



PRODUCT CATALOG

2025



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GENERIC PRODUCT	BRAND	THERAPY DESCRIPTION	TAA COMPLIANT	Pg.
Carbamazepine ER Tablets	Tegretol XR®	Dibenzoazepine Anticonvulsants	No	4
Cyclobenzaprine HCl Tablets	Flexeril®	Skeletal muscle relaxants	Yes	4
Escitalopram Tablets	Lexapro®	Selective Serotonin Reuptake Inhibitors	Yes	4
Lamotrigine HCl Tablets	Lamictal®	Triazine Anticonvulsants	Yes	4
Losartan Potassium Tablets	Cozaar®	Angiotensin Receptor Blockers	Yes	5
Methenamine Hippurate Tablets	Hiprex®	Urinary Anti-infective	No	5
Nitrofurantoin (Mono/Macro) Capsules	Macrobid®	Urinary Anti-infective	Yes	5
Olmesartan Medoxomil Tablets	Benicar®	Angiotensin Receptor Blockers	Yes	5
Prochlorperazine Maleate Tablets	Compazine®	Phenothiazine Antipsychotics	Yes	5
Risperidone ODT	Risperdal®	Atypical Antipsychotics	No	6
Spironolactone HCl Tablets	Aldactone®	Aldosterone Receptor Antagonists	Yes	6
Tacrolimus IR Capsules	Prograf®	Calcineurin Inhibitors	Yes	6
Terazosin HCl Capsules	Hytrin®	Alpha-Adrenergic Blockers	Yes	7

GCN	NDC	STRENGTH	SIZE	CASE	DESCRIPTION / IMPRINT
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Carbamazepine ER Tablets
AB rated to Tegretol XR®

27820	59746-0789-01	100mg	100	24	Peach colored, round shaped, biconvex film coated tablets with 'CR 100' debossed on one side and plain on the other side.	
27821	59746-0790-01	200mg	100	24	Peach colored, round shaped, biconvex film coated tablets with 'CR 200' debossed on one side and plain on the other side.	
27822	59746-0791-01	400mg	100	24	Peach colored, round shaped, biconvex film coated tablets with 'CR 400' debossed on one side and plain on the other side.	

Cyclobenzaprine HCl Tablets
AB rated to Flexeril®

98299	59746-0735-01	7.5mg	100	48	White, round, film coated tablets, debossed with 'C 735' on one side and plain on the other side.	
18020	59746-0177-10	10mg	1000	12	Yellow, round, film coated tablet debossed 'TL 177' on one side and plain on other side.	

Escitalopram Tablets
AB rated to Lexapro®

18975	59746-0279-10	5mg	1000	12	White, round, biconvex, film-coated tablets, debossed with 'B2' on one side and 'C' on the other	
17851	59746-0280-10	10mg	1000	12	White, oval, biconvex, film-coated tablets with score line on one side, debossed with 'B' left of score line, '3' right of score line, with 'C' on other side	
17987	59746-0281-10	20mg	1000	12	White, oval, biconvex, film-coated tablets with score line on one side, debossed with 'B4' left of score line, '3' right of score line	
	59746-0281-90	20mg	90	48		

Lamotrigine HCl Tablets
AB rated to Lamictal®

64317	59746-0245-01	25mg	100	48	White to off-white tablets, round, debossed with 'J 245' on one side and scored on the other side.	
	59746-0245-05	25mg	500	24		
64316	59746-0246-01	100mg	100	48	White to off-white tablets, round, debossed with 'J 246' on one side and scored on the other side.	
	59746-0246-10	100mg	1000	12		
64324	59746-0247-05	150mg	500	12	White to off-white tablets, round, debossed with 'J 247' on one side and scored on the other side.	
	59746-0247-60	150mg	60	48		
64325	59746-0248-05	200mg	500	12	White to off-white tablets, round, debossed with 'J 248' on one side and scored on the other side.	
	59746-0248-60	200mg	60	48		

GCN	NDC	STRENGTH	SIZE	CASE	DESCRIPTION / IMPRINT
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Losartan Potassium Tablets
AB rated to Cozaar®

