEVOFLOXACIN	Tab	500 mg	50	31722-722-50	Levaquin®
LEVOFLOXACIN	Tab	750 mg	20	31722-723-20	Levaquin®
LIDOCAINE HCL	Inj	1 % 20 mg/2 mL (10 mg/mL)	10 x 2 mL Single-Dose Vials	31722-117-34	Xylocaine MPF®
LIDOCAINE HCL	Inj	1 % 20 mg/2 mL (10 mg/mL)	25 x 2 mL Single-Dose Vials	31722-117-31	Xylocaine MPF®
LIDOCAINE HCL	Inj	1 % 50 mg/5 mL (10 mg/mL)	10 x 5 mL Single-Dose Vials	31722-117-35	Xylocaine MPF®
LIDOCAINE HCL	Inj	1 % 50 mg/5 mL (10 mg/mL)	25 x 5 mL Single-Dose Vials	31722-117-32	Xylocaine MPF®
LIDOCAINE HCL	Inj	1 % 300 mg/30 mL (10 mg/mL)	25 x 30 mL Single-Dose Vials	31722-117-33	Xylocaine MPF®
LIDOCAINE HCL	Inj	2 % 40 mg/2 mL (20 mg/mL)	10 x 2 mL Single-Dose Vials	31722-118-33	Xylocaine MPF®
LIDOCAINE HCL	Inj	2 % 40 mg/2 mL (20 mg/mL)	25 x 2 mL Single-Dose Vials	31722-118-31	Xylocaine MPF®
LIDOCAINE HCL	Inj	2 % 100 mg/5 mL (20 mg/mL)	10 x 5 mL Single-Dose Vials	31722-118-34	Xylocaine MPF®
LIDOCAINE HCL	Inj	2 % 100 mg/5 mL (20 mg/mL)	25 x 5 mL Single-Dose Vials	31722-118-32	Xylocaine MPF®
LIDOCAINE HCL	Inj	1 % 200 mg/20 mL (10 mg/mL)	10 x 20 mL Multiple-Dose Vials	31722-116-32	Xylocaine®
LIDOCAINE HCL	Inj	1 % 200 mg/20 mL (10 mg/mL)	25 x 20 mL Multiple-Dose Vials	31722-116-31	Xylocaine®
LIDOCAINE HCL	Inj	1 % 500 mg/50 mL (10 mg/mL)	10 x 50 mL Multiple-Dose Vials	31722-116-34	Xylocaine®
LIDOCAINE HCL	Inj	1 % 500 mg/50 mL (10 mg/mL)	25 x 50 mL Multiple-Dose Vials	31722-116-33	Xylocaine®
LIDOCAINE HCL	Inj	2 % 400 mg/20 mL (20 mg/mL)	25 x 50 mL Multiple-Dose Vials	31722-217-31	Xylocaine®
LIDOCAINE HCL	Inj	2 % 1000 mg/50 mL (20 mg/mL)	10 x 50 mL Multiple-Dose Vials	31722-217-33	Xylocaine®
LIDOCAINE HCL	Inj	2 % 1000 mg/50 mL (20 mg/mL)	25 x 50 mL Multiple-Dose Vials	31722-217-32	Xylocaine®
LINEZOLID	PFOS^	100 mg/5 mL (when reconstituted)	150 mL (when reconstituted)	31722-865-25	Zyvox®
LINEZOLID	Tab	600 mg	20	31722-749-20	Zyvox®



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Cap	10 mg	100	31722-350-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Cap	20 mg	100	31722-351-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Cap	30 mg	100	31722-352-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Cap	40 mg	100	31722-353-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Cap	50 mg	100	31722-354-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Cap	60 mg	100	31722-355-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Cap	70 mg	100	31722-356-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Chew Tab	10 mg	100	31722-321-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Chew Tab	20 mg	100	31722-322-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Chew Tab	30 mg	100	31722-323-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Chew Tab	40 mg	100	31722-324-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Chew Tab	50 mg	100	31722-325-01	Vyvanse®
LISDEXAMFETAMINE DIMESYLATE **(CII)**	Chew Tab	60 mg	100	31722-326-01	Vyvanse®
LISINOPRIL	Tab	2.5 mg	500	31722-172-05	Zestril®
LISINOPRIL	Tab	5 mg	1000	31722-176-10	Zestril®
LISINOPRIL	Tab	10 mg	1000	31722-177-10	Zestril®
LISINOPRIL	Tab	20 mg	1000	31722-178-10	Zestril®
LISINOPRIL	Tab	30 mg	500	31722-179-05	Zestril®
LISINOPRIL	Tab	40 mg	1000	31722-180-10	Zestril®
LITHIUM CARBONATE	Cap	150 mg	100	31722-544-01	Lithium Carbonate
LITHIUM CARBONATE	Cap	300 mg	100	31722-545-01	Lithium Carbonate
LITHIUM CARBONATE	Cap	300 mg	1000	31722-545-10	Lithium Carbonate
LITHIUM CARBONATE	Cap	600 mg	100	31722-546-01	Lithium Carbonate
LOPINAVIR AND RITONAVIR	Tab	100 mg/25 mg	60	31722-603-60	Kaletra®
LOPINAVIR AND RITONAVIR	Tab	200 mg/50 mg	120	31722-556-12	Kaletra®
LOSARTAN POTASSIUM	Tab	25 mg	90	31722-700-90	Cozaar®
LOSARTAN POTASSIUM	Tab	25 mg	1000	31722-700-10	Cozaar®
LOSARTAN POTASSIUM	Tab	50 mg	90	31722-701-90	Cozaar®
LOSARTAN POTASSIUM	Tab	50 mg	1000	31722-701-10	Cozaar®
LOSARTAN POTASSIUM	Tab	100 mg	90	31722-702-90	Cozaar®
LOSARTAN POTASSIUM	Tab	100 mg	1000	31722-702-10	Cozaar®

