

2024 Injectable Product Catalog



Amgen

**POWERED
BY PARTNERSHIP.**

Injectables	9
Private Label	61
Wholesaler OENs	79
Customer Service	89
General Ordering	89
C-II Ordering	90
Return Goods Policy	92

Product Features



Latex Free

Hikma offers many 100% Latex Free products, which includes the product, packaging, and vial stoppers.



Bar Coded

Hikma is committed to the FDA's barcoding regulations on all of its products.



Dye Free

Hikma offers products free of artificial dyes to meet consumer needs.



Preservative Free

Hikma offers Preservative Free products to satisfy consumer preferences.



Temperature Control

Hikma offers Temperature Controlled products. See package inserts for storage requirements.



TALLman LETTERING

Hikma incorporates TALLman lettering in its packaging when appropriate to reduce errors associated with product names that look or sound alike.

Please visit hikma.com/us for additional product information, including the Full Prescribing Information with complete Indication for Use, Warnings, Precautions and Adverse Reactions for each product including Boxed Warnings, as applicable.

Product images may not reflect actual sizes and/or exact colors.

Except for trademarks owned by Hikma Pharmaceuticals USA Inc., all trademarks listed herein are the property of their respective owners and are used for illustrative purposes only. These trademark owners are not associated or affiliated with Hikma Pharmaceuticals USA Inc.

3
M
N
I
R



Our customers lean on us for excellent service.

POWERED BY PARTNERSHIP.

As a trusted partner and dependable source of high-quality medicines with more than 750 products, our dedicated team at Hikma is always in reach when you need us.

With over 31 manufacturing facilities, 7 R&D centers and 8,500+ employees worldwide, we are deeply committed to providing a broad range of essential medicines that hospitals, physicians and pharmacists need to treat their patients. Because for us, it's not just business, it's personal.

Reach us at [hikma.com/US](https://www.hikma.com/US)

hikma.



Hospitals lean on us
for essential medicines.

POWERED BY PARTNERSHIP.



Injectables

Injectables



ACETAMINOPHEN Injection

COMPARE TO
OFIRMEV®

THERAPEUTIC CATEGORY
Analgesic

PRODUCT DESCRIPTION
Clear, Colorless to Slightly
Yellowish Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
24201-100-24	10 mg / mL	1,000 mg / 100 mL	100 mL	100 mL	24 vials	32 mm



ACETAMINOPHEN Injection

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Analgesic

PRODUCT DESCRIPTION
Clear, Colorless to Faint Yellow
Solution

FDA RATING
Hikma is the Reference
Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9386-10	10 mg / mL	1,000 mg / 100 mL	100 mL	100 mL	10 bags	5.2 mm



AcetaZOLAMIDE for Injection, USP

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Carbonic Anhydrase Inhibitor

PRODUCT DESCRIPTION
White to Pale Yellow Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9503-01	Powder	500 mg / vial	Powder	20 mL	1 vial	20 mm



ALLOPURINOL Sodium for Injection

COMPARE TO ALOPRIM® **THERAPEUTIC CATEGORY** Antihyperuricemic agent **PRODUCT DESCRIPTION** White Lyophilized Powder **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9533-01	Powder	500 mg / vial	Powder	50 mL	1 vial	20 mm

AMIKACIN Sulfate Injection, USP



COMPARE TO n/a **THERAPEUTIC CATEGORY** Aminoglycoside Antibiotic **PRODUCT DESCRIPTION** Clear, Colorless to Pale Yellow Liquid **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6167-10	250 mg / mL	500 mg / 2 mL	2 mL	2 mL	10 vials	13 mm
0641-6166-10	250 mg / mL	1 g / 4 mL	4 mL	5 mL	10 vials	13 mm

AMIODARONE HCl Injection



COMPARE TO CORDARONE® **THERAPEUTIC CATEGORY** Antiarrhythmic Agent **PRODUCT DESCRIPTION** Clear, Pale Yellow Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9875-25	50 mg / mL	150 mg / 3 mL	3 mL	4 mL	25 vials	13 mm

Injectables



AMPICILLIN and SULBACTAM for Injection, USP

COMPARE TO UNASYN® **THERAPEUTIC CATEGORY** Antibacterial **PRODUCT DESCRIPTION** Sterile, Off-White Dry Powder **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6116-10	Powder	1.5 g / vial	Powder	20 mL	10 vials	20 mm
0641-6117-10	Powder	3 g / vial	Powder	20 mL	10 vials	20 mm
0641-6118-01	Powder	15 g / vial	Powder	100 mL	1 vial	32 mm

ARGATROBAN Injection



COMPARE TO n/a **THERAPEUTIC CATEGORY** Direct Thrombin Inhibitor **PRODUCT DESCRIPTION** Clear, Colorless to Pale Yellow Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9559-01	1 mg / mL	50 mg / 50 mL	50 mL	50 mL	1 vial	20 mm
0143-9674-01	100 mg / mL	250 mg / 2.5 mL	2.5 mL	2.5 mL	1 vial	20 mm

BRANDED

ATIVAN® INJECTION (Lorazepam Injection, USP), C-IV



THERAPEUTIC CATEGORY Benzodiazepine/Antianxiety **PRODUCT DESCRIPTION** Clear, Colorless Liquid **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6001-25	2 mg / mL	2 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6000-10	2 mg / mL	20 mg / 10 mL	10 mL	10 mL	10 vials	13 mm
0641-6003-25	4 mg / mL	4 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6002-10	4 mg / mL	40 mg / 10 mL	10 mL	10 mL	10 vials	13 mm

Injectables



ATROPINE Sulfate Injection, USP

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Anticholinergic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6251-10	0.4 mg / mL	8 mg / 20 mL	20 mL	20 mL	10 vials	16.5 mm

AZACITIDINE for Injection



COMPARE TO
VIDAZA®

THERAPEUTIC CATEGORY
Cytotoxic Agent

PRODUCT DESCRIPTION
White to Off-White Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9606-01	Powder	100 mg / vial	Powder	50 mL	1 vial	20 mm

AZATHIOPRINE Sodium for Injection, USP



COMPARE TO
IMURAN®

THERAPEUTIC CATEGORY
Immunosuppressant

PRODUCT DESCRIPTION
Sterile Lyophilized Yellow Salt

FDA RATING
RS



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9566-01	Powder	100 mg / vial	Powder	20 mL	1 vial	20 mm

Injectables



BENZTROPINE Mesylate Injection, USP

COMPARE TO COGENTIN® **THERAPEUTIC CATEGORY** Anti-parkinsonian **PRODUCT DESCRIPTION** Clear, Colorless Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9729-05	1 mg / mL	2 mg / 2 mL	2 mL	2 mL	5 ampuls	ampul
0143-9233-05	1 mg / mL	2 mg / 2 mL	2 mL	2 mL	5 vials	13 mm

BLEOMYCIN for Injection, USP



COMPARE TO BLENOXANE® **THERAPEUTIC CATEGORY** Antineoplastic Agent **PRODUCT DESCRIPTION** White to Off-White Sterile Powder **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9240-01	15 units / vial	15 units / vial	Powder	6 mL	1 vial	20 mm
0143-9241-01	30 units / vial	30 units / vial	Powder	10 mL	1 vial	20 mm

BORTEZOMIB for Injection



COMPARE TO VELCADE® **THERAPEUTIC CATEGORY** Proteasome Inhibitor / Antineoplastic Agent **PRODUCT DESCRIPTION** White to Off White Lyophilized Powder **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9098-01	Powder	3.5 mg / vial	Powder	8 mL	1 vial	20 mm

Injectables



BUMETANIDE Injection, USP



COMPARE TO
BUMEX®

THERAPEUTIC CATEGORY
Diuretic

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellow Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6008-10	0.25 mg / mL	1 mg / 4 mL	4 mL	5 mL	10 vials	13 mm
0641-6007-10	0.25 mg / mL	2.5 mg / 10 mL	10 mL	10 mL	10 vials	13 mm

BUPIVACAINE HCl Injection, USP



COMPARE TO
MARCAINE®

THERAPEUTIC CATEGORY
Local Anesthetic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9330-10	2.5 mg / mL	25 mg / 10 mL	10 mL	10 mL	10 vials	20 mm
0143-9331-10	5 mg / mL	50 mg / 10 mL	10 mL	10 mL	10 vials	20 mm
0143-9332-10	7.5 mg / mL	75 mg / 10 mL	10 mL	10 mL	10 vials	20 mm
0143-9333-10	2.5 mg / mL	75 mg / 30 mL	30 mL	30 mL	10 vials	20 mm
0143-9334-10	5 mg / mL	150 mg / 30 mL	30 mL	30 mL	10 vials	20 mm
0143-9335-10	7.5 mg / mL	225 mg / 30 mL	30 mL	30 mL	10 vials	20 mm
0143-9328-10	2.5 mg / mL	125 mg / 50 mL	50 mL	50 mL	10 vials	20 mm
0143-9329-10	5 mg / mL	250 mg / 50 mL	50 mL	50 mL	10 vials	20 mm

BRANDED

CAFCIT® INJECTION (Caffeine Citrate Injection, USP)



THERAPEUTIC CATEGORY
Central Nervous System Stimulant

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6164-10	20 mg / mL	60 mg / 3 mL	3 mL	5 mL	10 vials	20 mm



Injectables

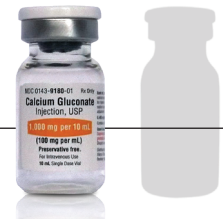


CALCITONIN SALMON Injection, USP, Synthetic

COMPARE TO MIACALCIN® **THERAPEUTIC CATEGORY** Calcium Regulator **PRODUCT DESCRIPTION** Clear, Colorless Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
24201-400-02	200 USP units / mL	400 USP units / 2 mL	2 mL	2 mL	1 vial	13 mm



CALCIUM GLUCONATE Injection, USP

COMPARE TO n/a **THERAPEUTIC CATEGORY** Alimentary Tract and Metabolism **PRODUCT DESCRIPTION** Clear, Colorless to Slightly Yellow Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9180-25	100 mg / mL	1,000 mg / 10 mL	10 mL	10 mL	25 vials	20 mm
0143-9184-25	100 mg / mL	5,000 mg / 50 mL	50 mL	50 mL	25 vials	20 mm



CEFAZOLIN for Injection, USP

COMPARE TO ANCEF® / *n/a **THERAPEUTIC CATEGORY** Cephalosporin **PRODUCT DESCRIPTION** White to Off-White Crystalline Powder **FDA RATING** AP / *Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9923-90	Powder	500 mg / vial	Powder	10 mL	25 vials	20 mm
0143-9924-90	Powder	1 g / vial	Powder	10 mL	25 vials	20 mm
*0143-9139-25	Powder	2 g / vial	Powder	20 mL	25 vials	20 mm
*0143-9140-25	Powder	3 g / vial	Powder	20 mL	25 vials	20 mm
0143-9983-03	Powder	10 g / vial	Powder	100 mL	10 vials	32 mm

Injectables



CEFOXITIN for Injection, USP

COMPARE TO
MEFOXIN®

THERAPEUTIC CATEGORY
Cephalosporin

PRODUCT DESCRIPTION
White to Off-White Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9878-25	Powder	1 g / vial	Powder	10 mL	25 vials	20 mm
0143-9877-25	Powder	2 g / vial	Powder	20 mL	25 vials	20 mm
0143-9876-10	Powder	10 g / vial	Powder	100 mL	10 vials	32 mm



CEFTRIAXONE for Injection, USP

COMPARE TO
ROCEPHIN®

THERAPEUTIC CATEGORY
Cephalosporin

PRODUCT DESCRIPTION
White to Yellowish-Orange
Crystalline Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9859-25	Powder	250 mg / vial	Powder	10 mL	25 vials	20 mm
0143-9858-25	Powder	500 mg / vial	Powder	10 mL	25 vials	20 mm
0143-9857-25	Powder	1 g / vial	Powder	10 mL	25 vials	20 mm
0143-9856-25	Powder	2 g / vial	Powder	20 mL	25 vials	20 mm
0143-9678-01	Powder	10 g / vial	Powder	100 mL	1 vial	32 mm



CEFUROXIME for Injection, USP

COMPARE TO
ZINACEF®

THERAPEUTIC CATEGORY
Cephalosporin

PRODUCT DESCRIPTION
White to Off-White Powder

FDA RATING
AP* / AB**



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9979-22**	Powder	750 mg / vial	Powder	10 mL	25 vials	20 mm
0143-9977-22*	Powder	1.5 g / vial	Powder	20 mL	25 vials	20 mm

Injectables



CHLOROPROCAINE HCl Injection, USP

COMPARE TO
NESACAINE®

THERAPEUTIC CATEGORY
Anesthetic

PRODUCT DESCRIPTION
Clear, Colorless to Light Yellow Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9209-10	20 mg / mL	2% 400 mg / 20 mL	20 mL	20 mL	10 vials	20 mm
0143-9210-10	30 mg / mL	3% 600 mg / 20 mL	20 mL	20 mL	10 vials	20 mm

chlorproMAZINE HCl Injection, USP



COMPARE TO
THORAZINE®

THERAPEUTIC CATEGORY
Antipsychotic

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellow Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-1397-35	25 mg / mL	25 mg / mL	1 mL	1 mL	25 ampuls	ampul
0641-1398-35	25 mg / mL	50 mg / 2 mL	2 mL	2 mL	25 ampuls	ampul

CISATRACURIUM Besylate Injection, USP



COMPARE TO
NIMBEX®

THERAPEUTIC CATEGORY
Neuromuscular Blocker

PRODUCT DESCRIPTION
Colorless to Slightly Yellow or Greenish-Yellow Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9396-01	2 mg / mL	10 mg / 5 mL	5 mL	5 mL	1 vial	20 mm

Injectables



CISPLATIN Injection

COMPARE TO
CISPLATIN®

THERAPEUTIC CATEGORY
Anti-Neoplastic Chemotherapy Agent

PRODUCT DESCRIPTION
Clear, Colorless Sterile Aqueous Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9504-01	1 mg / mL	50 mg / 50 mL	50 mL	50 mL	1 vial	20 mm
0143-9505-01	1 mg / mL	100 mg / 100 mL	100 mL	100 mL	1 vial	20 mm



CLADRIBINE Injection, USP

COMPARE TO
LEUSTATIN®

THERAPEUTIC CATEGORY
Antimetabolite antineoplastic agent

PRODUCT DESCRIPTION
Clear, Colorless Sterile Isotonic Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9871-01	1 mg / mL	10 mg / 10 mL	10 mL	20 mL	1 vial	20 mm



CLONIDINE HCl Injection

COMPARE TO
DURACLON®

THERAPEUTIC CATEGORY
Antihypertensive

PRODUCT DESCRIPTION
Clear, Colorless Sterile Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9724-01	0.1 mg / mL	1,000 mcg / 10 mL	10 mL	10 mL	1 vial	20 mm
0143-9723-01	0.5 mg / mL	5,000 mcg / 10 mL	10 mL	10 mL	1 vial	20 mm

Injectables



BRANDED

combogestic® IV (acetaminophen and ibuprofen) injection



COMPARE TO n/a **THERAPEUTIC CATEGORY** Non-Narcotic Analgesic **PRODUCT DESCRIPTION** Clear, Colorless Solution **FDA RATING** Hikma Product is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9150-10	10 mg/3 mg / mL	1,000 mg/300 mg / 100mL	100 mL	100 mL	10 vials	28 mm