14850	59746-0333-10	25mg	1000	12	Green, oval, film coated tablet debossed with 'C' on one side and '333' on other side.
	59746-0333-30	25mg	30	48	
	59746-0333-90	25mg	90	24	
14851	59746-0334-10	50mg	1000	12	Green, oval, film coated tablet debossed with 'C' and scored on one side and '334' on other side.
	59746-0334-30	50mg	30	48	
	59746-0334-90	50mg	90	48	
14853	59746-0335-10	100mg	1000	12	Green, oval, film coated tablet debossed with 'C' on one side and '335' on other side.
	59746-0335-30	100mg	30	48	
	59746-0335-90	100mg	90	48	


Methenamine Hippurate Tablets
AB rated to Hiprex®

41980	59746-0797-01	1g	100	60	White to off-white capsule shaped tablet, debossed with 'I' and '59' on one side and break line on the other side.
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Nitrofurantoin (Mono/Macro) Capsules
AB rated to Macrobid®

49001	59746-0762-01	100mg	100	24	Light yellow to yellow powder blend and yellow colored tablet filled in the hard gelatin capsule shell size '1' with black cap imprinted '100' and yellow colored body imprinted '102'.
	59746-0762-06	100mg	100	24	


Olmesartan Medoxomil Tablets
AB rated to Benicar®

17284	59746-0463-30	5mg	30	48	Light yellow, Circular, film coated tablet, with 'C8' debossed on one side and 'C' on the other side.
17285	59746-0465-90	10mg	30	48	White, Circular, film coated tablet, with 'D1' debossed on one side and 'C' on the other side.
	59746-0465-90	10mg	90	48	
17286	59746-0466-30	20mg	30	48	White, Oval, film coated tablet, with '466' debossed on one side and 'C' on the other side
	59746-0466-90	20mg	90	48	


Prochlorperazine Maleate Tablets
AB rated to Compazine®

14773	59746-0113-06	5mg	100	48	Chartreuse, round, film coated tablets imprinted with 'TL 113', scored on one side and plain on the other side.
14771	59746-0115-06	10mg	100	48	Chartreuse, round, film coated tablets imprinted with 'TL 115', scored on one side and plain on the other side.



GCN	NDC	STRENGTH	SIZE	CASE	DESCRIPTION / IMPRINT	
Risperidone ODT					<i>AB rated to Risperdal®</i>	
19541	59746-0010-32	0.5mg	30	48	Yellow colored, mottled, round, flat face beveled edged tablets, debossed with 'C' on one side and '01' on the other with Peppermint flavor.	
19178	59746-0020-22	1mg	28	48	White colored, mottled, round, flat faced beveled edged tablets, debossed with 'C' on one side and '02' on the other with Peppermint flavor.	
19179	59746-0030-22	2mg	28	48	Blue colored, mottled, round, flat faced beveled edged tablets, debossed with 'C' on one side and '03' on the other with Peppermint flavor.	
25024	59746-0040-22	3mg	28	48	Orange colored, mottled, round, flat faced beveled edged tablets, debossed with 'C' on one side and '04' on the other with Peppermint flavor.	
25025	59746-0050-22	4mg	28	48	Pink colored, mottled, round, flat face beveled edged tablets, debossed with 'C' on one side and '05' on the other with Peppermint flavor.	
Spironolactone HCl Tablets					<i>AB rated to Aldactone®</i>	
27691	59746-0216-05	25mg	500	48	Brown, round, biconvex, film-coated tablets debossed with 'TL216' on one side.	
	59746-0216-06	25mg	100	48		
	59746-0216-09	25mg	500	48		
27692	59746-0217-01	50mg	100	48	Brown, round, biconvex, film-coated tablets debossed with 'TL217' on one side.	
	59746-0217-06	50mg	100	48		
27690	59746-0218-01	100mg	100	48	Brown, round, biconvex, film-coated tablets debossed with 'TL218' on one side.	
	59746-0218-06	100mg	100	48		
Tacrolimus IR Capsules					<i>AB rated to Prograf®</i>	
28495	59746-0798-01	0.5mg	100	24	Light yellow cap and light yellow body size "5" hard gelatin capsules printed with "PBT" on cap and "0.5" on body as per approved text and design in red ink. Containing white to off-white granular powder.	 Product Image Coming Soon
28491	59746-0799-01	1mg	100	24	White cap and white body size "5" hard gelatin capsules printed with "PBT" on cap and "1.0" on body as per approved text and design in red ink. Containing white to off-white granular powder.	
28492	59746-0800-01	5mg	100	24	Pink cap and pink body size "4" hard gelatin capsules printed with "PBT" on cap and "5.0" on body as per approved text and design in red ink. Containing white to off-white granular powder.	