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Tab	50 mg/12.5 mg	30	31722-755-30	Hyzaar®
LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Tab	50 mg/12.5 mg	90	31722-755-90	Hyzaar®
LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Tab	50 mg/12.5 mg	1000	31722-755-10	Hyzaar®
LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Tab	100 mg/12.5 mg	30	31722-756-30	Hyzaar®
LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Tab	100 mg/12.5 mg	90	31722-756-90	Hyzaar®
LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Tab	100 mg/12.5 mg	1000	31722-756-10	Hyzaar®
LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Tab	100 mg/25 mg	30	31722-757-30	Hyzaar®
LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Tab	100 mg/25 mg	90	31722-757-90	Hyzaar®
LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Tab	100 mg/25 mg	1000	31722-757-10	Hyzaar®
LUBIPROSTONE	Cap	8 mcg	60	31722-403-60	Amitiza®
LUBIPROSTONE	Cap	24 mcg	60	31722-404-60	Amitiza®
LURASIDONE HCL	Tab	20 mg	30	31722-080-30	Latuda®
LURASIDONE HCL	Tab	20 mg	500	31722-080-05	Latuda®
LURASIDONE HCL	Tab	40 mg	30	31722-081-30	Latuda®
LURASIDONE HCL	Tab	40 mg	500	31722-081-05	Latuda®
LURASIDONE HCL	Tab	60 mg	30	31722-082-30	Latuda®
LURASIDONE HCL	Tab	60 mg	500	31722-082-05	Latuda®
LURASIDONE HCL	Tab	80 mg	30	31722-083-30	Latuda®
LURASIDONE HCL	Tab	80 mg	500	31722-083-05	Latuda®
LURASIDONE HCL	Tab	120 mg	30	31722-084-30	Latuda®
LURASIDONE HCL	Tab	120 mg	500	31722-084-05	Latuda®
MAGNESIUM SULFATE	Inj	1 g/2 mL (500 mg/mL)	25 x 2 mL Single-Dose Vials	31722-394-32	Magnesium Sulfate Injection
MAGNESIUM SULFATE	Inj	5 g/10 mL (500 mg/mL)	25 x 10 mL Single-Dose Vials	31722-394-33	Magnesium Sulfate Injection
MAGNESIUM SULFATE	Inj	10 g/20 mL (500 mg/mL)	25 x 20 mL Single-Dose Vials	31722-394-34	Magnesium Sulfate Injection
MAGNESIUM SULFATE	Inj	25 g/50 mL (500 mg/mL)	25 x 50 mL Single-Dose Vials	31722-394-35	Magnesium Sulfate Injection
MARAVIROC	Tab	150 mg	60	31722-579-60	Selzentry®
MARAVIROC	Tab	300 mg	60	31722-580-60	Selzentry®
MEMANTINE HCL	Tab	5 mg	60	31722-807-60	Namenda®
MEMANTINE HCL	Tab	10 mg	60	31722-808-60	Namenda®
MESALAMINE	Supp	1000 mg	30	31722-005-30	Canasa®

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
MESALAMINE DR	Tab	1.2 g	120	31722-043-12	Lialda®
METFORMIN HCL	Sol	500 mg/5 mL	473 mL	31722-042-47	Riomet®
METHADONE HCL **(CII)**	Tab	5 mg	100	31722-946-01	Dolophine®
METHADONE HCL **(CII)**	Tab	10 mg	100	31722-947-01	Dolophine®
METHOCARBAMOL	Tab	500 mg	100	31722-533-01	Robaxin®
METHOCARBAMOL	Tab	500 mg	500	31722-533-05	Robaxin®
METHOCARBAMOL	Tab	750 mg	100	31722-534-01	Robaxin®
METHOCARBAMOL	Tab	750 mg	500	31722-534-05	Robaxin®
METHYLPHENIDATE HCL **(CII)**	Chew Tab	2.5 mg	100	31722-926-01	Methylin®
METHYLPHENIDATE HCL **(CII)**	Chew Tab	5 mg	100	31722-927-01	Methylin®
METHYLPHENIDATE HCL **(CII)**	Chew Tab	10 mg	100	31722-928-01	Methylin®
METHYLPHENIDATE HCL **(CII)**	Tab	5 mg	100	31722-173-01	Ritalin®
METHYLPHENIDATE HCL **(CII)**	Tab	10 mg	100	31722-174-01	Ritalin®
METHYLPHENIDATE HCL **(CII)**	Tab	20 mg	100	31722-175-01	Ritalin®
METHYLPHENIDATE HCL ER **(CII)**	Tab	18 mg	100	31722-952-01	Concerta®
METHYLPHENIDATE HCL ER **(CII)**	Tab	27 mg	100	31722-953-01	Concerta®
METHYLPHENIDATE HCL ER **(CII)**	Tab	36 mg	100	31722-954-01	Concerta®
METHYLPHENIDATE HCL ER **(CII)**	Tab	54 mg	100	31722-955-01	Concerta®
METOPROLOL SUCCINATE ER	Tab	25 mg	100	31722-589-01	Toprol-XL®
METOPROLOL SUCCINATE ER	Tab	25 mg	500	31722-589-05	Toprol-XL®
METOPROLOL SUCCINATE ER	Tab	25 mg	1000	31722-589-10	Toprol-XL®
METOPROLOL SUCCINATE ER	Tab	50 mg	100	31722-590-01	Toprol-XL®
METOPROLOL SUCCINATE ER	Tab	50 mg	500	31722-590-05	Toprol-XL®
METOPROLOL SUCCINATE ER	Tab	50 mg	1000	31722-590-10	Toprol-XL®
METOPROLOL SUCCINATE ER	Tab	100 mg	100	31722-591-01	Toprol-XL®
METOPROLOL SUCCINATE ER	Tab	100 mg	500	31722-591-05	Toprol-XL®
METOPROLOL SUCCINATE ER	Tab	100 mg	1000	31722-591-10	Toprol-XL®
METOPROLOL SUCCINATE ER	Tab	200 mg	100	31722-592-01	Toprol-XL®
METOPROLOL SUCCINATE ER	Tab	200 mg	500	31722-592-05	Toprol-XL®
MEXILETINE HCL	Cap	150 mg	100	31722-036-01	Mexitil®
MEXILETINE HCL	Cap	200 mg	100	31722-037-01	Mexitil®
MEXILETINE HCL	Cap	250 mg	100	31722-038-01	Mexitil®
MILNACIPRAN HCL	Tab	12.5 mg	60	31722-846-60	Savella®
MILNACIPRAN HCL	Tab	25 mg	60	31722-847-60	Savella®
MILNACIPRAN HCL	Tab	50 mg	60	31722-848-60	Savella®
MILNACIPRAN HCL	Tab	100 mg	60	31722-849-60	Savella®
MILNACIPRAN HCL	Tab	12.5 mg & 25 mg & 50 mg	55 (5 & 8 & 42)	31722-880-31	Savella®