CYANOCOBALAMIN Injection, USP



COMPARE TO n/a **THERAPEUTIC CATEGORY** Vitamin & Nutritional Supplement **PRODUCT DESCRIPTION** Red Liquid **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9621-25	1,000 mcg / mL	1,000 mcg / mL	1 mL	2 mL	25 vials	13 mm
0143-9620-10	1,000 mcg / mL	10,000 mcg / 10 mL	10 mL	10 mL	10 vials	20 mm
0143-9619-10	1,000 mcg / mL	30,000 mcg / 30 mL	30 mL	30 mL	10 vials	20 mm

DACARBAZINE for Injection, USP



COMPARE TO DTIC-DOME® **THERAPEUTIC CATEGORY** Cytotoxic Agent **PRODUCT DESCRIPTION** Colorless to Ivory Colored Solid **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9245-10	Powder	200 mg / vial	Powder	20 mL	10 vials	20 mm

Injectables



DANTROLENE Sodium for Injection, USP

COMPARE TO
DANTRIUM®

THERAPEUTIC CATEGORY
Skeletal Muscle Relaxant

PRODUCT DESCRIPTION
Orange to Yellowish Sterile
Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9297-01	Powder	20 mg / vial	Powder	100 mL	1 vial	20 mm

DAUNORUBICIN HCl Injection



COMPARE TO
n/a

THERAPEUTIC CATEGORY
Antineoplastic Agent

PRODUCT DESCRIPTION
Deep Red Sterile Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9551-10	5 mg / mL	20 mg / 4 mL	4 mL	6 mL	10 vials	20 mm
0143-9550-01	5 mg / mL	50 mg / 10 mL	10 mL	20 mL	1 vial	20 mm

DECITABINE for Injection



COMPARE TO
DACOGEN®

THERAPEUTIC CATEGORY
Nucleoside Metabolic Inhibitor

PRODUCT DESCRIPTION
White to Almost-White Lyophilized
Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Case Pack	Closure
0143-9385-01	Powder	50 mg / vial	Powder	50 mL	1 vial	20 mm

Injectables



DEXAMETHASONE Sodium Phosphate Injection, USP

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Corticosteroid

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6145-25	4 mg / mL	4 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6146-10	4 mg / mL	20 mg / 5 mL	5 mL	5 mL	10 vials	13 mm
0641-0367-25	10 mg / mL	10 mg / mL	1 mL	2 mL	25 vials	13 mm

DEXMEDETOMIDINE HCl Injection



COMPARE TO
PRECEDEX®

THERAPEUTIC CATEGORY
Sedative, Hypnotic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9532-25	100 mcg / mL	200 mcg / 2 mL	2 mL	2 mL	25 vials	13 mm

DEXMEDETOMIDINE HCl in 0.9% NaCl Injection



COMPARE TO
PRECEDEX®

THERAPEUTIC CATEGORY
Sedative, Hypnotic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9526-10	4 mcg / mL	200 mcg / 50 mL	50 mL	50 mL	10 bags	Twist off 5.2 mm
0143-9525-10	4 mcg / mL	400 mcg / 100 mL	100 mL	100 mL	10 bags	Twist off 5.2 mm

Injectables



DEXRAZOXANE for Injection

COMPARE TO
ZINECARD®

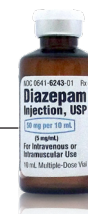
THERAPEUTIC CATEGORY
Cytoprotective Agent

PRODUCT DESCRIPTION
Sterile, Pyrogen-Free Lyophilizate

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9247-01	Powder	250 mg / vial	Powder	30 mL	1 vial	20 mm
0143-9248-01	Powder	500 mg / vial	Powder	50 mL	1 vial	20 mm



DIAZEPAM Injection, USP, C-IV

COMPARE TO
VALIUM

THERAPEUTIC CATEGORY
Benzodiazepine/Sedative

PRODUCT DESCRIPTION
Colorless to Light Yellow Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6243-10	5 mg / mL	50 mg / 10 mL	10 mL	10 mL	10 vials	13 mm



DIAZEPAM Injection, USP, C-IV

COMPARE TO
VALIUM

THERAPEUTIC CATEGORY
Benzodiazepine/Anxiolytic

PRODUCT DESCRIPTION
Colorless to Light Yellow Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6244-10	5 mg / mL	10 mg / 2 mL	2 mL	2.25 mL	10 syringes	9 mm

Injectables



DICYCLOMINE HCl Injection, USP

COMPARE TO
BENTYL®

THERAPEUTIC CATEGORY
Antispasmodic / Anticholinergic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6173-10	10 mg / mL	20 mg / 2 mL	2 mL	2 mL	10 vials	13 mm

DIGOXIN Injection, USP



COMPARE TO
LANOXIN®

THERAPEUTIC CATEGORY
Positive Inotropic Agent

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-1410-35	250 mcg / mL	500 mcg / 2 mL	2 mL	2 mL	25 ampuls	ampul

DILTIAZEM HCl Injection



COMPARE TO
CARDIZEM®

THERAPEUTIC CATEGORY
Calcium Channel Blocker

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6013-10	5 mg / mL	25 mg / 5 mL	5 mL	5 mL	10 vials	13 mm
0641-6014-10	5 mg / mL	50 mg / 10 mL	10 mL	10 mL	10 vials	13 mm
0641-6015-10	5 mg / mL	125 mg / 25 mL	25 mL	30 mL	10 vials	20 mm

Injectables



DiphenhydrAMINE HCl Injection, USP

COMPARE TO
BENADRYL®

THERAPEUTIC CATEGORY
Antihistamine

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-0376-25	50 mg / mL	50 mg / mL	1 mL	2 mL	25 vials	13 mm



DIPYRIDAMOLE Injection, USP

COMPARE TO
PERSANTINE®

THERAPEUTIC CATEGORY
Coronary Vasodilator

PRODUCT DESCRIPTION
Clear, Pale Yellow Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-2569-44	5 mg / mL	50 mg / 10 mL	10 mL	10 mL	5 vials	20 mm



DOBUtamine Injection, USP

COMPARE TO
DOBUTREX®

THERAPEUTIC CATEGORY
Cardiac Inotropic Agent

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9141-10	12.5 mg / mL	250 mg / 20 mL	20 mL	20 mL	10 vials	20 mm

Injectables



DOCETAXEL Injection, USP

COMPARE TO
TAXOTERE®

THERAPEUTIC CATEGORY
Cytotoxic Agent

PRODUCT DESCRIPTION
Pale Yellow to Brownish Yellow
Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9204-01	20 mg / mL	20 mg / mL	1 mL	5 mL	1 vial	20 mm
0143-9205-01	20 mg / mL	80 mg / 4 mL	4 mL	5 mL	1 vial	20 mm



DOPamine HCl Injection, USP

COMPARE TO
INTROPIN®

THERAPEUTIC CATEGORY
Cardiovascular Agent

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellow
Aqueous Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9252-25	40 mg / mL	200 mg / 5 mL	5 mL	5 mL	25 vials	20 mm
0143-9254-25	40 mg / mL	400 mg / 10 mL	10 mL	10 mL	25 vials	20 mm

BRANDED

DOPRAM® INJECTION (Doxapram HCl Injection, USP)



THERAPEUTIC CATEGORY
Respiratory Stimulant

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
Hikma is the Reference
Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6018-01	20 mg / mL	400 mg / 20 mL	20 mL	20 mL	1 vial	20 mm

Injectables



DOXOrubicin HCl Injection, USP

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Anthracycline Topoisomerase II
Inhibitor

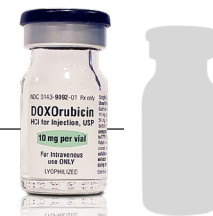
PRODUCT DESCRIPTION
Red-Orange Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9084-01	2 mg/ mL	10 mg / 5 mL	5 mL	5 mL	1 vial	20 mm
0143-9085-01	2 mg/ mL	20 mg / 10 mL	10 mL	10 mL	1 vial	20 mm
0143-9086-01	2 mg/ mL	50 mg / 25 mL	25 mL	25 mL	1 vial	20 mm
0143-9087-01	2 mg/ mL	200 mg / 100 mL	100 mL	100 mL	1 vial	20 mm

DOXOrubicin HCl for Injection, USP



COMPARE TO
n/a

THERAPEUTIC CATEGORY
Anthracycline Topoisomerase II
Inhibitor

PRODUCT DESCRIPTION
Sterile Red-Orange Lyophilized
Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9092-01	Powder	10 mg / vial	Powder	5 mL	1 vial	20 mm
0143-9093-01	Powder	50 mg / vial	Powder	50 mL	1 vial	20 mm

DOXYCYCLINE for Injection, USP



COMPARE TO
VIBRAMYCIN®

THERAPEUTIC CATEGORY
Antibiotic

PRODUCT DESCRIPTION
Yellow Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9381-10	Powder	100 mg / vial	Powder	20 mL	10 vials	20 mm

Injectables



BRANDED



DURAMORPH® (Morphine Sulfate Injection, USP), C-II

THERAPEUTIC CATEGORY
Narcotic Analgesic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6020-10	0.5 mg / mL	5 mg / 10 mL	10 mL	10 mL	10 ampuls	ampul
0641-6019-10	1 mg / mL	10 mg / 10 mL	10 mL	10 mL	10 ampuls	ampul



ENALAPRILAT Injection, USP

COMPARE TO
VASOTEC®

THERAPEUTIC CATEGORY
Angiotensin Converting Enzyme Inhibitor

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9787-10	1.25 mg / mL	1.25 mg / mL	1 mL	2 mL	10 vials	13 mm
0143-9786-10	1.25 mg / mL	2.5 mg / 2 mL	2 mL	2 mL	10 vials	13 mm



EPHEDRINE Sulfate Injection, USP

COMPARE TO
AKOVAZ®

THERAPEUTIC CATEGORY
Alpha and Beta Adrenergic Agonist

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6238-25	50 mg / mL	50 mg / mL	1 mL	2 mL	25 vials	13 mm

Injectables



ERTAPENEM for Injection

COMPARE TO
INVANZ®

THERAPEUTIC CATEGORY
Anti-Infective

PRODUCT DESCRIPTION
White To Off-White Hygroscopic,
Weakly Crystalline Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9398-10	Powder	1 g / vial	Powder	20 mL	10 vials	20 mm

ESTRADIOL Valerate Injection, USP

COMPARE TO
DELESTROGEN®

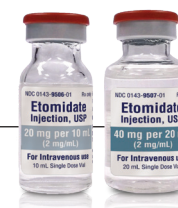
THERAPEUTIC CATEGORY
Estrogen

PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow
Liquid

FDA RATING
AO



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9289-01	10 mg / mL	50 mg / 5 mL	5 mL	6 mL	1 vial	13 mm
0143-9290-01	20 mg / mL	100 mg / 5 mL	5 mL	6 mL	1 vial	13 mm
0143-9291-01	40 mg / mL	200 mg / 5 mL	5 mL	6 mL	1 vial	13 mm



ETOMIDATE Injection, USP

COMPARE TO
AMIDATE®

THERAPEUTIC CATEGORY
General Anesthetic

PRODUCT DESCRIPTION
Clear, Colorless Aqueous Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9506-10	2 mg / mL	20 mg / 10 mL	10 mL	10 mL	10 vials	20 mm
0143-9507-10	2 mg / mL	40 mg / 20 mL	20 mL	20 mL	10 vials	20 mm

Injectables



ETOPOSIDE Injection, USP

COMPARE TO
VEPESID®

THERAPEUTIC CATEGORY
Anti-Neoplastic Chemotherapy Agent

PRODUCT DESCRIPTION
Clear, Nearly Colorless to Yellow Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9510-01	20 mg / mL	100 mg / 5 mL	5 mL	6 mL	1 vial	20 mm
0143-9511-01	20 mg / mL	500 mg / 25 mL	25 mL	30 mL	1 vial	20 mm
0143-9512-01	20 mg / mL	1 g / 50 mL	50 mL	50 mL	1 vial	20 mm

FAMOTIDINE Injection, USP



COMPARE TO
PEPCID®

THERAPEUTIC CATEGORY
H-2 Histamine Receptor Antagonist

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6022-25*	10 mg / mL	20 mg / 2 mL	2 mL	2 mL	25 vials	13 mm
0641-6023-10	10 mg / mL	40 mg / 4 mL	4 mL	5 mL	10 vials	13 mm
0641-6021-10	10 mg / mL	200 mg / 20 mL	20 mL	20 mL	10 vials	20 mm

* 2 mL vial size NDC# 0641-6022-25 is Preservative Free



FENTANYL Citrate Injection, USP, C-II

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Opioid Analgesic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
*n/a
**AP







NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
*0641-6249-10	50 mcg / mL	25 mcg / 0.5 mL	0.5 mL	1.25 mL	10 syringes	9 mm
**0641-6248-10	50 mcg / mL	50 mcg / mL	1 mL	1.25 mL	10 syringes	9 mm

Injectables






FENTANYL Citrate Injection, USP, C-II

COMPARE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING			
n/a	Opioid Analgesic	Clear, Colorless Liquid	Hikma is the Reference Listed Drug			
   						
NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6247-25	0.05 mg / mL	50 mcg / mL	1 mL	2 mL	25 vials	13 mm
0641-6027-25	0.05 mg / mL	100 mcg / 2 mL	2 mL	2 mL	25 vials	13 mm
0641-6028-10	0.05 mg / mL	250 mcg / 5 mL	5 mL	5 mL	10 vials	13 mm
0641-6029-01	0.05 mg / mL	1,000 mcg / 20 mL	20 mL	20 mL	1 vial	20 mm
0641-6030-01	0.05 mg / mL	2,500 mcg / 50 mL	50 mL	50 mL	1 vial	20 mm

FLUMAZENIL Injection, USP



COMPARE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING			
ROMAZICON®	Benzodiazepine Receptor Antagonist	Clear, Colorless Liquid	AP			
  						
NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9784-10	0.1 mg / mL	0.5 mg / 5 mL	5 mL	10 mL	10 vials	20 mm
0143-9783-10	0.1 mg / mL	1 mg / 10 mL	10 mL	10 mL	10 vials	20 mm

FLUPHENAZINE Decanoate Injection, USP



COMPARE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING			
PROLIXIN® Decanoate	Antipsychotic	Pale Yellow Liquid	AO			
  						
NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9529-01	25 mg / mL	125 mg / 5 mL	5 mL	6 mL	1 vial	13 mm

Injectables



FOSAPREPITANT for Injection

COMPARE TO
EMEND®

THERAPEUTIC CATEGORY
NK1 Receptor Agonist

PRODUCT DESCRIPTION
White to Off-White Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9384-01	Powder	150 mg / vial	Powder	10 mL	1 vial	13 mm



FULVESTRANT Injection

COMPARE TO
FASLODEX®

THERAPEUTIC CATEGORY
Estrogen Receptor Antagonist

PRODUCT DESCRIPTION
Clear, Colorless to Yellow Viscous Solution

FDA RATING
AO



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Case Pack	Closure
0143-9022-02	50 mg / mL	250 mg / 5 mL	5 mL	5 mL	2 syringes	n/a



GANCICLOVIR for Injection, USP

COMPARE TO
CYTOVENE®

THERAPEUTIC CATEGORY
Anti-viral

PRODUCT DESCRIPTION
White to Off-White Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9299-10	Powder	500 mg / vial	Powder	20 mL	10 vials	20 mm