Terazosin HCl Capsules					AB rated to Hytrin®	
47124	59746-0383-06	1mg	100	24	Iron gray opaque, size 3 capsules, printed "TL	
	59746-0383-10	1mg	1000	12	383" in black ink on body and cap.	
47125	59746-0384-06	2mg	100	24	Ivory opaque, size 3 capsules, printed "TL 384"	
	59746-0384-10	2mg	1000	12	in black ink on body and cap.	
47126	59746-0385-06	5mg	100	24	Orange opaque, size 3 capsules, printed "TL	
	59746-0385-10	5mg	1000	12	385" in black ink on body and cap.	
47127	59746-0386-06	10mg	100	24	Light green opaque, size 3 capsules, printed "TL	
	59746-0386-10	10mg	1000	12	386" in black ink on body and cap.	





GENERAL GUIDELINES:

Jubilant Cadista Pharmaceuticals will only accept returns from parties purchasing product directly from Jubilant Cadista or through an authorized distributor of record for purposes of resale in the normal course and/or dispensing to the general public. To the extent that this policy conflicts with the requirements of any applicable state law, the policy will parallel the applicable state law. Jubilant Cadista requires that the account indicate from which authorized distributor the product was purchased. Jubilant Cadista further reserves the right to request proof of purchase in the form of an invoice that identifies the name of the supplier, which is (or was at the time of purchase) an authorized distributor of record, quantity and date of purchase. Returned product that does not meet these requirements will be destroyed and no credit will be extended. Upon receipt of RA, please send all eligible returns to Inmar at the following address:

Inmar RX Solutions, Inc.
3845 Grand Lakes Way, Suite 125
Grand Prairie, Texas 75050
Phone: 800-967-5952

RETURN AUTHORIZATION:

Before returning a product, the customer must first create a Return Authorization at: <https://hrm.reskureturns.com> for box label(s) and shipping instructions (You will be required to upload a debit memo in PDF format).

RETURNS VALUATION:

Returns will be valued and credited at the lower of the current or most recent net purchase price, a standard market price where contract doesn't exist (non-direct customers), or the actual direct invoice price paid for the product, less any promotions or discounts. Product sold to any government stockpile program will not be accepted for return.

RETURABLE PRODUCT FOR CREDIT:

- Expired product with no more than twelve (12) months past expiration and no more than six (6) months shelf life remaining.

NON-RETURNABLE PRODUCT:

- Product that has more than six (6) months remaining on its expiration date, or more than twelve (12) months past expiration date.
- Unauthorized returns.
- Product obtained illegally or sold as short-dated, close-out, special promotion and/or sold as non-returnable.
- Product not purchased directly from Jubilant Cadista Pharmaceuticals Inc., or an authorized distributor of record. No third-party returns will be allowed.
- Product shall be ineligible for return when the intent of the customer is to temporarily reduce inventory. Credit may be reduced or refused when inadequate inventory controls cause excessive product returns.
- Product with label defaced, covered, removed or unreadable.
- Products with lot number or expiration date missing, covered, removed or unreadable.
- Product damaged at the customer's warehouse or store level.
- Repackaged products or product not in its original containers.
- Product purchased for the purpose of stockpiling for speculative means.
- Inmar will not accept returns of product shipped or ordered in error or concealed damage claims. Please contact Jubilant Cadista Pharmaceuticals directly at 800-313-4623 (within 10 days of receipt) to obtain authorizations/instructions on how to return.

JUBILANT CADISTA PHARMACEUTICALS INC. IS NOT RESPONSIBLE FOR TRANSPORTATION CHARGES OR ADDITIONAL FEES FROM ITS CUSTOMER'S 3RD-PARTY RETURNS PROCESSOR.

Disclaimer: These policies are subject to applicable state and/or other regulatory agency's regulations.



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Information contained in this catalog is intended for reference only within the United States. It should be used for identification or dispensing of products. Every effort has been made to ensure this information is correct.

Please contact our Medical Communications team, at 1-800-308-3985, to obtain the most up-to-date product information available.