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
MIRTAZAPINE	Tab	7.5 mg	30	31722-407-30	Remeron®
MIRTAZAPINE	Tab	7.5 mg	500	31722-407-05	Remeron®
MIRTAZAPINE	Tab	15 mg	30	31722-408-30	Remeron®
MIRTAZAPINE	Tab	15 mg	500	31722-408-05	Remeron®
MIRTAZAPINE	Tab	15 mg	1000	31722-408-10	Remeron®
MIRTAZAPINE	Tab	30 mg	30	31722-409-30	Remeron®
MIRTAZAPINE	Tab	30 mg	500	31722-409-05	Remeron®
MIRTAZAPINE	Tab	45 mg	30	31722-410-30	Remeron®
MIRTAZAPINE	Tab	45 mg	500	31722-410-05	Remeron®
MONTELUKAST SODIUM	Chew Tab	4 mg	30	31722-727-30	Singulair®
MONTELUKAST SODIUM	Chew Tab	4 mg	90	31722-727-90	Singulair®
MONTELUKAST SODIUM	Chew Tab	5 mg	30	31722-728-30	Singulair®
MONTELUKAST SODIUM	Chew Tab	5 mg	90	31722-728-90	Singulair®
MONTELUKAST SODIUM	Tab	10 mg	30	31722-726-30	Singulair®
MONTELUKAST SODIUM	Tab	10 mg	90	31722-726-90	Singulair®
MONTELUKAST SODIUM	Tab	10 mg	1000	31722-726-10	Singulair®
MYCOPHENOLATE MOFETIL	Cap	250 mg	100	31722-878-01	CellCept®
MYCOPHENOLATE MOFETIL	Cap	250 mg	500	31722-878-05	CellCept®
MYCOPHENOLATE MOFETIL	Tab	500 mg	100	31722-879-01	CellCept®
MYCOPHENOLATE MOFETIL	Tab	500 mg	500	31722-879-05	CellCept®
NAPROXEN	Susp	125 mg/5 mL	500 mL	31722-682-05	Naprosyn®
NEBIVOLOL	Tab	2.5 mg	30	31722-585-30	Bystolic®
NEBIVOLOL	Tab	5 mg	30	31722-586-30	Bystolic®
NEBIVOLOL	Tab	5 mg	90	31722-586-90	Bystolic®
NEBIVOLOL	Tab	10 mg	30	31722-587-30	Bystolic®
NEBIVOLOL	Tab	10 mg	90	31722-587-90	Bystolic®
NEBIVOLOL	Tab	20 mg	30	31722-588-30	Bystolic®
NEBIVOLOL	Tab	20 mg	90	31722-588-90	Bystolic®
NILOTINIB	Cap	150 mg	112 (4 x 28)	31722-779-33	Tasigna®
NILOTINIB	Cap	200 mg	112 (4 x 28)	31722-780-33	Tasigna®
NIMODIPINE	Sol	60 mg/20 mL (3 mg/mL)	473 mL	31722-039-47	N/A
NITAZOXANIDE	Tab	500 mg	6	31722-100-32	Alinia®
OLANZAPINE	Inj	10 mg	5 mL Single-Dose Vial	31722-308-01	Zyprexa®