Injectables



GLYCOPYRROLATE Injection, USP

COMPARE TO
ROBINUL®

THERAPEUTIC CATEGORY
Anticholinergic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9682-25	0.2 mg / mL	0.2 mg / mL	1 mL	2 mL	25 vials	13 mm
0143-9681-25	0.2 mg / mL	0.4 mg / 2 mL	2 mL	2 mL	25 vials	13 mm
0143-9680-25	0.2 mg / mL	1 mg / 5 mL	5 mL	5 mL	25 vials	13 mm
0143-9679-10	0.2 mg / mL	4 mg / 20 mL	20 mL	20 mL	10 vials	20 mm

GRANISETRON HCl Injection, USP



COMPARE TO
KYTRIL

THERAPEUTIC CATEGORY
Antiemetic

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9744-10	1 mg / mL	1 mg / mL	1 mL	2 mL	10 vials	13 mm
0143-9745-05	1 mg / mL	4 mg / 4 mL	4 mL	4 mL	5 vials	13 mm

HEPARIN Sodium Injection, USP



COMPARE TO
n/a

THERAPEUTIC CATEGORY
Anticoagulant

PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow
Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-0391-12	1,000 USP units / mL	1,000 USP units / mL	1 mL	2 mL	25 vials	13 mm
0641-0400-12	5,000 USP units / mL	5,000 USP units / mL	1 mL	2 mL	25 vials	13 mm
0641-0410-12	10,000 USP units / mL	10,000 USP units / mL	1 mL	2 mL	25 vials	13 mm

Injectables



HEPARIN Sodium Injection, USP

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Anticoagulant

PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6199-10	5,000 USP units / mL	5,000 USP units / mL	1 mL	1.25 mL	10 syringes	9 mm
0641-6204-10	5,000 USP units / 0.5 mL	5,000 USP units / 0.5 mL	0.5 mL	1.25 mL	10 syringes	9 mm

hydrALAZINE HCl Injection, USP



COMPARE TO
APRESOLINE®

THERAPEUTIC CATEGORY
Antihypertensive

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6231-25	20 mg / mL	20 mg / mL	1 mL	2 mL	25 vials	13 mm

HYDRomorphone HCl Injection, USP, C-II



COMPARE TO
DILAUDID®

THERAPEUTIC CATEGORY
Narcotic Analgesic

PRODUCT DESCRIPTION
Clear, Colorless to Nearly Colorless Aqueous Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6151-25	2 mg / mL	2 mg / mL	1 mL	2 mL	25 vials	13 mm



Injectables



HYDROMORPHONE HCl Injection, USP, C-II

COMPARE TO n/a **THERAPEUTIC CATEGORY** Narcotic Analgesic **PRODUCT DESCRIPTION** Clear, Colorless Liquid **FDA RATING** n/a



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-2341-41	2 mg / mL	40 mg / 20 mL	20 mL	20 mL	1 vial	20 mm

ICATIBANT Injection



COMPARE TO FIRAZYR® **THERAPEUTIC CATEGORY** Misc Therapeutic Agents, Complement Inhibitors **PRODUCT DESCRIPTION** Clear, Colorless Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
24201-207-01	10 mg / mL	30 mg / 3 mL	3 mL	3 mL syringe	1 syringe	n/a

IDARUBICIN HCl Injection, USP



COMPARE TO IDAMYCIN® **THERAPEUTIC CATEGORY** Antineoplastic Anthracycline Agent **PRODUCT DESCRIPTION** Sterile Red-Orange Isotonic Parenteral Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9217-01	1 mg / mL	5 mg / 5 mL	5 mL	5 mL	1 vial	20 mm
0143-9218-01	1 mg / mL	10 mg / 10 mL	10 mL	10 mL	1 vial	20 mm
0143-9219-01	1 mg / mL	20 mg / 20 mL	20 mL	20 mL	1 vial	20 mm

Injectables



IFOSFAMIDE Injection

COMPARE TO
IFEX®

THERAPEUTIC CATEGORY
Cytotoxic Agent

PRODUCT DESCRIPTION
Clear, Colorless Liquid

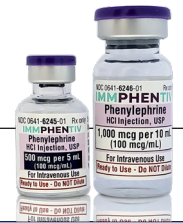
FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9531-01	50 mg / mL	1 g / 20 mL	20 mL	20 mL	1 vial	20 mm
0143-9530-01	50 mg / mL	3 g / 60 mL	60 mL	100 mL	1 vial	20 mm

BRANDED

IMMPHENTIV® (Phenylephrine HCl Injection, USP)



THERAPEUTIC CATEGORY
Cardiovascular Agent

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
Hikma is the Reference
Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6246-10	100 mcg / mL	1,000 mcg / 10 mL	10 mL	10 mL	10 vials	20 mm
0641-6245-10	100 mcg / mL	500 mcg / 5 mL	5 mL	5 mL	10 vials	13 mm

BRANDED

INFUMORPH® 200 & 500 (Preservative-Free Morphine Sulfate Sterile Solution), C-II



THERAPEUTIC CATEGORY
Narcotic Analgesic

PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow
Liquid

FDA RATING
Hikma is the Reference
Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6039-01	10 mg / mL	200 mg / 20 mL	20 mL	20 mL	1 ampul	ampul
0641-6040-01	25 mg / mL	500 mg / 20 mL	20 mL	20 mL	1 ampul	ampul

Injectables



IRINOTECAN HCl Injection, USP

COMPARE TO
CAMPTOSAR®

THERAPEUTIC CATEGORY
Antineoplastic Agent

PRODUCT DESCRIPTION
Pale Yellow, Clear, Aqueous Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9702-01	20 mg / mL	40 mg / 2 mL	2 mL	3 mL	1 vial	20 mm
0143-9701-01	20 mg / mL	100 mg / 5 mL	5 mL	6 mL	1 vial	20 mm



KETAMINE HCl Injection, USP C-III

COMPARE TO
KETALAR®

THERAPEUTIC CATEGORY
Nonbarbiturate Anesthetic

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellowish Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9508-10	50 mg / mL	500 mg / 10 mL	10 mL	10 mL	10 vials	13 mm
0143-9509-10	100 mg / mL	500 mg / 5 mL	5 mL	5 mL	10 vials	13 mm



LABETALOL HCl Injection, USP

COMPARE TO
TRANDATE®

THERAPEUTIC CATEGORY
Cardiovascular Agent

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellow Aqueous Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9622-01	5 mg / mL	100 mg / 20 mL	20 mL	20 mL	1 vial	20 mm
0143-9623-01	5 mg / mL	200 mg / 40 mL	40 mL	50 mL	1 vial	20 mm

Injectables



LABETALOL HCl Injection, USP

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Cardiovascular Agent

PRODUCT DESCRIPTION
Clear, Colorless to Light Yellow
Sterile Solution

FDA RATING
Hikma is the Reference
Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6252-10	5 mg / mL	10 mg / 2 mL	2 mL	2.25 mL	10 syringes	9 mm

LEUCOVORIN Calcium for Injection



COMPARE TO
WELLCOVORIN®

THERAPEUTIC CATEGORY
Cytoprotective Agent

PRODUCT DESCRIPTION
White to Pale Yellow Cake or
Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9555-01	Powder	50 mg / vial	Powder	10 mL	1 vial	20 mm
0143-9554-01	Powder	100 mg / vial	Powder	20 mL	1 vial	20 mm
0143-9553-01	Powder	200 mg / vial	Powder	30 mL	1 vial	20 mm
0143-9552-01	Powder	350 mg / vial	Powder	50 mL	1 vial	20 mm

LEVETIRACETAM Injection



COMPARE TO
KEPPRA®

THERAPEUTIC CATEGORY
Anticonvulsant

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9673-25	100 mg / mL	500 mg / 5 mL	5 mL	5 mL	25 vials	20 mm

Injectables



LEVOCARNITINE Injection, USP

COMPARE TO
CARNITOR®

THERAPEUTIC CATEGORY
Carnitine Deficiency

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellow Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9852-10	200 mg / mL	1 g / 5 mL	5 mL	6 mL	10 vials	13 mm



LEVOFLOXACIN Injection in 5% Dextrose

COMPARE TO
LEVAQUIN®

THERAPEUTIC CATEGORY
Antibacterial

PRODUCT DESCRIPTION
Clear, Green to Yellow Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9722-24	5 mg / mL	250 mg / 50 mL	50 mL	50 mL	24 bags	5.2 mm
0143-9721-24	5 mg / mL	500 mg / 100 mL	100 mL	100 mL	24 bags	5.2 mm
0143-9720-24	5 mg / mL	750 mg / 150 mL	150 mL	200 mL	24 bags	5.2 mm



LEVOTHYROXINE Sodium Injection

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Treatment of Myxedema Coma

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellow Solution

FDA RATING
Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Case Pack	Closure
24201-002-01	100 mcg / mL	100 mcg / mL	1 mL	2 mL	1 vial	13 mm

Injectables



LIDOCAINE HCl Injection, USP (Preservative Free)

COMPARE TO
XYLOCAINE®

THERAPEUTIC CATEGORY
Nerve Block / Anesthetic

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9595-25	10 mg / mL	1% (50 mg / 5 mL)	5 mL	5 mL	25 vials	20 mm
0143-9594-25	20 mg / mL	2% (100 mg / 5 mL)	5 mL	5 mL	25 vials	20 mm



LIDOCAINE HCl Injection, USP (Preserved)

COMPARE TO
XYLOCAINE®

THERAPEUTIC CATEGORY
Nerve Block / Anesthetic

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9577-10	10 mg / mL	1% (500 mg / 50 mL)	50 mL	50 mL	10 vials	20 mm
0143-9575-10	20 mg / mL	2% (1,000 mg / 50 mL)	50 mL	50 mL	10 vials	20 mm

LINEZOLID Injection



COMPARE TO
ZYVOX®

THERAPEUTIC CATEGORY
Antibacterial

PRODUCT DESCRIPTION
Clear, Colorless to Faint Yellow

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9534-10	2 mg / mL	600 mg / 300 mL	300 mL	300 mL	10 bags	n/a

Injectables



LORAZEPAM Injection, USP, C-IV

COMPARE TO
ATIVAN®

THERAPEUTIC CATEGORY
Benzodiazepine/Antianxiety

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
Hikma is the Reference
Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6044-25	2 mg / mL	2 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6046-10	2 mg / mL	20 mg / 10 mL	10 mL	10 mL	10 vials	13 mm
0641-6045-25	4 mg / mL	4 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6047-10	4 mg / mL	40 mg / 10 mL	10 mL	10 mL	10 vials	13 mm



MEPERIDINE HCl Injection, USP, C-II

COMPARE TO
DEMEROL®

THERAPEUTIC CATEGORY
Narcotic Analgesic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6052-25	25 mg / mL	25 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6053-25	50 mg / mL	50 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6054-25	100 mg / mL	100 mg / mL	1 mL	2 mL	25 vials	13 mm



METHOTREXATE for Injection, USP

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Antimetabolite Cytotoxic Agent

PRODUCT DESCRIPTION
White to Off-White Lyophilized
Powder

FDA RATING
RS



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9830-01	Powder	1 g / vial	Powder	10 mL	1 vial	20 mm

Injectables



METHOTREXATE Injection, USP

COMPARE TO n/a **THERAPEUTIC CATEGORY** Antimetabolite Cytotoxic Agent **PRODUCT DESCRIPTION** Clear, Yellow, Sterile Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9519-10	25 mg / mL	50 mg / 2 mL	2 mL	5 mL	10 vials	20 mm

methyIPREDNISolone Sodium Succinate for Injection, USP



COMPARE TO SOLU-MEDROL® **THERAPEUTIC CATEGORY** Anti-Inflammatory Glucocorticoid **PRODUCT DESCRIPTION** White to Nearly White Sterile Lyophilized Powder **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
*0143-9753-25	Powder	40 mg / vial	Powder	4 mL	25 vials	13 mm
*0143-9754-25	Powder	125 mg / vial	Powder	4 mL	25 vials	13 mm
0143-9850-01	Powder	500 mg / vial	Powder	20 mL	1 vial	20 mm
0143-9851-01	Powder	1 g / vial	Powder	30 mL	1 vial	20 mm

*Preservative Free

METOPROLOL Tartrate Injection, USP



COMPARE TO LOPRESSOR® **THERAPEUTIC CATEGORY** Selective beta1-adrenoreceptor blocking agent **PRODUCT DESCRIPTION** Clear, Colorless Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9873-25	1 mg / mL	5 mg / 5 mL	5 mL	6 mL	25 vials	13 mm
0143-9660-10	1 mg / mL	5 mg / 5 mL	5 mL	10 mL	10 vials	20 mm

Injectables



MICAFUNGIN for Injection

COMPARE TO
MYCAMINE®

THERAPEUTIC CATEGORY
Antifungal

PRODUCT DESCRIPTION
White Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9361-01	Powder	50 mg / vial	Powder	10 mL	1 vial	20 mm
0143-9362-01	Powder	100 mg / vial	Powder	10 mL	1 vial	20 mm



MIDAZOLAM Injection, USP, C-IV

COMPARE TO
VERSED®

THERAPEUTIC CATEGORY
Benzodiazepine/Sedative
(Antianxiety)

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellow
Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6057-25	1 mg / mL	2 mg / 2 mL	2 mL	2 mL	25 vials	13 mm
0641-6059-10	1 mg / mL	5 mg / 5mL	5 mL	5 mL	10 vials	13 mm
0641-6056-10	1 mg / mL	10 mg / 10 mL	10 mL	10 mL	10 vials	13 mm
0641-6061-25	5 mg / mL	5 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6063-25	5 mg / mL	10 mg / 2 mL	2 mL	2 mL	25 vials	13 mm
0641-6060-10	5 mg / mL	50 mg / 10 mL	10 mL	10 mL	10 vials	13 mm



MIDAZOLAM in 0.9% Sodium Chloride Injection, C-IV

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Benzodiazepine/Sedative (Antianxiety)

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9379-10	1 mg / mL	50 mg / 50 mL	50 mL	50 mL	10 bags	n/a
0143-9380-10	1 mg / 1 mL	100 mg / 100 mL	100 mL	100 mL	10 bags	n/a

Injectables



MIDAZOLAM Injection, USP C-IV

COMPARE TO
VERSED®

THERAPEUTIC CATEGORY
Benzodiazepine/Sedative
(Antianxiety)

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6220-10	1 mg / mL	2 mg / 2 mL	2 mL	2.25 mL	10 syringes	9 mm
0641-6218-10	5 mg / mL	5 mg / mL	1 mL	1.25 mL	10 syringes	9 mm
0641-6219-10	5 mg / mL	10 mg / 2 mL	2 mL	2.25 mL	10 syringes	9 mm

MILRINONE Lactate Injection



COMPARE TO
PRIMACOR®

THERAPEUTIC CATEGORY
Cardiac Agent

PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow
Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9710-10	1 mg / mL	10 mg / 10 mL	10 mL	10 mL	10 vials	20 mm
0143-9709-10	1 mg / mL	20 mg / 20 mL	20 mL	20 mL	10 vials	20 mm
0143-9708-01	1 mg / mL	50 mg / 50 mL	50 mL	50 mL	1 vial	20 mm

MILRINONE Lactate in 5% Dextrose Injection



COMPARE TO
PRIMACOR® in Dextrose 5%

THERAPEUTIC CATEGORY
Cardiac Agent

PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow
Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9719-10	0.2 mg / mL	20 mg / 100 mL	100 mL	100 mL	10 bags	5.2 mm
0143-9718-10	0.2 mg / mL	40 mg / 200 mL	200 mL	200 mL	10 bags	5.2 mm

Injectables



MITOMYCIN for Injection, USP

COMPARE TO MUTAMYCIN® **THERAPEUTIC CATEGORY** Anti-Tumor Antibiotic **PRODUCT DESCRIPTION** White to Off-White Lyophilized Powder **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9279-01	Powder	20 mg / vial	Powder	50 mL	1 vial	20 mm
0143-9280-01	Powder	40 mg / vial	Powder	100 mL	1 vial	20 mm



MORPHINE Sulfate Injection, USP, C-II

COMPARE TO n/a **THERAPEUTIC CATEGORY** Narcotic Analgesic **PRODUCT DESCRIPTION** Clear, Colorless to Pale Yellow Liquid **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6125-25	4 mg / mL	4 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6126-25	8 mg / mL	8 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6127-25	10 mg / mL	10 mg / mL	1 mL	2 mL	25 vials	13 mm



NALOXONE HCl Injection, USP

COMPARE TO NARCAN® **THERAPEUTIC CATEGORY** Opioid Antagonist **PRODUCT DESCRIPTION** Clear, Colorless Liquid **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6132-25	0.4 mg / mL	0.4 mg / mL	1 mL	2 mL	25 vials	13 mm

Injectables



NALOXONE HCl Injection, USP

COMPARE TO NARCAN®	THERAPEUTIC CATEGORY Opioid Antagonist	PRODUCT DESCRIPTION Clear, Colorless Liquid	FDA RATING AP	  
------------------------------	--	---	-------------------------	---

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6205-10	1 mg / mL	2 mg / 2 mL	2 mL	2.25 mL	10 syringes	9 mm

NEOSTIGMINE Methylsulfate Injection, USP



COMPARE TO BLOXIVERZ®	THERAPEUTIC CATEGORY Acetylcholinesterase Inhibitor	PRODUCT DESCRIPTION Clear, Colorless Liquid	FDA RATING AP	  
---------------------------------	---	---	-------------------------	---

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6150-10	0.5 mg / mL	5 mg / 10 mL	10 mL	10 mL	10 vials	13 mm
0641-6149-10	1 mg / mL	10 mg / 10 mL	10 mL	10 mL	10 vials	13 mm

NEOSTIGMINE Methylsulfate Injection, USP



COMPARE TO n/a	THERAPEUTIC CATEGORY Acetylcholinesterase Inhibitor	PRODUCT DESCRIPTION Colorless Liquid	FDA RATING AP	   
--------------------------	---	--	-------------------------	---

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6240-10	1 mg / mL	3 mg / 3 mL	3 mL	5 mL	10 syringes	13 mm

Injectables



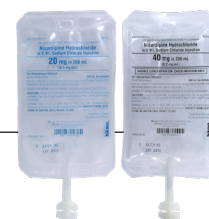
NICARDIPINE HCl Injection

COMPARE TO CARDENE® **THERAPEUTIC CATEGORY** Calcium Channel Blocker **PRODUCT DESCRIPTION** Clear, Yellow Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9689-10	2.5 mg / mL	25 mg / 10 mL	10 mL	10 mL	10 vials	20 mm

NICARDIPINE HCl in 0.9% NaCl Injection



COMPARE TO CARDENE® **THERAPEUTIC CATEGORY** Calcium Channel Blocker **PRODUCT DESCRIPTION** Clear, Yellow Liquid **FDA RATING** n/a



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9634-10	0.1 mg / mL	20 mg / 200 mL	200 mL	250 mL	10 bags	Twist off 5.2 mm
0143-9633-10	0.2 mg / mL	40 mg / 200 mL	200 mL	250 mL	10 bags	Twist off 5.2 mm

NOREPINEPHRINE Bitartrate Injection, USP



COMPARE TO LEVOPHED® **THERAPEUTIC CATEGORY** Peripheral Vasoconstrictor **PRODUCT DESCRIPTION** Clear, Colorless Liquid **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9318-10	1 mg / mL	4 mg / 4 mL	4 mL	5 mL	10 vials	13 mm

Injectables



OCTREOTIDE Acetate Injection (Preserved)

COMPARE TO
SANDOSTATIN®

THERAPEUTIC CATEGORY
Endocrine and Metabolic Agent

PRODUCT DESCRIPTION
Clear, Colorless Sterile Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6177-01	200 mcg / mL	1,000 mcg / 5 mL	5 mL	5 mL	1 vial	13 mm
0641-6178-01	1,000 mcg / mL	5,000 mcg / 5 mL	5 mL	5 mL	1 vial	13 mm



OCTREOTIDE Acetate Injection (Preservative Free)

COMPARE TO
SANDOSTATIN®

THERAPEUTIC CATEGORY
Endocrine and Metabolic Agent

PRODUCT DESCRIPTION
Clear, Colorless Sterile Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6174-10	50 mcg / mL	50 mcg / mL	1 mL	2 mL	10 vials	13 mm
0641-6175-10	100 mcg / mL	100 mcg / mL	1 mL	2 mL	10 vials	13 mm
0641-6176-10	500 mcg / mL	500 mcg / mL	1 mL	2 mL	10 vials	13 mm

ONDANSETRON Injection, USP



COMPARE TO
ZOFTRAN®

THERAPEUTIC CATEGORY
Antiemetic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6078-25*	2 mg / mL	4 mg / 2 mL	2 mL	2 mL	25 vials	13 mm
0641-6079-01	2 mg / mL	40 mg / 20 mL	20 mL	20 mL	1 vial	20 mm

*2 mL vial, NCD 0641-6078-25 is Preservative Free

Injectables



ORPHENADRINE Citrate Injection, USP

COMPARE TO
NORFLEX®

THERAPEUTIC CATEGORY
Muscle Relaxant

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6182-10	30 mg / mL	60 mg / 2 mL	2 mL	2 mL	10 vials	13 mm

PANTOPRAZOLE Sodium for Injection



COMPARE TO
PROTONIX®

THERAPEUTIC CATEGORY
Proton Pump Inhibitor

PRODUCT DESCRIPTION
White to Off White Sterile Lyophilized Powder

FDA RATING
Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9284-10	Powder	40 mg / vial	Powder	10 mL	10 vials	20 mm

PENTOBARBITAL Sodium Injection, USP, C-II



COMPARE TO
NEMBUTAL® SODIUM

THERAPEUTIC CATEGORY
Sedative - Hypnotic/Anxiolytic

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
24201-010-20	50 mg / mL	1,000 mg / 20 mL	20 mL	20 mL	1 vial	20 mm
24201-010-50	50 mg / mL	2,500 mg / 50 mL	50 mL	50 mL	1 vial	20 mm

Injectables



BRANDED

PHENERGAN® Injection (Promethazine HCl Injection, USP)

THERAPEUTIC CATEGORY
Phenothiazine Derivative/
Antiemetic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6082-25	25 mg / mL	25 mg / mL	1 mL	1 mL	25 ampuls	ampul
0641-6083-25	50 mg / mL	50 mg / mL	1 mL	1 mL	25 ampuls	ampul
0641-6084-25	25 mg / mL	25 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6085-25	50 mg / mL	50 mg / mL	1 mL	2 mL	25 vials	13 mm



PHENOBARBITAL Sodium Injection, USP, C-IV

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Barbiturate

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
n/a



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-0476-25	65 mg / mL	65 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-0477-25	130 mg / mL	130 mg / mL	1 mL	2 mL	25 vials	13 mm



PHENTOLAMINE Mesylate for Injection, USP

COMPARE TO
REGITINE®

THERAPEUTIC CATEGORY
Antihypertensive

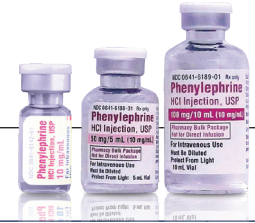
PRODUCT DESCRIPTION
White to Off-White Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9564-01	Powder	5 mg / vial	Powder	2 mL	1 vial	13 mm
0143-9564-10	Powder	5 mg / vial	Powder	2 mL	10 vials	13 mm

Injectables



PHENYLEPHRINE HCl Injection, USP

THERAPEUTIC CATEGORY
Cardiac Agent

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6142-25	10 mg / mL	10 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6188-10	10 mg / mL	50 mg / 5 mL	5 mL	5 mL	10 vials	13 mm
0641-6189-10	10 mg / mL	100 mg / 10 mL	10 mL	10 mL	10 vials	13 mm

PHENYTOIN Sodium Injection, USP



COMPARE TO
n/a

THERAPEUTIC CATEGORY
Anticonvulsant

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-0493-25	50 mg / mL	100 mg / 2 mL	2 mL	2 mL	25 vials	13 mm
0641-2555-10	50 mg / mL	250 mg / 5 mL	5 mL	5 mL	10 vials	13 mm

PROCHLORPERAZINE Edisylate Injection, USP



COMPARE TO
COMPAZINE®

THERAPEUTIC CATEGORY
Phenothiazines/Antiemetic

PRODUCT DESCRIPTION
Colorless to Pale Yellow Sterile Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6135-25	5 mg / mL	10 mg / 2 mL	2 mL	2 mL	25 vials	13 mm

Injectables



PROGESTERONE Injection, USP

COMPARE TO
n/a

THERAPEUTIC CATEGORY
Progestine (Hormone)

PRODUCT DESCRIPTION
Clear, Yellow, Oleaginous Viscous Solution

FDA RATING
AO



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9725-01	50 mg / mL	500 mg / 10 mL	10 mL	10 mL	1 vial	20 mm



PROMETHAZINE HCl Injection, USP

COMPARE TO
PHENERGAN®

THERAPEUTIC CATEGORY
Phenothiazine Derivative/
Antiemetic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-1495-35	25 mg / mL	25 mg / mL	1 mL	1 mL	25 ampuls	ampul
0641-1496-35	50 mg / mL	50 mg / mL	1 mL	1 mL	25 ampuls	ampul
0641-0928-25	25 mg / mL	25 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-0929-25	50 mg / mL	50 mg / mL	1 mL	2 mL	25 vials	13 mm



PROPOFOL Injectable Emulsion, USP

COMPARE TO
DIPRIVAN®

THERAPEUTIC CATEGORY
Anesthetic/Sedation

PRODUCT DESCRIPTION
White, Oil in Water Emulsion

FDA RATING
AB



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6194-10	10 mg / mL	200 mg / 20 mL	20 mL	20 mL	10 vials	20 mm
0641-6195-20	10 mg / mL	500 mg / 50 mL	50 mL	50 mL	20 vials	28 mm
0641-6196-10	10 mg / mL	1 g / 100 mL	100 mL	100 mL	10 vials	28 mm

Injectables



REGADENOSON Injection

COMPARE TO
LEXISCAN®

THERAPEUTIC CATEGORY
Diagnostic Imaging Agent

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6253-01	0.08 mg / mL	0.4 mg / 5 mL	5 mL	5 mL	1 syringe	13 mm

REMIFENTANIL HCl for Injection, C-II



COMPARE TO
ULTIVA®

THERAPEUTIC CATEGORY
Analgesic Agent

PRODUCT DESCRIPTION
White to Off-White Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9391-10	Powder	1 mg / vial	Powder	3 mL	10 vials	13 mm
0143-9392-10	Powder	2 mg / vial	Powder	5 mL	10 vials	13 mm
0143-9393-10	Powder	5 mg / vial	Powder	10 mL	10 vials	13 mm

BRANDED

ROBAXIN® INJECTABLE (Methocarbamol Injection, USP)



THERAPEUTIC CATEGORY
Skeletal Muscle Relaxant

PRODUCT DESCRIPTION
Clear, Colorless to Very Pale Yellow Liquid

FDA RATING
Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6103-10	100 mg / mL	1,000 mg / 10 mL	10 mL	10 mL	10 vials	13 mm

Injectables



ROCURONIUM Bromide Injection

COMPARE TO
ZEMURON®

THERAPEUTIC CATEGORY
Neuromuscular Blocker

PRODUCT DESCRIPTION
Clear, Colorless to Yellow-Orange Sterile Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9250-10	10 mg / mL	50 mg / 5 mL	5 mL	5 mL	10 vials	20 mm
0143-9251-10	10 mg / mL	100 mg / 10 mL	10 mL	10 mL	10 vials	20 mm



SODIUM FERRIC GLUCONATE COMPLEX in Sucrose Injection

COMPARE TO
FERRLECIT®

THERAPEUTIC CATEGORY
Antianemic

PRODUCT DESCRIPTION
Clear Brown to Dark Brown Solution

FDA RATING
AB



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9570-10	12.5 mg / mL	62.5 mg elemental iron / 5 mL	5 mL	5 mL	10 vials	13 mm



SODIUM TETRADECYL Sulfate Injection, 3%

COMPARE TO
SOTRADECOL®

THERAPEUTIC CATEGORY
Sclerosing Agent

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
24201-201-05	30 mg / mL	60 mg / 2 mL	2 mL	2 mL	5 vials	13 mm



STERILE WATER for Injection, USP

COMPARE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING				
n/a	Diluent	Clear, Colorless Liquid	AP				
NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure	
0641-6147-10	10 mL / vial	10 mL / vial	10 mL	10 mL	10 vials	13 mm	



SUCCINYLCHOLINE Chloride Injection, USP

COMPARE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING				
QUELICIN®	Neuromuscular Blocking Agent	Clear, Colorless Solution	AP				
NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure	
0143-9338-25	20 mg / mL	200 mg / 10 mL	10 mL	10 mL	25 vials	20 mm	



SUCCINYLCHOLINE Chloride Injection, USP

COMPARE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING					
n/a	Neuromuscular Blocking Agent	Clear, Colorless Solution	Hikma is the Reference Listed Drug					
NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure		
0641-6234-10	20 mg / mL	100 mg / 5 mL	5 mL	5 mL	10 syringes	13 mm		

Injectables



SUMATRIPTAN Injection, USP

COMPARE TO
IMITREX®

THERAPEUTIC CATEGORY
Antimigraine

PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow
Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9638-05	12 mg / mL	6 mg / 0.5 mL	0.5 mL	2 mL	5 vials	13 mm



TERBUTALINE Sulfate Injection, USP

COMPARE TO
BRETHINE®

THERAPEUTIC CATEGORY
Bronchodilator

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9746-10	1 mg / mL	1 mg / mL	1 mL	2 mL	10 vials	13 mm



TESTOSTERONE CYPIONATE Injection, USP, C-III

COMPARE TO
DEPO-TESTOSTERONE®

THERAPEUTIC CATEGORY
Androgen

PRODUCT DESCRIPTION
Clear, Pale Yellow Oleaginous
Viscous Solution

FDA RATING
AO



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9726-01	200 mg / mL	2,000 mg / 10 mL	10 mL	10 mL	1 vial	20 mm
0143-9659-01	200 mg / mL	200 mg / mL	1 mL	2 mL	1 Vial	13 mm

Injectables



TESTOSTERONE ENANTHATE Injection, USP, C-III

COMPARE TO
DELATESTRYL®

THERAPEUTIC CATEGORY
Androgen

PRODUCT DESCRIPTION
Clear, Yellow, Oleaginous Viscous Solution

FDA RATING
AO



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9750-01	200 mg / mL	1,000 mg / 5 mL	5 mL	5 mL	1 vial	20 mm