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
OLMESARTAN MEDOXOMIL, AMLODIPINE, AND HYDROCHLOROTHIAZIDE	Tab	20 mg/5 mg/12.5 mg	30	31722-892-30	Tribenzor®
OLMESARTAN MEDOXOMIL, AMLODIPINE, AND HYDROCHLOROTHIAZIDE	Tab	20 mg/5 mg/12.5 mg	90	31722-892-90	Tribenzor®
OLMESARTAN MEDOXOMIL, AMLODIPINE, AND HYDROCHLOROTHIAZIDE	Tab	40 mg/5 mg/12.5 mg	30	31722-893-30	Tribenzor®
OLMESARTAN MEDOXOMIL, AMLODIPINE, AND HYDROCHLOROTHIAZIDE	Tab	40 mg/5 mg/12.5 mg	90	31722-893-90	Tribenzor®
OLMESARTAN MEDOXOMIL, AMLODIPINE, AND HYDROCHLOROTHIAZIDE	Tab	40 mg/5 mg/25 mg	30	31722-894-30	Tribenzor®
OLMESARTAN MEDOXOMIL, AMLODIPINE, AND HYDROCHLOROTHIAZIDE	Tab	40 mg/5 mg/25 mg	90	31722-894-90	Tribenzor®
OLMESARTAN MEDOXOMIL, AMLODIPINE, AND HYDROCHLOROTHIAZIDE	Tab	40 mg/10 mg/12.5 mg	30	31722-895-30	Tribenzor®
OLMESARTAN MEDOXOMIL, AMLODIPINE, AND HYDROCHLOROTHIAZIDE	Tab	40 mg/10 mg/12.5 mg	90	31722-895-90	Tribenzor®
OLMESARTAN MEDOXOMIL, AMLODIPINE, AND HYDROCHLOROTHIAZIDE	Tab	40 mg/10 mg/25 mg	30	31722-896-30	Tribenzor®
OLMESARTAN MEDOXOMIL, AMLODIPINE, AND HYDROCHLOROTHIAZIDE	Tab	40 mg/10 mg/25 mg	90	31722-896-90	Tribenzor®
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	20 mg/12.5 mg	30	31722-886-30	Benicar HCT®
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	20 mg/12.5 mg	90	31722-886-90	Benicar HCT®
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	40 mg/12.5 mg	30	31722-887-30	Benicar HCT®
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	40 mg/12.5 mg	90	31722-887-90	Benicar HCT®
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	40 mg/25 mg	30	31722-888-30	Benicar HCT®
OLMESARTAN MEDOXOMIL AND HYDROCHLOROTHIAZIDE	Tab	40 mg/25 mg	90	31722-888-90	Benicar HCT®
OMEGA-3-ACID ETHYL ESTERS	Cap	1 g	120	31722-936-12	Lovaza®
OSELTAMIVIR PHOSPHATE	Cap	30 mg	10	31722-630-31	Tamiflu®
OSELTAMIVIR PHOSPHATE	Cap	45 mg	10	31722-631-31	Tamiflu®
OSELTAMIVIR PHOSPHATE	Cap	75 mg	10	31722-632-31	Tamiflu®
OXCARBAZEPINE	Susp	300 mg/5 mL	250 mL	31722-687-25	Trileptal®
OXCARBAZEPINE	Tab	150 mg	100	31722-023-01	Trileptal®
OXCARBAZEPINE	Tab	300 mg	100	31722-024-01	Trileptal®
OXCARBAZEPINE	Tab	300 mg	500	31722-024-05	Trileptal®
OXCARBAZEPINE	Tab	600 mg	100	31722-025-01	Trileptal®

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CAMBER® PHARMACEUTICALS, INC.

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
OXYCODONE AND ACETAMINOPHEN **(CII)**	Tab	5 mg	100	31722-484-01	Roxicodone®
OXYCODONE AND ACETAMINOPHEN **(CII)**	Tab	5 mg	500	31722-484-05	Roxicodone®
OXYCODONE AND ACETAMINOPHEN **(CII)**	Tab	10 mg	100	31722-485-01	Roxicodone®
OXYCODONE AND ACETAMINOPHEN **(CII)**	Tab	10 mg	500	31722-485-05	Roxicodone®
OXYCODONE AND ACETAMINOPHEN **(CII)**	Tab	15 mg	100	31722-917-01	Roxicodone®
OXYCODONE AND ACETAMINOPHEN **(CII)**	Tab	15 mg	500	31722-917-05	Roxicodone®
OXYCODONE AND ACETAMINOPHEN **(CII)**	Tab	20 mg	100	31722-486-01	Roxicodone®
OXYCODONE AND ACETAMINOPHEN **(CII)**	Tab	20 mg	500	31722-486-05	Roxicodone®
OXYCODONE AND ACETAMINOPHEN **(CII)**	Tab	30 mg	100	31722-918-01	Roxicodone®
OXYCODONE AND ACETAMINOPHEN **(CII)**	Tab	30 mg	500	31722-918-05	Roxicodone®
PANTOPRAZOLE SODIUM	Inj	40 mg	10 Single-Dose Vials	31722-204-10	Protonix®
PANTOPRAZOLE SODIUM DR	GFOS^	40 mg	30 Unit-Dose Packets	31722-032-32	Protonix®
PANTOPRAZOLE SODIUM DR	Tab	20 mg	90	31722-712-90	Protonix®
PANTOPRAZOLE SODIUM DR	Tab	40 mg	90	31722-713-90	Protonix®
PANTOPRAZOLE SODIUM DR	Tab	40 mg	1000	31722-713-10	Protonix®
PHENYLEPHRINE HCL	Inj	10 mg/mL	25 x 1 mL Single-Dose Vials	31722-343-33	Vazculep®
PHENYLEPHRINE HCL	Inj	50 mg/5 mL (10 mg/mL)	10 x 5 mL Pharmacy Bulk Package Vials	31722-344-31	Vazculep®
PHENYLEPHRINE HCL	Inj	100 mg/10 mL (10 mg/mL)	1 x 10 mL Pharmacy Bulk Package Vial	31722-345-10	Vazculep®
PIRFENIDONE	Tab	267 mg	270 (3 x 90)	31722-872-27	Esbriet®
PIRFENIDONE	Tab	801 mg	90	31722-873-90	Esbriet®
PITAVASTATIN	Tab	1 mg	90	31722-875-90	Livalo®
PITAVASTATIN	Tab	2 mg	90	31722-876-90	Livalo®
PITAVASTATIN	Tab	4 mg	90	31722-877-90	Livalo®
PLERIXAFOR	Inj	24 mg/1.2 mL (20 mg/mL)	1 Single-Dose Vial	31722-373-31	Mozobil®
POMALIDOMIDE	Cap	1 mg	21	31722-770-21	Pomalyst®
POMALIDOMIDE	Cap	2 mg	21	31722-771-21	Pomalyst®
POMALIDOMIDE	Cap	3 mg	21	31722-772-21	Pomalyst®
POMALIDOMIDE	Cap	4 mg	21	31722-773-21	Pomalyst®
POSACONAZOLE	Inj	300 mg/16.7 mL (18 mg/mL)	16.7 mL Single-Dose Vial	31722-370-31	Noxafil®