THIAMINE HCl Injection, USP



COMPARE TO
n/a

THERAPEUTIC CATEGORY
Vitamin and Nutritional Supplement

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6228-25	100 mg / mL	200 mg / 2 mL	2 mL	2 mL	25 vials	13 mm

THIOTEPA for Injection, USP



COMPARE TO
THIOPLEX®

THERAPEUTIC CATEGORY
Alkylating Agent

PRODUCT DESCRIPTION
Sterile Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9565-01	Powder	15 mg / vial	Powder	2 mL	1 vial	13 mm
0143-9292-01	Powder	100 mg / vial	Powder	20 mL	1 vial	20 mm

Injectables



VALPROATE Sodium Injection, USP

COMPARE TO DEPACON® **THERAPEUTIC CATEGORY** Anticonvulsant **PRODUCT DESCRIPTION** Clear, Colorless Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9785-10	100 mg / mL	500 mg / 5 mL	5 mL	10 mL	10 vials	20 mm



VALRUBICIN Intravesical Solution, USP

COMPARE TO VALSTAR® **THERAPEUTIC CATEGORY** Antineoplastic **PRODUCT DESCRIPTION** Clear, Red Solution **FDA RATING** AO



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
24201-101-04	40 mg / mL	200 mg / 5 mL	5 mL	5 mL	4 vials	20 mm



VANCOMYCIN Hydrochloride for Injection

COMPARE TO n/a **THERAPEUTIC CATEGORY** Antibacterial **PRODUCT DESCRIPTION** White, Almost White to Tan to Brown, Sterile Spray-Dried Powder **FDA RATING** Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9161-25	Powder	500 mg / vial	Powder	15 mL	25 vials	20 mm
0143-9162-10	Powder	1 g / vial	Powder	20 mL	10 vials	20 mm
0143-9163-01	Powder	5 g / vial	Powder	50 mL	1 vial	20 mm
0143-9164-01	Powder	10 g / vial	Powder	100 mL	1 vial	20 mm

Injectables



VANCOMYCIN HCl for Injection, USP

COMPARE TO
VANCOGIN®

THERAPEUTIC CATEGORY
Antibacterial

PRODUCT DESCRIPTION
Off-White to Tan Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Case Pack	Closure
0143-9357-10	Powder	1 g / vial	Powder	20 mL	10 vials	20 mm
0143-9152-10	Powder	1.25 g / vial	Powder	50 mL	10 vials	20 mm
0143-9153-10	Powder	1.5 g / vial	Powder	50 mL	10 vials	20 mm



VECURONIUM Bromide for Injection

COMPARE TO
NOCURON®

THERAPEUTIC CATEGORY
Neuromuscular Blocking Agent

PRODUCT DESCRIPTION
White to Off-White Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9234-10	Powder	10 mg / vial	Powder	10 mL	10 vials	20 mm
0143-9232-10	Powder	20 mg / vial	Powder	20 mL	10 vials	20 mm



Private Label



NOVAPLUS

ACETAMINOPHEN Injection



COMPARE TO
OFIRMEV®

THERAPEUTIC CATEGORY
Analgesic

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellowish Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
24201-110-24	10 mg / mL	1,000 mg / 100 mL	100 mL	100 mL	24 vials	32 mm

NOVAPLUS

AcetaZOLAMIDE for Injection, USP



COMPARE TO
n/a

THERAPEUTIC CATEGORY
Carbonic Anhydrase Inhibitor

PRODUCT DESCRIPTION
White to Pale Yellow Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9006-01	Powder	500 mg / vial	Powder	20 mL	1 vial	20 mm

NOVAPLUS

ARGATROBAN Injection



COMPARE TO
n/a

THERAPEUTIC CATEGORY
Direct Thrombin Inhibitor

PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9377-01	1 mg / mL	50 mg / 50 mL	50 mL	50 mL	1 vial	20 mm



NOVAPLUS

CEFAZOLIN for Injection, USP



COMPARE TO
ANCEF®

THERAPEUTIC CATEGORY
Cephalosporin

PRODUCT DESCRIPTION
White to Off-White Crystalline Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9262-25	Powder	1 g / vial	Powder	10 mL	25 vials	20 mm
0143-9261-10	Powder	10 g / vial	Powder	100 mL	10 vials	32 mm

NOVAPLUS

CEFUROXIME for Injection, USP



COMPARE TO
ZINACEF®

THERAPEUTIC CATEGORY
Cephalosporin

PRODUCT DESCRIPTION
White to Off-White Powder

FDA RATING
AP* / AB**



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9568-25**	Powder	750 mg / vial	Powder	10 mL	25 vials	20 mm
0143-9567-25*	Powder	1.5 g / vial	Powder	20 mL	25 vials	20 mm

NOVAPLUS

DIGOXIN Injection, USP



COMPARE TO
LANOXIN®

THERAPEUTIC CATEGORY
Positive Inotropic Agent

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Case Pack	Closure
0641-6184-25	250 mcg / mL	500 mcg / 2 mL	2 mL	2 mL	25 ampuls	ampul



NOVAPLUS

DILTIAZEM HCl Injection



COMPARE TO
CARDIZEM®

THERAPEUTIC CATEGORY
Calcium Channel Blocker

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-9217-10	5 mg / mL	25 mg / 5 mL	5 mL	5 mL	10 vials	13 mm
0641-9218-10	5 mg / mL	50 mg / 10 mL	10 mL	10 mL	10 vials	13 mm
0641-9219-10	5 mg / mL	125 mg / 25 mL	25 mL	30 mL	10 vials	20 mm

NOVAPLUS

DOXOrubicin HCl Injection, USP



THERAPEUTIC CATEGORY
Anthracycline Topoisomerase II Inhibitor

PRODUCT DESCRIPTION
Red-Orange Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9088-01	2 mg / mL	10 mg / 5 mL	5 mL	5 mL	1 vial	20 mm
0143-9089-01	2 mg / mL	20 mg / 10 mL	10 mL	10 mL	1 vial	20 mm
0143-9090-01	2 mg / mL	50 mg / 25 mL	25 mL	25 mL	1 vial	20 mm
0143-9091-01	2 mg / mL	200 mg / 100 mL	100 mL	100 mL	1 vial	20 mm

NOVAPLUS

ETOMIDATE Injection, USP



COMPARE TO
AMIDATE®

THERAPEUTIC CATEGORY
General Anesthetic

PRODUCT DESCRIPTION
Clear, Colorless Aqueous Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9310-10	2 mg / mL	20 mg / 10 mL	10 mL	10 mL	10 vials	20 mm
0143-9311-10	2 mg / mL	40 mg / 20 mL	20 mL	20 mL	10 vials	20 mm



NOVAPLUS

ETOPOSIDE Injection, USP

COMPARE TO
VePesid®

THERAPEUTIC CATEGORY
Anti-Neoplastic Chemotherapy Agent

PRODUCT DESCRIPTION
Clear, Nearly Colorless to Yellow Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9376-01	20 mg / mL	100 mg / 5 mL	5 mL	6 mL	1 vial	20 mm

NOVAPLUS

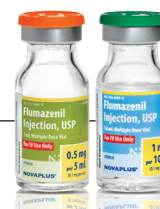
FLUMAZENIL Injection, USP

COMPARE TO
ROMAZICON®

THERAPEUTIC CATEGORY
Benzodiazepine Receptor Antagonist

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9684-10	0.1 mg / mL	0.5 mg / 5 mL	5 mL	10 mL	10 vials	20 mm
0143-9683-10	0.1 mg / mL	1 mg / 10 mL	10 mL	10 mL	10 vials	20 mm

NOVAPLUS

FOSAPREPITANT for Injection

COMPARE TO
EMEND®

THERAPEUTIC CATEGORY
NK1 Receptor Agonist

PRODUCT DESCRIPTION
White to Off-White Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9428-01	Powder	150 mg / vial	Powder	10 mL	1 vial	13 mm



NOVAPLUS

IDARUBICIN HCl Injection, USP



COMPARE TO
IDAMYCIN®

THERAPEUTIC CATEGORY
Antineoplastic Anthracycline Agent

PRODUCT DESCRIPTION
Sterile Red-Orange Isotonic Parenteral Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9306-01	1 mg / mL	5 mg / 5 mL	5 mL	5 mL	1 vial	20 mm
0143-9307-01	1 mg / mL	10 mg / 10 mL	10 mL	10 mL	1 vial	20 mm
0143-9308-01	1 mg / mL	20 mg / 20 mL	20 mL	20 mL	1 vial	20 mm

NOVAPLUS

LEUCOVORIN Calcium for Injection



COMPARE TO
WELLCOVORIN®

THERAPEUTIC CATEGORY
Cytoprotective Agent

PRODUCT DESCRIPTION
White to Pale Yellow Cake or Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9368-01	Powder	200 mg / vial	Powder	30 mL	1 vial	20 mm

NOVAPLUS

LEVOFLOXACIN Injection in 5% Dextrose



COMPARE TO
LEVAQUIN®

THERAPEUTIC CATEGORY
Antibacterial

PRODUCT DESCRIPTION
Clear, Green to Yellow Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9315-24	5 mg / mL	250 mg / 50 mL	50 mL	50 mL	24 bags	5.2 mm
0143-9316-24	5 mg / mL	500 mg / 100 mL	100 mL	100 mL	24 bags	5.2 mm
0143-9317-24	5 mg / mL	750 mg / 150 mL	150 mL	200 mL	24 bags	5.2 mm



NOVAPLUS

LORAZEPAM Injection, USP, C-IV

COMPARE TO
ATIVAN®

THERAPEUTIC CATEGORY
Benzodiazepine/Antianxiety

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6048-25	2 mg / mL	2 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-6050-10	2 mg / mL	20 mg / 10 mL	10 mL	10 mL	10 vials	13 mm

NOVAPLUS

METHOTREXATE for Injection, USP



COMPARE TO
n/a

THERAPEUTIC CATEGORY
Antimetabolite Cytotoxic Agent

PRODUCT DESCRIPTION
White to Off-White Lyophilized Powder

FDA RATING
RS



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9367-01	Powder	1 g / vial	Powder	10 mL	1 vial	20 mm

NOVAPLUS

MIDAZOLAM Injection, USP, C-IV



COMPARE TO
VERSED®

THERAPEUTIC CATEGORY
Benzodiazepine/Sedative (Antianxiety)

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellow Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6281-25	1 mg / mL	2 mg / 2 mL	2 mL	2 mL	25 vials	13 mm
0641-6190-10	5 mg / mL	50 mg / 10 mL	10 mL	10 mL	10 vials	13 mm



NOVAPLUS

MILRINONE Lactate Injection, USP

COMPARE TO
PRIMACOR®

THERAPEUTIC CATEGORY
Cardiac Agent

PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9373-10	1 mg / mL	10 mg / 10 mL	10 mL	10 mL	10 vials	20 mm
0143-9374-10	1 mg / mL	20 mg / 20 mL	20 mL	20 mL	10 vials	20 mm

NOVAPLUS

MITOMYCIN for Injection, USP

COMPARE TO
MUTAMYCIN®

THERAPEUTIC CATEGORY
Anti-Tumor Antibiotic

PRODUCT DESCRIPTION
White to Off-White Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9135-01	Powder	20 mg / vial	Powder	50 mL	1 vial	20 mm
0143-9136-01	Powder	40 mg / vial	Powder	100 mL	1 vial	20 mm



NOVAPLUS

NEOSTIGMINE Methylsulfate Injection, USP

COMPARE TO
BLOXIVERZ®

THERAPEUTIC CATEGORY
Acetylcholinesterase Inhibitor

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6264-10	0.5 mg / mL	5 mg / 10 mL	10 mL	10 mL	10 vials	13 mm
0641-6265-10	1 mg / mL	10 mg / 10 mL	10 mL	10 mL	10 vials	13 mm





NOVAPLUS

ONDANSETRON Injection, USP

COMPARE TO ZOFRAN® **THERAPEUTIC CATEGORY** Antiemetic **PRODUCT DESCRIPTION** Clear, Colorless Liquid **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6080-25	2 mg / mL	4 mg / 2 mL	2 mL	2 mL	25 vials	13 mm

NOVAPLUS

PANTOPRAZOLE Sodium for Injection



COMPARE TO PROTONIX® **THERAPEUTIC CATEGORY** Proton Pump Inhibitor **PRODUCT DESCRIPTION** White to Off White Sterile Lyophilized Powder **FDA RATING** Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9300-10	Powder	40 mg / vial	Powder	10 mL	10 vials	20 mm

NOVAPLUS

PHENYTOIN Sodium Injection, USP



COMPARE TO n/a **THERAPEUTIC CATEGORY** Anticonvulsant **PRODUCT DESCRIPTION** Clear, Colorless Liquid **FDA RATING** Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6138-25	50 mg / mL	100 mg / 2 mL	2 mL	2 mL	25 vials	13 mm
0641-6139-10	50 mg / mL	250 mg / 5 mL	5 mL	5 mL	10 vials	13 mm



NOVAPLUS

PROMETHAZINE HCl Injection, USP

COMPARE TO PHENERGAN® **THERAPEUTIC CATEGORY** Phenothiazine Derivative/
Antiemetic **PRODUCT DESCRIPTION** Clear, Colorless Liquid **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-0948-35	25 mg / mL	25 mg / mL	1 mL	1 mL	25 ampuls	ampul
0641-0949-35	50 mg / mL	50 mg / mL	1 mL	1 mL	25 ampuls	ampul
0641-0955-25	25 mg / mL	25 mg / mL	1 mL	2 mL	25 vials	13 mm
0641-0956-25	50 mg / mL	50 mg / mL	1 mL	2 mL	25 vials	13 mm

BRANDED NOVAPLUS

ROBAXIN® INJECTABLE (Methocarbamol Injection, USP)



THERAPEUTIC CATEGORY Skeletal Muscle Relaxant **PRODUCT DESCRIPTION** Clear, Colorless to Very Pale Yellow
Liquid **FDA RATING** Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6217-10	100 mg / mL	1,000 mg / 10 mL	10 mL	10 mL	10 vials	13 mm

NOVAPLUS

SODIUM FERRIC GLUCONATE COMPLEX in Sucrose Injection



COMPARE TO FERRLECIT® **THERAPEUTIC CATEGORY** Antianemic **PRODUCT DESCRIPTION** Clear Brown to Dark Brown
Solution **FDA RATING** AB



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9298-10	12.5 mg / mL	62.5 mg elemental iron / 5 mL	5 mL	5 mL	10 vials	13 mm



NOVAPLUS



TERBUTALINE Sulfate Injection, USP

COMPARE TO
BRETHINE®

THERAPEUTIC CATEGORY
Bronchodilator

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9375-10	1 mg / mL	1 mg / mL	1 mL	2 mL	10 vials	13 mm

NOVAPLUS



TESTOSTERONE CYPIONATE Injection, USP, C-III

COMPARE TO
DEPO-TESTOSTERONE®

THERAPEUTIC CATEGORY
Androgen

PRODUCT DESCRIPTION
Clear, Pale Yellow, Oleaginous
Viscous Solution

FDA RATING
AO



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9005-01	200 mg / mL	2,000 mg / 10 mL	10 mL	10 mL	1 vial	20 mm