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
POSACONAZOLE DR	Tab	100 mg	60	31722-677-60	Noxafil®
POTASSIUM CHLORIDE ER	Tab	10 mEq K (750 mg)	100	31722-133-01	Klor-Con®
POTASSIUM CHLORIDE ER	Tab	10 mEq K (750 mg)	500	31722-133-05	Klor-Con®
POTASSIUM CHLORIDE ER	Tab	20 mEq K (1500 mg)	100	31722-135-01	Klor-Con®
POTASSIUM CHLORIDE ER	Tab	20 mEq K (1500 mg)	500	31722-135-05	Klor-Con®
POTASSIUM CITRATE ER	Tab	5 mEq (540 mg)	100	31722-129-01	Urocit-K®
POTASSIUM CITRATE ER	Tab	10 mEq (1080 mg)	100	31722-130-01	Urocit-K®
POTASSIUM CITRATE ER	Tab	15 mEq (1620 mg)	100	31722-132-01	Urocit-K®
PREGABALIN **(CV)**	Cap	25 mg	90	31722-610-90	Lyrica®
PREGABALIN **(CV)**	Cap	25 mg	500	31722-610-05	Lyrica®
PREGABALIN **(CV)**	Cap	50 mg	90	31722-611-90	Lyrica®
PREGABALIN **(CV)**	Cap	50 mg	500	31722-611-05	Lyrica®
PREGABALIN **(CV)**	Cap	75 mg	90	31722-612-90	Lyrica®
PREGABALIN **(CV)**	Cap	75 mg	500	31722-612-05	Lyrica®
PREGABALIN **(CV)**	Cap	100 mg	90	31722-613-90	Lyrica®
PREGABALIN **(CV)**	Cap	100 mg	500	31722-613-05	Lyrica®
PREGABALIN **(CV)**	Cap	150 mg	90	31722-614-90	Lyrica®
PREGABALIN **(CV)**	Cap	150 mg	500	31722-614-05	Lyrica®
PREGABALIN **(CV)**	Cap	200 mg	90	31722-615-90	Lyrica®
PREGABALIN **(CV)**	Cap	200 mg	500	31722-615-05	Lyrica®
PREGABALIN **(CV)**	Cap	225 mg	90	31722-616-90	Lyrica®
PREGABALIN **(CV)**	Cap	225 mg	500	31722-616-05	Lyrica®
PREGABALIN **(CV)**	Cap	300 mg	90	31722-617-90	Lyrica®
PREGABALIN **(CV)**	Cap	300 mg	500	31722-617-05	Lyrica®
PROMETHAZINE HCL	Supp	12.5 mg	12	31722-040-31	Phenergan®
PROMETHAZINE HCL	Supp	25 mg	12	31722-041-31	Phenergan®
PROMETHAZINE HCL AND DEXTROMETHORPHAN HBR	Sol	6.25 mg/15 mg per 5 mL	473 mL	31722-692-47	Promethazine HCl and Dextromethorphan HBr Oral Syrup
PRUCALOPRIDE	Tab	1 mg	30	31722-391-30	Motegrity®
PRUCALOPRIDE	Tab	2 mg	30	31722-392-30	Motegrity®
QUETIAPINE	Tab	25 mg	100	31722-764-01	Seroquel®
QUETIAPINE	Tab	50 mg	100	31722-765-01	Seroquel®
QUETIAPINE	Tab	100 mg	100	31722-766-01	Seroquel®
QUETIAPINE	Tab	200 mg	100	31722-767-01	Seroquel®
QUETIAPINE	Tab	300 mg	60	31722-768-60	Seroquel®
QUETIAPINE	Tab	300 mg	100	31722-768-01	Seroquel®
QUETIAPINE	Tab	400 mg	100	31722-769-01	Seroquel®
RALTEGRAVIR	Tab	400 mg	60	31722-584-60	Isentress®

GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
RANOLAZINE ER	Tab	500 mg	60	31722-668-60	Ranexa®
RANOLAZINE ER	Tab	1000 mg	60	31722-669-60	Ranexa®
RITONAVIR	Tab	100 mg	30	31722-597-30	Norvir®
ROFLUMILAST	Tab	250 mcg	20 (2 x 10)	31722-676-32	Daliresp®
ROFLUMILAST	Tab	250 mcg	28 (1 x 28)	31722-676-36	Daliresp®
ROFLUMILAST	Tab	500 mcg	30	31722-623-30	Daliresp®
ROFLUMILAST	Tab	500 mcg	90	31722-623-90	Daliresp®
ROSUVASTATIN	Tab	5 mg	90	31722-882-90	Crestor®
ROSUVASTATIN	Tab	10 mg	90	31722-883-90	Crestor®
ROSUVASTATIN	Tab	20 mg	90	31722-884-90	Crestor®
ROSUVASTATIN	Tab	40 mg	30	31722-885-30	Crestor®
RUFINAMIDE	Susp	40 mg/mL	460 mL	31722-688-46	Banzel®
RUFINAMIDE	Tab	200 mg	120	31722-598-12	Banzel®
RUFINAMIDE	Tab	400 mg	120	31722-599-12	Banzel®
SACUBITRIL AND VALSARTAN	Tab	24 mg/26 mg	60	31722-673-60	Entresto®
SACUBITRIL AND VALSARTAN	Tab	24 mg/26 mg	180	31722-673-18	Entresto®
SACUBITRIL AND VALSARTAN	Tab	49 mg/51 mg	60	31722-674-60	Entresto®
SACUBITRIL AND VALSARTAN	Tab	49 mg/51 mg	180	31722-674-18	Entresto®
SACUBITRIL AND VALSARTAN	Tab	97 mg/103 mg	60	31722-675-60	Entresto®
SACUBITRIL AND VALSARTAN	Tab	97 mg/103 mg	180	31722-675-18	Entresto®
SAPROPTERIN DIHYDROCHLORIDE	PFOS	100 mg/packet	30 Single-Dose Packets	31722-047-30	Kuvan®
SAPROPTERIN DIHYDROCHLORIDE	PFOS	500 mg/packet	30 Single-Dose Packets	31722-048-30	Kuvan®
SAPROPTERIN DIHYDROCHLORIDE	Tab	100 mg	120	31722-045-12	Kuvan®
SERTRALINE HCL	Tab	25 mg	500	31722-145-05	Zoloft®
SERTRALINE HCL	Tab	50 mg	500	31722-146-05	Zoloft®
SERTRALINE HCL	Tab	100 mg	500	31722-147-05	Zoloft®
SILDENAFIL	PFOS^	10 mg/mL (when reconstituted)	112 mL (when reconstituted)	31722-136-31	Revatio®
SILDENAFIL	Tab	20 mg	90	31722-776--90	Revatio®
SILDENAFIL	Tab	20 mg	500	31722-776-05	Revatio®
SILDENAFIL	Tab	25 mg	30	31722-709-30	Viagra®
SILDENAFIL	Tab	50 mg	30	31722-710-30	Viagra®
SILDENAFIL	Tab	50 mg	100	31722-710-01	Viagra®
SILDENAFIL	Tab	100 mg	30	31722-711-30	Viagra®
SILDENAFIL	Tab	100 mg	100	31722-711-01	Viagra®

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
SILODOSIN	Cap	4 mg	30	31722-635-30	Rapaflo®
SILODOSIN	Cap	8 mg	30	31722-636-30	Rapaflo®
SILODOSIN	Cap	8 mg	90	31722-636-90	Rapaflo®
SIROLIMUS	Sol	1 mg/mL	60 mL	31722-316-31	Rapamune®
SODIUM OXYBATE (CIII)	Sol	0.5 g/mL	180 mL	31722-891-18	Xyrem®
SODIUM SULFATE, POTASSIUM SULFATE AND MAGNESIUM SULFATE	Sol	17.5 g/3.13 g/1.6 g per 6 oz.	2 x 6 ounce doses	31722-098-31	Suprep®
SOLIFENACIN SUCCINATE	Tab	5 mg	30	31722-027-30	Vesicare®
SOLIFENACIN SUCCINATE	Tab	5 mg	90	31722-027-90	Vesicare®
SOLIFENACIN SUCCINATE	Tab	10 mg	30	31722-028-30	Vesicare®
SOLIFENACIN SUCCINATE	Tab	10 mg	90	31722-028-90	Vesicare®
SPIRONOLACTONE	Susp	25 mg/5 mL	118 mL	31722-691-11	Carospir®
SPIRONOLACTONE	Susp	25 mg/5 mL	473 mL	31722-691-47	Carospir®
SPIRONOLACTONE	Tab	25 mg	100	31722-094-01	Aldactone®
SPIRONOLACTONE	Tab	25 mg	500	31722-094-05	Aldactone®
SPIRONOLACTONE	Tab	25 mg	1000	31722-094-10	Aldactone®
SPIRONOLACTONE	Tab	50 mg	100	31722-095-01	Aldactone®
SPIRONOLACTONE	Tab	50 mg	500	31722-095-05	Aldactone®
SPIRONOLACTONE	Tab	100 mg	100	31722-096-01	Aldactone®
SPIRONOLACTONE	Tab	100 mg	500	31722-096-05	Aldactone®
SUCCINYLCHOLINE CHLORIDE	Inj	200 mg/10 mL	25 x 10 mL Multiple-Dose Vials	31722-981-31	Quelicin®
SUGAMMADEX	Inj	200 mg/2 mL (100 mg/mL)	10 x 2 mL Single-Dose Vials	31722-254-10	Bridion®
SUGAMMADEX	Inj	500 mg/5 mL (100 mg/mL)	10 x 5 mL Single-Dose Vials	31722-255-10	Bridion®
TADALAFIL	Tab	2.5 mg	30	31722-643-30	Cialis®
TADALAFIL	Tab	5 mg	30	31722-644-30	Cialis®
TADALAFIL	Tab	10 mg	30	31722-645-30	Cialis®



GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
TEMOZOLOMIDE	Cap	5 mg	5	31722-411-31	Temodar®
TEMOZOLOMIDE	Cap	5 mg	14	31722-411-14	Temodar®
TEMOZOLOMIDE	Cap	20 mg	5	31722-412-31	Temodar®
TEMOZOLOMIDE	Cap	20 mg	14	31722-412-14	Temodar®
TEMOZOLOMIDE	Cap	100 mg	5	31722-413-31	Temodar®
TEMOZOLOMIDE	Cap	100 mg	14	31722-413-14	Temodar®
TEMOZOLOMIDE	Cap	140 mg	5	31722-414-31	Temodar®
TEMOZOLOMIDE	Cap	140 mg	14	31722-414-14	Temodar®
TEMOZOLOMIDE	Cap	180 mg	5	31722-415-31	Temodar®
TEMOZOLOMIDE	Cap	180 mg	14	31722-415-14	Temodar®
TEMOZOLOMIDE	Cap	250 mg	5	31722-416-31	Temodar®
TENOFOVIR DISOPROXIL FUMARATE	Tab	300 mg	30	31722-535-30	Viread®
TERIFLUNOMIDE	Tab	7 mg	30	31722-246-30	Aubagio®
TERIFLUNOMIDE	Tab	14 mg	30	31722-247-30	Aubagio®
TETRABENAZINE	Tab	12.5 mg	112	31722-821-11	Xenazine®
TETRABENAZINE	Tab	25 mg	112	31722-822-11	Xenazine®
THIAMINE HCL	Inj	200 mg/2 mL (100 mg/mL)	25 x 2 mL Multiple-Dose Vials	31722-363-32	Thiamine HCl Injection
TOLTERODINE TARTRATE ER	Cap	2 mg	30	31722-607-30	Detrol® LA
TOLTERODINE TARTRATE ER	Cap	4 mg	30	31722-608-30	Detrol® LA
TOLTERODINE TARTRATE IR	Tab	1 mg	60	31722-805-60	Detrol®
TOLTERODINE TARTRATE IR	Tab	2 mg	60	31722-806-60	Detrol®
TOLVAPTAN	Tab	15 mg	10	31722-868-03	Samsca®
TOLVAPTAN	Tab	30 mg	10	31722-869-03	Samsca®
TORSEMIDE	Tab	5 mg	100	31722-529-01	Demadex®
TORSEMIDE	Tab	10 mg	100	31722-530-01	Demadex®
TORSEMIDE	Tab	20 mg	100	31722-531-01	Demadex®
TORSEMIDE	Tab	100 mg	100	31722-532-01	Demadex®
TRIENTINE HCL	Cap	250 mg	100	31722-683-01	Syprine®
VALACYCLOVIR	Tab	500 mg	30	31722-704-30	Valtrex®
VALACYCLOVIR	Tab	500 mg	90	31722-704-90	Valtrex®
VALACYCLOVIR	Tab	1 g	30	31722-705-30	Valtrex®
VALACYCLOVIR	Tab	1 g	90	31722-705-90	Valtrex®
VALGANCICLOVIR	PFOS	50 mg/mL (when reconstituted)	100 mL (when reconstituted)	31722-837-10	Valcyte®
VALGANCICLOVIR	Tab	450 mg	60	31722-832-60	Valcyte®

CAMBER® PHARMACEUTICALS, INC.

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GENERIC NAME	FORM	STRENGTH	SIZE	NDC #	BRAND REFERENCE
VALSARTAN	Tab	40 mg	30	31722-151-30	Diovan®
VALSARTAN	Tab	80 mg	90	31722-152-90	Diovan®
VALSARTAN	Tab	160 mg	90	31722-153-90	Diovan®
VALSARTAN	Tab	320 mg	90	31722-154-90	Diovan®
VARENICLINE	Tab	0.5 mg	56	31722-678-56	Chantix®
VARENICLINE	Tab	0.5 mg & 1 mg	53 (11 & 42)	31722-690-31	Chantix®
VARENICLINE	Tab	1 mg	56	31722-679-56	Chantix®
VENLAFAXINE ER	Tab	37.5 mg	30	31722-123-30	Venlafaxine HCl ER
VENLAFAXINE ER	Tab	37.5 mg	90	31722-123-90	Venlafaxine HCl ER
VENLAFAXINE ER	Tab	75 mg	30	31722-124-30	Venlafaxine HCl ER
VENLAFAXINE ER	Tab	75 mg	90	31722-124-90	Venlafaxine HCl ER
VENLAFAXINE ER	Tab	150 mg	30	31722-125-30	Venlafaxine HCl ER
VENLAFAXINE ER	Tab	150 mg	90	31722-125-90	Venlafaxine HCl ER
VENLAFAXINE ER	Tab	225 mg	30	31722-126-30	Venlafaxine HCl ER
VENLAFAXINE ER	Tab	225 mg	90	31722-126-90	Venlafaxine HCl ER
VENLAFAXINE HCL ER	Cap	37.5 mg	30	31722-002-30	Effexor XR®
VENLAFAXINE HCL ER	Cap	37.5 mg	90	31722-002-90	Effexor XR®
VENLAFAXINE HCL ER	Cap	75 mg	30	31722-003-30	Effexor XR®
VENLAFAXINE HCL ER	Cap	75 mg	90	31722-003-90	Effexor XR®
VENLAFAXINE HCL ER	Cap	150 mg	30	31722-004-30	Effexor XR®
VENLAFAXINE HCL ER	Cap	150 mg	90	31722-004-90	Effexor XR®
VORICONAZOLE	Inj	200 mg	30 mL Single-Dose Vial	31722-224-31	Vfend®
VORICONAZOLE	PFOS^	40 mg/mL (when reconstituted)	75 mL (when reconstituted)	31722-266-31	Vfend®
ZAFIRLUKAST	Tab	10 mg	60	31722-007-60	Accolate®
ZAFIRLUKAST	Tab	20 mg	60	31722-008-60	Accolate®
ZIDOVUDINE	Tab	300 mg	60	31722-509-60	Retrovir®
ZILEUTON ER	Tab	600 mg	120	31722-044-12	Zyflo CR®
ZINC SULFATE	Inj	10 mg/10 mL (1 mg/mL)	25 x 10 mL Pharmacy Bulk Package Vials	31722-453-31	Zinc Sulfate Injection
ZINC SULFATE	Inj	25 mg/5 mL (5 mg/mL)	25 x 5 mL Pharmacy Bulk Package Vials	31722-455-31	Zinc Sulfate Injection

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OVER-THE-COUNTER PRODUCT LIST

ALLERGY | PAIN | DIGESTIVE | COUGH, COLD & FLU | WOMEN'S HEALTH

ALLERGY PRODUCTS

PRODUCT/STRENGTH(S)	SIZE	NDC #	BRAND	CAMBER LABEL
CETIRIZINE HCL TABLETS, 10 mg	100 count 500 count	69230-304-01 69230-304-05		
CETIRIZINE HCL ORAL SOLUTION, 1 mg/ 1mL	4 oz dye-free/ sugar-free grape	69230-316-11		
FEXOFENADINE HCL TABLETS, 60 mg	100 count 500 count	69230-201-01 69230-201-05		
FEXOFENADINE HCL TABLETS, 180 mg	30 count 100 count 500 count	69230-300-30 69230-300-01 69230-300-05		
LEVOCETIRIZINE DIHYDROCHLORIDE TABLETS, 5 mg	35 count 80 count 180 count 1000 count	69230-321-31 69230-321-33 69230-321-34 69230-321-10		
LORATADINE TABLETS, 10 mg	30 count 100 count 300 count	69230-323-30 69230-323-33 69230-323-34		
LORATADINE ORAL SOLUTION, 5 mg/5 mL	4 oz dye-free/ sugar-free grape 8 oz dye-free/ sugar-free grape	69230-322-12 69230-322-24		

DIGESTIVE PRODUCTS

PRODUCT/STRENGTH(S)	SIZE	NDC #	BRAND	CAMBER LABEL
ESOMEPRAZOLE MAGNESIUM DR CAPSULES, 20 mg	14 count 28 count 42 count 100 count 500 count	69230-320-31 69230-320-32 69230-320-33 69230-320-01 69230-320-05		
FAMOTIDINE TABLETS, 10 mg	30 count 60 count 100 count 500 count 1000 count	69230-326-30 69230-326-60 69230-326-01 69230-326-05 69230-326-10		
FAMOTIDINE TABLETS, 20 mg	30 count 50 count 100 count 500 count 1000 count	69230-327-30 69230-327-50 69230-327-01 69230-327-05 69230-327-10		
LOPERAMIDE SIMETHICONE TABLETS, 2 mg/125 mg	12 count 24 count	69230-325-12 69230-325-24		
OMEPRAZOLE DR TABLETS, 20 mg	14 count 28 count 42 count 500 count 1000 count	69230-318-35 69230-318-36 69230-318-37 69230-318-05 69230-318-10		
POLYETHYLENE GLYCOL 3350 POWDER, 17 g	118 gm 238 gm 510 gm 14 count sachets	69230-324-34 69230-324-35 69230-324-36 69230-324-37		

PAIN PRODUCTS

PRODUCT/STRENGTH(S)	SIZE	NDC #	BRAND	CAMBER LABEL
IBUPROFEN SUSPENSION, 100 mg/5 mL	4 oz berry 4 oz grape 4 oz bubble gum 4 oz dye-free berry	69230-308-11 69230-309-11 69230-310-11 69230-311-11		
	8 oz berry 8 oz grape 8 oz bubble gum 8 oz dye-free berry	69230-308-12 69230-309-12 69230-310-12 69230-311-12		
NAPROXEN SODIUM TABLETS, 220 mg	24 count 50 count 100 count 200 count 500 count	69230-329-24 69230-329-50 69230-329-01 69230-329-02 69230-329-05		

COUGH, COLD & FLU PRODUCTS

PRODUCT/STRENGTH(S)	SIZE	NDC #	BRAND	CAMBER LABEL
DAYTIME COLD & FLU, HIGH BLOOD PRESSURE, 650 mg Acetaminophen/20 mg Dextromethorphan HBr per 30 mL Dose	8 oz sugar-free	69230-331-08		

WOMEN'S HEALTH PRODUCTS

PRODUCT/STRENGTH(S)	SIZE	NDC #	BRAND	CAMBER LABEL
LEVONORGESTREL TABLET, 1.5 mg	1 count	69230-333-32		