NOVAPLUS



THIOTEPA for Injection, USP

COMPARE TO
THIOPLEX®

THERAPEUTIC CATEGORY
Alkylating Agent

PRODUCT DESCRIPTION
Sterile Lyophilized Powder

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9309-01	Powder	15 mg / vial	Powder	2 mL	1 vial	13 mm

NOVAPLUS



NOVAPLUS

VALPROATE Sodium Injection, USP

COMPARE TO
DEPACON®

THERAPEUTIC CATEGORY
Anticonvulsant

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9637-10	100 mg / mL	500 mg / 5 mL	5 mL	10 mL	10 vials	20 mm



ProRx



PRO RX

LABETALOL HCl Injection, USP

COMPARE TO TRANDATE® **THERAPEUTIC CATEGORY** Adrenergic Receptor Blocking Agent **PRODUCT DESCRIPTION** Clear, Colorless to Slightly Yellow Aqueous Solution **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9320-01	5 mg / mL	100 mg / 20 mL	20 mL	20 mL	1 vial	20 mm

PRO RX

LORAZEPAM Injection, USP, C-IV



COMPARE TO ATIVAN® **THERAPEUTIC CATEGORY** Benzodiazepine/Antianxiety **PRODUCT DESCRIPTION** Clear, Colorless Liquid **FDA RATING** Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6207-25	2 mg / mL	2 mg / mL	1 mL	2 mL	25 vials	13 mm

PRO RX

MIDAZOLAM Injection, USP, C-IV



COMPARE TO VERSED® **THERAPEUTIC CATEGORY** Benzodiazepine/Sedative (Antianxiety) **PRODUCT DESCRIPTION** Clear, Colorless to Slightly Yellow Liquid **FDA RATING** AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6209-25	1 mg / mL	2 mg / 2 mL	2 mL	2 mL	25 vials	13 mm
0641-6210-10	1 mg / mL	5 mg / 5 mL	5 mL	5 mL	10 vials	13 mm
0641-6211-10	5 mg / mL	50 mg / 10 mL	10 mL	10 mL	10 vials	13 mm



PRO RX

MILRINONE Lactate Injection



COMPARE TO
PRIMACOR®

THERAPEUTIC CATEGORY
Cardiac Agent

PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow
Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9326-10	1 mg / mL	20 mg / 20 mL	20 mL	20 mL	10 vials	20 mm

PRO RX

NEOSTIGMINE Methylsulfate Injection, USP



COMPARE TO
BLOXIVERZ®

THERAPEUTIC CATEGORY
Acetylcholinesterase Inhibitor

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6277-10	1 mg / mL	10 mg / 10 mL	10 mL	10 mL	10 vials	13 mm

PRO RX

NICARDIPINE HCl Injection



COMPARE TO
CARDENE®

THERAPEUTIC CATEGORY
Calcium Channel Blocker

PRODUCT DESCRIPTION
Clear, Yellow Solution

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9542-10	2.5 mg / mL	25 mg / 10 mL	10 mL	10 mL	10 vials	20 mm



PRO RX

PHENYLEPHRINE HCl Injection, USP

THERAPEUTIC CATEGORY
Cardiac Agent

PRODUCT DESCRIPTION
Clear, Colorless Liquid

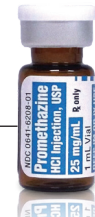
FDA RATING
Hikma is the Reference Listed Drug



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6229-25	10 mg / mL	10 mg / mL	1 mL	2 mL	25 vials	13 mm

PRO RX

PROMETHAZINE HCl Injection, USP



COMPARE TO
PHENERGAN®

THERAPEUTIC CATEGORY
Phenothiazine Derivative/
Antiemetic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP



NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6208-25	25 mg / mL	25 mg / mL	1 mL	2 mL	25 vials	13 mm



Wholesaler OENs

Wholesaler Numbers



Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	ABC	Cardinal	MCK	M&D
Acetaminophen Injection	0143-9386-10	1,000 mg / 100 mL	100 mL	100 mL	10 bags	10274831	5811419	2652279	186726
Acetaminophen Injection	24201-100-24	1,000 mg / 100 mL	100 mL	100 mL	24 vials	10252356	5688346	2631539	921940
Acetaminophen Injection (NOVAPLUS)	24201-110-24	1,000 mg / 100 mL	100 mL	100 mL	24 vials	10278661	5831433	2685113	258780
AcetaZOLAMIDE for Injection, USP	0143-9503-01	500 mg / vial	Powder	20 mL	1 vial	10174273	5333869	3632411	889808
AcetaZOLAMIDE for Injection, USP (NOVAPLUS)	0143-9006-01	500 mg / vial	Powder	20 mL	1 vial	10271811	5800339	2635159	236919
Allopurinol Sodium for Injection	0143-9533-01	500 mg / vial	Powder	50 mL	1 vial	10170517	5302146	3599891	863068
Amikacin Sulfate Injection, USP	0641-6167-10	500 mg / 2 mL	2 mL	2 mL	10 vials	10161004	5198544	3505047	563767
Amikacin Sulfate Injection, USP	0641-6166-10	1 g / 4 mL	4 mL	5 mL	10 vials	10161005	5198536	3504388	563379
Amiodarone Hydrochloride Injection	0143-9875-25	150 mg / 3 mL	3 mL	4 mL	25 vials	10174831	5347430	3643731	904797
Ampicillin & Sulbactam for Injection, USP	0641-6116-10	1.5 g / vial	Powder	20 mL	10 vials	10104268	4591236	3652237	396317
Ampicillin & Sulbactam for Injection, USP	0641-6117-10	3 g / vial	Powder	20 mL	10 vials	10104269	4591251	3653284	396911
Ampicillin & Sulbactam for Injection, USP	0641-6118-01	15 g / vial	Powder	100 mL	1 vial	10104360	4591319	2255867	396929
Argatroban Injection	0143-9674-01	250 mg / 2.5 mL	2.5 mL	2.5 mL	1 vial	10110997	4790861	1809474	118034
Argatroban Injection (RtU)	0143-9559-01	50 mg / 50 mL	50 mL	50 mL	1 vial	10172554	5313796	3610458	867655
Argatroban Injection (RtU) (NOVAPLUS)	0143-9377-01	50 mg / 50 mL	50 mL	50 mL	1 vial	10249983	5673272	1570324	913384
Ativan Injection (Lorazepam Injection, USP), C-IV	0641-6000-10	20 mg / 10 mL	10 mL	10 mL	10 vials	10105758	4586012	1320910	402164
Ativan Injection (Lorazepam Injection, USP), C-IV	0641-6002-10	40 mg / 10 mL	10 mL	10 mL	10 vials	10105760	4586004	1320944	492561
Ativan Injection (Lorazepam Injection, USP), C-IV	0641-6001-25	2 mg / mL	1 mL	2 mL	25 vials	10105757	4586038	1320902	492553
Ativan Injection (Lorazepam Injection, USP), C-IV	0641-6003-25	4 mg / mL	1 mL	2 mL	25 vials	10105759	4586020	1320928	402172
Atropine Sulfate Injection, USP	0641-6251-10	8 mg / 20 mL	20 mL	20 mL	10 vials	10270987	5798111	2632818	234369
Azacididine for Injection	0143-9606-01	100 mg / vial	Powder	50 mL	1 vial	10244002	5671839	1567478	879726
Azathioprine Sodium for Injection, USP	0143-9566-01	100 mg / vial	Powder	20 mL	1 vial	10164380	5237482	3542875	550244
Benzotropine Mesylate Injection, USP	0143-9729-05	2 mg / 2 mL	2 mL	2 mL	5 ampuls	10007558	4266953	2231983	25833
Benzotropine Mesylate Injection, USP	0143-9233-05	2 mg / 2 mL	2 mL	2 mL	5 vials	10265556	5771365	2397164	203414
Bleomycin for Injection, USP	0143-9240-01	15 units / vial	Powder	6 mL	1 vial	10187575	5456074	3906245	331918
Bleomycin for Injection, USP	0143-9241-01	30 units / vial	Powder	10 mL	1 vial	10187576	5456082	3906260	331926
Bortezomib for Injection	0143-9098-01	3.5 mg / vial	Powder	8 mL	1 vial	10271351	5799408	2633204	235952
Bumetanide Injection, USP	0641-6007-10	2.5 mg / 10 mL	10 mL	10 mL	10 vials	10104540	4585030	1109966	400663
Bumetanide Injection, USP	0641-6008-10	1 mg / 4 mL	4 mL	5 mL	10 vials	10104489	4585014	1109958	400580
Bupivacaine Hydrochloride Injection, USP	0143-9328-10	125 mg / 50 mL	50 mL	50 mL	10 vials	10275395	5815337	2659753	191858
Bupivacaine Hydrochloride Injection, USP	0143-9329-10	250 mg / 50 mL	50 mL	50 mL	10 vials	10275740	5820592	2662815	194100
Bupivacaine Hydrochloride Injection, USP	0143-9330-10	25 mg / 10 mL	10 mL	10 mL	10 vials	10262032	5747647	2362754	112755
Bupivacaine Hydrochloride Injection, USP	0143-9331-10	50 mg / 10 mL	10 mL	10 mL	10 vials	10261992	5747654	2362770	112797
Bupivacaine Hydrochloride Injection, USP	0143-9332-10	75 mg / 10 mL	10 mL	10 mL	10 vials	10261968	5747662	2362788	112805
Bupivacaine Hydrochloride Injection, USP	0143-9333-10	75 mg / 30 mL	30 mL	30 mL	10 vials	10263104	5756077	2374775	141945
Bupivacaine Hydrochloride Injection, USP	0143-9334-10	150 mg / 30 mL	30 mL	30 mL	10 vials	10263141	5756085	2374858	142075
Bupivacaine Hydrochloride Injection, USP	0143-9335-10	225 mg / 30 mL	30 mL	30 mL	10 vials	10263067	5756093	2374866	142232
CAF CIT® Injection (Caffeine Citrate Injection, USP)	0641-6164-10	60 mg / 3 mL	3 mL	5 mL	10 vials	10151176	5090667	3451465	233932
Calcitonin Salmon Injection, USP, Synthetic	24201-400-02	400 USP units / 2 mL	2 mL	2 mL	1 vial	10258223	5722459	2631612	101931
Calcium Gluconate Injection, USP	0143-9180-25	1,000 mg / 10 mL	10 mL	10 mL	25 vials	10284003		2874030	316810
Calcium Gluconate Injection, USP	0143-9184-25	5,000 mg / 50 mL	50 mL	50 mL	25 vials				
Cefazolin for Injection, USP	0143-9139-25	2 g / vial	Powder	20 mL	25 vials	10278665	5831896	2688539	261198
Cefazolin for Injection, USP	0143-9140-25	3 g / vial	Powder	20 mL	25 vials	10278800	5831904	2688547	261164
Cefazolin for Injection, USP	0143-9923-90	500 mg / vial	Powder	10 mL	25 vials	10048109	3932506	1395227	674309
Cefazolin for Injection, USP	0143-9924-90	1 g / vial	Powder	10 mL	25 vials	10048110	3478880	1395318	674341
Cefazolin for Injection, USP	0143-9983-03	10 g / vial	Powder	100 mL	10 vials	10034741	3658119	1716190	674358



Wholesaler Numbers



Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	ABC	Cardinal	MCK	M&D
Cefazolin for Injection, USP (NOVAPLUS)	0143-9262-25	1 g / vial	Powder	10 mL	25 vials	10180855	5386859	3689999	34215
Cefazolin for Injection, USP (NOVAPLUS)	0143-9261-10	10 g / vial	Powder	100 mL	10 vials	10180857	5386842	3689981	34249
Cefoxitin for Injection, USP	0143-9878-25	1 g / vial	Powder	10 mL	25 vials	10085233	4348215	1220755	82016
Cefoxitin for Injection, USP	0143-9876-10	10 g / vial	Powder	100 mL	10 vials	10085235	4348280	1133040	82032
Cefoxitin for Injection, USP	0143-9877-25	2 g / vial	Powder	20 mL	25 vials	10085234	4348264	1223965	82024
Ceftriaxone for Injection, USP	0143-9859-25	250 mg / vial	Powder	10 mL	25 vials	10019696	4070249	1323013	848069
Ceftriaxone for Injection, USP	0143-9858-25	500 mg / vial	Powder	10 mL	25 vials	10019699	4070256	1323039	848077
Ceftriaxone for Injection, USP	0143-9857-25	1 g / vial	Powder	10 mL	25 vials	10019700	4070264	1323070	848085
Ceftriaxone for Injection, USP	0143-9856-25	2 g / vial	Powder	20 mL	25 vials	10019704	4070272	1323104	848093
Ceftriaxone for Injection, USP	0143-9678-01	10 g / vial	Powder	100 mL	1 vial	10229770	5562657	3979382	777482
Cefuroxime for Injection, USP	0143-9979-22	750 mg / vial	Powder	10 mL	25 vials	10042235	3646551	1721356	674366
Cefuroxime for Injection, USP	0143-9977-22	1.5 g / vial	Powder	20 mL	25 vials	10042336	3646544	1718998	674374
Cefuroxime for Injection, USP (NOVAPLUS)	0143-9568-25	750 mg / vial	Powder	10 mL	25 vials	10153057	5106901	3467149	265066
Cefuroxime for Injection, USP (NOVAPLUS)	0143-9567-25	1.5 g / vial	Powder	20 mL	25 vials	10153037	5106828	3467131	265132
Chloroprocaine Hydrochloride Injection, USP	0143-9209-10	2% 400 mg / 20 mL	20 mL	20 mL	10 vials	10181879	5398433	3726411	165431
Chloroprocaine Hydrochloride Injection, USP	0143-9210-10	3% 600 mg / 20 mL	20 mL	20 mL	10 vials	10181930	5398441	3726429	165449
chlorproMAZINE Hydrochloride Injection, USP	0641-1397-35	25 mg / mL	1 mL	1 mL	25 ampuls	10034860	1041037	2749349	967547
chlorproMAZINE Hydrochloride Injection, USP	0641-1398-35	50 mg / 2 mL	2 mL	2 mL	25 ampuls	10034809	1319284	2749356	967554
Cisatracurium Besylate Injection, USP	0143-9396-01	10 mg / 5 mL	5 mL	5 mL	1 vial				
CISplatin Injection	0143-9504-01	50 mg / 50 mL	50 mL	50 mL	1 vial	10225674	5542287	3959293	722801
CISplatin Injection	0143-9505-01	100 mg / 100 mL	100 mL	100 mL	1 vial	10225673	5542295	3959285	730002
Cladribine Injection, USP	0143-9871-01	10 mg / 10 mL	10 mL	20 mL	1 vial	10232550	5589122	3498821	836569
Clonidine Hydrochloride Injection	0143-9724-01	1,000 mcg / 10 mL	10 mL	10 mL	1 vial	10100006	4518890	1331404	539544
Clonidine Hydrochloride Injection	0143-9723-01	5,000 mcg / 10 mL	10 mL	10 mL	1 vial	10100007	4518916	1331974	539551
COMBOGESIC® IV (acetaminophen and ibuprofen) Injection	0143-9150-10	1,000 mg / 300 mg / 100 mL	100 mL	100 mL	10 vials				
Cyanocobalamin Injection, USP	0143-9621-25	1,000 mcg / mL	1 mL	2 mL	25 vials	10163398	5226899	3530276	493460
Cyanocobalamin Injection, USP	0143-9620-10	10,000 mcg / 10 mL	10 mL	10 mL	10 vials	10163396	5226923	3530284	493494
Cyanocobalamin Injection, USP	0143-9619-10	30,000 mcg / 30 mL	30 mL	30 mL	10 vials	10163397	5226964	3530292	493569
Dacarbazine for Injection, USP	0143-9245-10	200 mg / vial	Powder	20 mL	10 vials	10237519	5658299	1554302	905737
Dantrolene Sodium for Injection, USP	0143-9297-01	20 mg / vial	Powder	100 mL	1 vial	10231448	5579008	2417905	793539
Daunorubicin Hydrochloride Injection	0143-9551-10	20 mg / 4 mL	4 mL	6 mL	10 vials	10187627	5456090	3906807	331967
Daunorubicin Hydrochloride Injection	0143-9550-01	50 mg / 10 mL	10 mL	20 mL	1 vial	10187626	5456108	3906823	331991
Decitabine for Injection	0143-9385-01	50 mg / vial	Powder	50 mL	1 vial	10273873	5807060	2646172	249219
Dexamethasone Sodium Phosphate Injection, USP	0641-0367-25	10 mg / mL	1 mL	2 mL	25 vials	10034913	1154020	1208263	969741
Dexamethasone Sodium Phosphate Injection, USP	0641-6145-25	4 mg / mL	1 mL	2 mL	25 vials	10173170	5320296	3618618	878165
Dexamethasone Sodium Phosphate Injection, USP	0641-6146-10	20 mg / 5 mL	5 mL	5 mL	10 vials		5882220	2877900	317099
Dexmedetomidine HCl Injection	0143-9532-25	200 mcg / 2 mL	2 mL	2 mL	25 vials	10180867	5391107	3701299	78600
Dexmedetomidine HCl in 0.9% Sodium Chloride Injection	0143-9526-10	200 mcg / 50 mL	50 mL	50 mL	10 bags	10256407	5712625	2317725	976118
Dexmedetomidine HCl in 0.9% Sodium Chloride Injection	0143-9525-10	400 mcg / 100 mL	100 mL	100 mL	10 bags	10256408	5712633	2317717	978577
Dexrazoxane for Injection	0143-9247-01	250 mg / vial	Powder	30 mL	1 vial	10184806	5421581	3758372	219881
Dexrazoxane for Injection	0143-9248-01	500 mg / vial	Powder	50 mL	1 vial	10184807	5421599	3758380	219931
Diazepam Injection, USP, C-IV	0641-6243-10	50 mg / 10 mL	10 mL	10 mL	10 vials	10278966	5838891	2801686	271692
Diazepam Injection, USP, C-IV (Prefilled Syringe)	0641-6244-10	10 mg / 2 mL	2 mL	2.25 mL	10 syringes	10263828	5761382	2381655	195412
Dicyclomine HCl Injection, USP	0641-6173-10	20 mg / 2 mL	2 mL	2 mL	10 vials	10163937	5203914	3504453	581074
Digoxin Injection, USP	0641-1410-35	500 mcg / 2 mL	2 mL	2 mL	25 ampuls	10000529	2365369	1878370	970988

Wholesaler Numbers



Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	ABC	Cardinal	MCK	M&D
Digoxin Injection, USP (NOVAPLUS)	0641-6184-25	500 mcg / 2 mL	2 mL	2 mL	25 ampuls	10167487	5275243	3572153	792887
Diltiazem Hydrochloride Injection	0641-6013-10	25 mg / 5 mL	5 mL	5 mL	10 vials	10102315	4553723	2481034	253922
Diltiazem Hydrochloride Injection	0641-6014-10	50 mg / 10 mL	10 mL	10 mL	10 vials	10102316	4553731	2481182	253955
Diltiazem Hydrochloride Injection	0641-6015-10	125 mg / 25 mL	25 mL	30 mL	10 vials	10102317	4553749	2481307	254466
Diltiazem Hydrochloride Injection (NOVAPLUS)	0641-9217-10	25 mg / 5 mL	5 mL	5 mL	10 vials	10168034	5278981	3582137	807180
Diltiazem Hydrochloride Injection (NOVAPLUS)	0641-9218-10	50 mg / 10 mL	10 mL	10 mL	10 vials	10168035	5279070	3582145	807198
Diltiazem Hydrochloride Injection (NOVAPLUS)	0641-9219-10	125 mg / 25 mL	25 mL	30 mL	10 vials	10168033	5279005	3582160	807206
DiphenhydrAMINE Hydrochloride Injection, USP	0641-0376-25	50 mg / mL	1 mL	2 mL	25 vials	10034849	1020700	2283521	968081
Dipyridamole Injection, USP	0641-2569-44	50 mg / 10 mL	10 mL	10 mL	5 vials	10042932	2693851	1925080	693085
DOBUTamine Injection, USP	0143-9141-10	250 mg / 20 mL	20 mL	20 mL	10 vials	10280622	5851951	2823078	295337
Docetaxel Injection, USP	0143-9204-01	20 mg / mL	1 mL	5 mL	1 vial	10256869	5715222	2315588	053686
Docetaxel Injection, USP	0143-9205-01	80 mg / 4 mL	4 mL	5 mL	1 vial	10256901	5715230	2315570	053769
DOPamine Hydrochloride Injection, USP	0143-9252-25	200 mg / 5 mL	5 mL	5 mL	25 vials	10231846	5581756	2546398	804005
DOPamine Hydrochloride Injection, USP	0143-9254-25	400 mg / 10 mL	10 mL	10 mL	25 vials	10231829	5581764	2546414	804013
Dopram® Injection (Doxapram Hydrochloride Injection, USP)	0641-6018-01	400 mg / 20 mL	20 mL	20 mL	1 vial	10264498	5762141	2387496	203083
DOXOrubicin Hydrochloride Injection, USP	0143-9084-01	10 mg / 5 mL	5 mL	5 mL	1 vial	10259996	5732466	2338127	045633
DOXOrubicin Hydrochloride Injection, USP	0143-9085-01	20 mg / 10 mL	10 mL	10 mL	1 vial	10259997	5732011	2338093	045617
DOXOrubicin Hydrochloride Injection, USP	0143-9086-01	50 mg / 25 mL	25 mL	25 mL	1 vial	10260028	5732037	2338036	045591
DOXOrubicin Hydrochloride Injection, USP	0143-9087-01	200 mg / 100 mL	100 mL	100 mL	1 vial	10259615	5732433	2338044	045666
DOXOrubicin Hydrochloride Injection, USP (NOVAPLUS)	0143-9088-01	10 mg / 5 mL	5 mL	5 mL	1 vial	10260049	5732474	2338135	045625
DOXOrubicin Hydrochloride Injection, USP (NOVAPLUS)	0143-9089-01	20 mg / 10 mL	10 mL	10 mL	1 vial	10260040	5732029	2338143	045609
DOXOrubicin Hydrochloride Injection, USP (NOVAPLUS)	0143-9090-01	50 mg / 25 mL	25 mL	25 mL	1 vial	10260029	5732045	2338150	045583
DOXOrubicin Hydrochloride Injection, USP (NOVAPLUS)	0143-9091-01	200 mg / 100 mL	100 mL	100 mL	1 vial	10259968	5732441	2338119	045658
DOXOrubicin Hydrochloride for Injection, USP	0143-9092-01	10 mg / vial	Powder	5 mL	1 vial	10259985	5732458	2338275	045641
DOXOrubicin Hydrochloride for Injection, USP	0143-9093-01	50 mg / vial	Powder	50 mL	1 vial	10266733	5780770	2604122	211771
Doxycycline for Injection, USP	0143-9381-10	100 mg / vial	Powder	20 mL	10 vials	10258112	5721709	2325249	022533
Duramorph® (Morphine Sulfate Injection, USP), C-II	0641-6020-10	5 mg / 10 mL	10 mL	10 mL	10 ampuls	10106781	4723573	1709559	828665
Duramorph® (Morphine Sulfate Injection, USP), C-II	0641-6019-10	10 mg / 10 mL	10 mL	10 mL	10 ampuls	10106782	4723557	1709567	830059
Enalaprilat Injection, USP	0143-9787-10	1.25 mg / mL	1 mL	2 mL	10 vials	10019198	4238705	1418318	989525
Enalaprilat Injection, USP	0143-9786-10	2.5 mg / 2 mL	2 mL	2 mL	10 vials	10019764	4238713	1419167	989517
Ephedrine Sulfate Injection, USP	0641-6238-25	50 mg / mL	1 mL	2 mL	25 vials	10253774	5697164	2307130	969063
Ertapenem for Injection	0143-9398-10	1 g / vial	Powder	20 mL	10 vials	10260708	5740063	2347805	122218
Estradiol Valerate Injection, USP	0143-9289-01	50 mg / 5 mL	5 mL	6 mL	1 vial	10277391	5823224	2673333	243568
Estradiol Valerate Injection, USP	0143-9290-01	100 mg / 5 mL	5 mL	6 mL	1 vial	10258168	5723481	2325405	022558
Estradiol Valerate Injection, USP	0143-9291-01	200 mg / 5 mL	5 mL	6 mL	1 vial	10258165	5723499	2325413	022582
Etomidate Injection, USP	0143-9506-10	20 mg / 10 mL	10 mL	10 mL	10 vials	10168534	5284112	3581840	814293
Etomidate Injection, USP	0143-9507-10	40 mg / 20 mL	20 mL	20 mL	10 vials	10168533	5284146	3581857	814277
Etomidate Injection, USP (NOVAPLUS)	0143-9310-10	20 mg / 10 mL	10 mL	10 mL	10 vials	10191561	5479811	3564168	435180
Etomidate Injection, USP (NOVAPLUS)	0143-9311-10	40 mg / 20 mL	20 mL	20 mL	10 vials	10191827	5479035	2550952	432864
Etoposide Injection, USP	0143-9510-01	100 mg / 5 mL	5 mL	6 mL	1 vial	10185468	5429055	3767928	234823
Etoposide Injection, USP	0143-9511-01	500 mg / 25 mL	25 mL	30 mL	1 vial	10185467	5429063	3767910	234856
Etoposide Injection, USP	0143-9512-01	1 g / 50 mL	50 mL	50 mL	1 vial	10185466	5429071	3767944	234872
Etoposide Injection, USP (NOVAPLUS)	0143-9376-01	100 mg / 5 mL	5 mL	6 mL	1 vial	10234710	5605951	1524461	899104
Famotidine Injection, USP (Preservative Free)	0641-6022-25	20 mg / 2 mL	2 mL	2 mL	25 vials	10106810	4724282	1150978	851253
Famotidine Injection, USP (Preserved)	0641-6021-10	200 mg / 20 mL	20 mL	20 mL	10 vials	10110874	4785143	1802909	109900

Wholesaler Numbers



Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	ABC	Cardinal	MCK	M&D
Famotidine Injection, USP (Preserved)	0641-6023-10	40 mg / 4 mL	4 mL	5 mL	10 vials	10110875	4785192	1803097	109892
Fentanyl Citrate Injection, USP, C-II	0641-6247-25	50 mcg / mL	1 mL	2 mL	25 vials	10259673	5731542	2338952	114579
Fentanyl Citrate Injection, USP, C-II	0641-6027-25	100 mcg / 2 mL	2 mL	2 mL	25 vials	10106966	4726162	1290105	863605
Fentanyl Citrate Injection, USP, C-II	0641-6028-10	250 mcg / 5 mL	5 mL	5 mL	10 vials	10106967	4726170	1290113	863613
Fentanyl Citrate Injection, USP, C-II	0641-6029-01	1,000 mcg / 20 mL	20 mL	20 mL	1 vial	10263635	5760764	2380855	144253
Fentanyl Citrate Injection, USP, C-II	0641-6030-01	2,500 mcg / 50 mL	50 mL	50 mL	1 vial	10106968	4726188	1290071	863621
Fentanyl Citrate Injection, USP, C-II (Prefilled Syringe)	0641-6249-10	25 mcg / 0.5 mL	0.5 mL	1.25 mL	10 syringes				
Fentanyl Citrate Injection, USP, C-II (Prefilled Syringe)	0641-6248-10	50 mcg / mL	1 mL	1.25 mL	10 syringes				
Flumazenil Injection, USP	0143-9784-10	0.5 mg / 5 mL	5 mL	10 mL	10 vials	10004226	4252953	1475557	998534
Flumazenil Injection, USP	0143-9783-10	1 mg / 10 mL	10 mL	10 mL	10 vials	10004339	4252987	1475599	998542
Flumazenil Injection, USP (NOVAPLUS)	0143-9684-10	0.5 mg / 5 mL	5 mL	10 mL	10 vials	10100227	4522231	1350826	580597
Flumazenil Injection, USP (NOVAPLUS)	0143-9683-10	1 mg / 10 mL	10 mL	10 mL	10 vials	10100226	4522256	1345313	580605
Fluphenazine Decanoate Injection, USP	0143-9529-01	125 mg / 5 mL	5 mL	6 mL	1 vial	10172111	5311048	3609633	866806
Fosaprepitant for Injection	0143-9384-01	150 mg / vial	Powder	10 mL	1 vial	10250002	5676754	1572304	914390
Fosaprepitant for Injection (NOVAPLUS)	0143-9428-01	150 mg / vial	Powder	10 mL	1 vial	10262125	5748389	2363570	113142
Fulvestrant Injection (Prefilled Syringe)	0143-9022-02	250 mg / 5 mL	5 mL	5 mL	2 syringes	10271331	5799267	2634012	235796
Ganciclovir for Injection, USP	0143-9299-10	500 mg / vial	Powder	20 mL	10 vials	10258866	5728266	2335743	039867
Glycopyrrolate Injection, USP	0143-9682-25	0.2 mg / mL	1 mL	2 mL	25 vials	10125386	4906418	2026037	612465
Glycopyrrolate Injection, USP	0143-9681-25	0.4 mg / 2 mL	2 mL	2 mL	25 vials	10124586	4904439	2026409	606814
Glycopyrrolate Injection, USP	0143-9680-25	1 mg / 5 mL	5 mL	5 mL	25 vials	10124587	4904447	2026417	433482
Glycopyrrolate Injection, USP	0143-9679-10	4 mg / 20 mL	20 mL	20 mL	10 vials	10124588	4904454	2026425	433474
Granisetron Hydrochloride Injection, USP	0143-9744-10	1 mg / mL	1 mL	2 mL	10 vials	10088340	4342549	1133834	83816
Granisetron Hydrochloride Injection, USP	0143-9745-05	4 mg / 4 mL	4 mL	4 mL	5 vials	10088341	4342556	1131291	83808
Heparin Sodium Injection, USP	0641-0391-12	1,000 USP units / mL	1 mL	2 mL	25 vials	10100228	4518437	2448298	580704
Heparin Sodium Injection, USP	0641-0400-12	5,000 USP units / mL	1 mL	2 mL	25 vials	10100229	4518452	2448256	580712
Heparin Sodium Injection, USP	0641-0410-12	10,000 USP units / mL	1 mL	2 mL	25 vials	10100230	4518494	2448413	580720
Heparin Sodium Injection, USP (Prefilled Syringe)	0641-6199-10	5,000 USP units / mL	1 mL	1.25 mL	10 syringes	10230110	5564851	3984432	780957
Heparin Sodium Injection, USP (Prefilled Syringe)	0641-6204-10	5,000 USP units / 0.5 mL	0.5 mL	1.25 mL	10 syringes	10237020	5655550	1552777	881821
hydrALAZINE Hydrochloride Injection, USP	0641-6231-25	20 mg / mL	1 mL	2 mL	25 vials	10256936	5715750	2315687	053777
HYDROMORPHONE Hydrochloride Injection, USP, C-II	0641-6151-25	2 mg / mL	1 mL	2 mL	25 vials	10191131	5490594	2777738	456905
Hydromorphone Hydrochloride Injection, USP, C-II	0641-2341-41	40 mg / 20 mL	20 mL	20 mL	1 vial	10043071	1530096	3970829	970814
Icatibant Injection (Prefilled Syringe)	24201-207-01	30 mg / 3 mL	3 mL	3 mL syringe	1 syringe	10234370	5607437	2633329	899161
Idarubicin Hydrochloride Injection, USP	0143-9217-01	5 mg / 5 mL	5 mL	5 mL	1 vial	10180635	5383245	3685765	30965
Idarubicin Hydrochloride Injection, USP	0143-9218-01	10 mg / 10 mL	10 mL	10 mL	1 vial	10180634	5383252	3685724	30973
Idarubicin Hydrochloride Injection, USP	0143-9219-01	20 mg / 20 mL	20 mL	20 mL	1 vial	10180638	5383260	3685732	30981
Idarubicin Hydrochloride Injection, USP (NOVAPLUS)	0143-9306-01	5 mg / 5 mL	5 mL	5 mL	1 vial	10187056	5447396	3900693	262535
Idarubicin Hydrochloride Injection, USP (NOVAPLUS)	0143-9307-01	10 mg / 10 mL	10 mL	10 mL	1 vial	10187039	5447404	3900669	262576
Idarubicin Hydrochloride Injection, USP (NOVAPLUS)	0143-9308-01	20 mg / 20 mL	20 mL	20 mL	1 vial	10187058	5447412	3900685	262899
Ifosfamide Injection	0143-9531-01	1 g / 20 mL	20 mL	20 mL	1 vial	10183838	5413315	3746112	201863
Ifosfamide Injection	0143-9530-01	3 g / 60 mL	60 mL	100 mL	1 vial	10184351	5417803	3751997	215319
IMMPHENTIV® (Phenylephrine HCl Injection, USP)	0641-6246-10	1,000 mcg / 10 mL	10 mL	10 mL	10 vials				
IMMPHENTIV® (Phenylephrine HCl Injection, USP)	0641-6245-10	500 mcg / 5 mL	5 mL	5 mL	10 vials				
INFUMORPH® 200 (Preservative-free Morphine Sulfate Sterile Solution), C-II	0641-6039-01	200 mg / 20 mL	20 mL	20 mL	1 ampul	10106980	4727103	1290089	862938
INFUMORPH® 500 (Preservative-free Morphine Sulfate Sterile Solution), C-II	0641-6040-01	500 mg / 20 mL	20 mL	20 mL	1 ampul	10106981	4727301	1290097	863563
Irinotecan Hydrochloride Injection, USP	0143-9702-01	40 mg / 2 mL	2 mL	3 mL	1 vial	10098343	4485587	1165745	580936

Wholesaler Numbers



Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	ABC	Cardinal	MCK	M&D
Irinotecan Hydrochloride Injection, USP	0143-9701-01	100 mg / 5 mL	5 mL	6 mL	1 vial	10098344	4485579	1160282	580944
Ketamine HCl injection, USP, C-III	0143-9508-10	500 mg / 10 mL	10 mL	10 mL	10 vials	10171679	5309810	3608361	866202
Ketamine HCl injection, USP, C-III	0143-9509-10	500 mg / 5 mL	5 mL	5 mL	10 vials	10171678	5309802	3608353	866244
Labetalol Hydrochloride Injection, USP	0143-9622-01	100 mg / 20 mL	20 mL	20 mL	1 vial	10174290	5335187	3632403	889816
Labetalol Hydrochloride Injection, USP	0143-9623-01	200 mg / 40 mL	40 mL	50 mL	1 vial	10180223	5386701	3690005	34199
Labetalol Hydrochloride Injection, USP (Prefilled Syringe)	0641-6252-10	10 mg / 2 mL	2 mL	2.25 mL	10 syringes	10279102	5831888	2688216	261016
Labetalol Hydrochloride Injection, USP (PRORX)	0143-9320-01	100 mg / 20 mL	20 mL	20 mL	1 vial	10191792	5489216	3294121	467902
Leucovorin Calcium for Injection	0143-9552-01	350 mg / vial	Powder	50 mL	1 vial	10168023	5278973	3576022	807172
Leucovorin Calcium for Injection	0143-9553-01	200 mg / vial	Powder	30 mL	1 vial	10178777	5371091	3673514	996223
Leucovorin Calcium for Injection	0143-9554-01	100 mg / vial	Powder	20 mL	1 vial	10178776	5371083	3673506	996199
Leucovorin Calcium for Injection	0143-9555-01	50 mg / vial	Powder	10 mL	1 vial	10178778	5371075	3673456	996181
Leucovorin Calcium for Injection (NOVAPLUS)	0143-9368-01	200 mg / vial	Powder	30 mL	1 vial	10234816	5605944	1524479	899666
Levetiracetam Injection	0143-9673-25	500 mg / 5 mL	5 mL	5 mL	25 vials	10165768	5252135	3557253	769646
Levocarnitine Injection, USP	0143-9852-10	1 g / 5 mL	5 mL	6 mL	10 vials	10283168	5873161	2853471	312850
Levofloxacin Injection in 5% Dextrose	0143-9722-24	250 mg / 50 mL	50 mL	BAG - 50 mL	24 bags	10133598	4957155	2037422	911248
Levofloxacin Injection in 5% Dextrose	0143-9721-24	500 mg / 100 mL	100 mL	BAG - 100 mL	24 bags	10127843	4934246	2047603	768663
Levofloxacin Injection in 5% Dextrose	0143-9720-24	750 mg / 150 mL	150 mL	BAG - 200 mL	24 bags	10126277	4918181	2067122	715292
Levofloxacin Injection in 5% Dextrose (NOVAPLUS)	0143-9315-24	250 mg / 50 mL	50 mL	BAG - 50 mL	24 bags	10211076	5503743	3575016	497321
Levofloxacin Injection in 5% Dextrose (NOVAPLUS)	0143-9316-24	500 mg / 100 mL	100 mL	BAG - 100 mL	24 bags	10211181	5503750	3575305	497339
Levofloxacin Injection in 5% Dextrose (NOVAPLUS)	0143-9317-24	750 mg / 150 mL	150 mL	BAG - 200 mL	24 bags	10211180	5503768	3580172	497354
Levothyroxine Sodium Injection	24201-002-01	100 mcg / mL	1 mL	2 mL	1 vial	10274754	5813290	2654325	1858615
Lidocaine Hydrochloride Injection, USP (Preservative Free)	0143-9595-25	1% (50 mg / 5 mL)	5 mL	5 mL	25 vials	10180260	5379300	3680683	358465
Lidocaine Hydrochloride Injection, USP (Preservative Free)	0143-9594-25	2% (100 mg / 5 mL)	5 mL	5 mL	25 vials	10180263	5379318	3680691	358473
Lidocaine Hydrochloride Injection, USP (Preserved)	0143-9577-10	1% (500 mg / 50 mL)	50 mL	50 mL	10 vials	10181587	5397575	3723301	161232
Lidocaine Hydrochloride Injection, USP (Preserved)	0143-9575-10	2% (1,000 mg / 50 mL)	50 mL	50 mL	10 vials	10181588	5397583	3723319	161224
Linezolid Injection	0143-9534-10	600 mg / 300 mL	300 mL	300 mL	10 bags	10276771	5825245	2674695	252866
Lorazepam Injection, USP, C-IV	0641-6046-10	20 mg / 10 mL	10 mL	10 mL	10 vials	10104810	4585824	1320977	401950
Lorazepam Injection, USP, C-IV	0641-6047-10	40 mg / 10 mL	10 mL	10 mL	10 vials	10104812	4585808	1321090	402099
Lorazepam Injection, USP, C-IV	0641-6044-25	2 mg / mL	1 mL	2 mL	25 vials	10104799	4585774	1320969	401927
Lorazepam Injection, USP, C-IV	0641-6045-25	4 mg / mL	1 mL	2 mL	25 vials	10104811	4585782	1320993	402065
Lorazepam Injection, USP, C-IV (NOVAPLUS)	0641-6048-25	2 mg / mL	1 mL	2 mL	25 vials	10104795	4591673	1323096	492611
Lorazepam Injection, USP, C-IV (NOVAPLUS)	0641-6050-10	20 mg / 10 mL	10 mL	10 mL	10 vials	10104796	4591681	1324094	492645
Lorazepam Injection, USP, C-IV (PRORX)	0641-6207-25	2 mg / mL	1 mL	2 mL	25 vials	10183233	5408521	3740024	188649
Meperidine Hydrochloride Injection, USP, C-II	0641-6052-25	25 mg / mL	1 mL	2 mL	25 vials	10100977	4530408	2449585	72744
Meperidine Hydrochloride Injection, USP, C-II	0641-6054-25	100 mg / mL	1 mL	2 mL	25 vials	10101810	4544896	2477735	176503
Meperidine Hydrochloride Injection, USP, C-II	0641-6053-25	50 mg / mL	1 mL	2 mL	25 vials	10102104	4551180	2480408	192070
Methotrexate for Injection, USP	0143-9830-01	1 g / vial	Powder	10 mL	1 vial	10183391	5409065	3742236	192013
Methotrexate for Injection, USP (NOVAPLUS)	0143-9367-01	1 g / vial	Powder	10 mL	1 vial	10234669	5605969	1524487	899096
Methotrexate Injection, USP	0143-9519-10	50 mg / 2 mL	2 mL	5 mL	10 vials	10185099	5426028	3763794	225250
methylPREDNISolone Sodium Succinate for Injection, USP	0143-9753-25	40 mg / vial	Powder	4 mL	25 vials	10279626	5843362	2807683	275362
methylPREDNISolone Sodium Succinate for Injection, USP	0143-9754-25	125 mg / vial	Powder	4 mL	25 vials	10279671	5843370	2807675	275396
methylPREDNISolone Sodium Succinate for Injection, USP	0143-9850-01	500 mg / vial	Powder	20 mL	1 vial	10231524	5577440	3998663	790790
methylPREDNISolone Sodium Succinate for Injection, USP	0143-9851-01	1 g / vial	Powder	30 mL	1 vial	10231447	5577457	3998655	790907
Metoprolol Tartrate Injection, USP	0143-9873-25	5 mg / 5 mL	5 mL	6 mL	25 vials	10162651	5218078	3518826	638080

Wholesaler Numbers



Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	ABC	Cardinal	MCK	M&D
Metoprolol Tartrate Injection, USP	0143-9660-10	5 mg / 5 mL	5 mL	10 mL	10 vials	10106821	4723607	1290337	842559
Micafungin for Injection	0143-9361-01	50 mg / vial	Powder	10 mL	1 vial	10261297	5743117	2357366	109223
Micafungin for Injection	0143-9362-01	100 mg / vial	Powder	10 mL	1 vial	10261298	5743125	2357358	109256
Midazolam Injection, USP, C-IV	0641-6057-25	2 mg / 2 mL	2 mL	2 mL	25 vials	10103013	4562294	2522126	269456
Midazolam Injection, USP, C-IV	0641-6059-10	5 mg / 5 mL	5 mL	5 mL	10 vials	10103014	4562104	2522142	269464
Midazolam Injection, USP, C-IV	0641-6056-10	10 mg / 10 mL	10 mL	10 mL	10 vials	10103018	4562476	2521672	269431
Midazolam Injection, USP, C-IV	0641-6061-25	5 mg / mL	1 mL	2 mL	25 vials	10103015	4562500	2522639	269498
Midazolam Injection, USP, C-IV	0641-6063-25	10 mg / 2 mL	2 mL	2 mL	25 vials	10103017	4562518	2523736	269514
Midazolam Injection, USP, C-IV	0641-6060-10	50 mg / 10 mL	10 mL	10 mL	10 vials	10103019	4562534	2522621	269472
Midazolam in 0.9% Sodium Chloride Injection, C-IV	0143-9379-10	50 mg / 50 mL	50 mL	50 mL	10 bags	10281108	5854948	2830297	295311
Midazolam in 0.9% Sodium Chloride Injection, C-IV	0143-9380-10	100 mg / 100 mL	100 mL	100 mL	10 bags	10281178	5854955	2830289	295329
Midazolam Injection, USP, C-IV (Prefilled Syringe)	0641-6220-10	2 mg / 2 mL	2 mL	2.25 mL	10 syringes				
Midazolam Injection, USP, C-IV (Prefilled Syringe)	0641-6218-10	5 mg / mL	1 mL	1.25 mL	10 syringes				
Midazolam Injection, USP, C-IV (Prefilled Syringe)	0641-6219-10	10 mg / 2 mL	2 mL	2.25 mL	10 syringes				
Midazolam Injection, USP, C-IV (NOVAPLUS)	0641-6281-25	2 mg / 2 mL	2 mL	2 mL	25 vials				
Midazolam Injection, USP, C-IV (NOVAPLUS)	0641-6190-10	50 mg / 10 mL	10 mL	10 mL	10 vials	10172446	5312905	3609955	867465
Midazolam Injection, USP, C-IV (PRORX)	0641-6209-25	2 mg / 2 mL	2 mL	2 mL	25 vials	10182942	5404157	3738499	179952
Midazolam Injection, USP, C-IV (PRORX)	0641-6210-10	5 mg / 5 mL	5 mL	5 mL	10 vials	10182940	5404165	3737194	179945
Midazolam Injection, USP, C-IV (PRORX)	0641-6211-10	50 mg / 10 mL	10 mL	10 mL	10 vials	10182941	5404173	3737210	180141
Milrinone Lactate in 5% Dextrose Injection	0143-9719-10	20 mg / 100 mL	100 mL	100 mL	10 bags	10092842	4384996	1482066	539593
Milrinone Lactate in 5% Dextrose Injection	0143-9718-10	40 mg / 200 mL	200 mL	200 mL	10 bags	10092843	4385027	1483049	539601
Milrinone Lactate Injection (VIALS)	0143-9710-10	10 mg / 10 mL	10 mL	10 mL	10 vials	10096454	4414744	2112654	541672
Milrinone Lactate Injection (VIALS)	0143-9709-10	20 mg / 20 mL	20 mL	20 mL	10 vials	10096455	4414777	2113272	541680
Milrinone Lactate Injection (VIALS)	0143-9708-01	50 mg / 50 mL	50 mL	50 mL	1 vial	10096456	4414793	2112050	541698
Milrinone Lactate Injection (VIALS) (NOVAPLUS)	0143-9373-10	10 mg / 10 mL	10 mL	10 mL	10 vials	10257181	5708003	2307494	045252
Milrinone Lactate Injection (VIALS) (NOVAPLUS)	0143-9374-10	20 mg / 20 mL	20 mL	20 mL	10 vials	10260330	5736723	2307494	103838
Milrinone Lactate Injection (VIALS) (PRORX)	0143-9326-10	20 mg / 20 mL	20 mL	20 mL	10 vials	10208979	5505326	3669819	550137
Mitomycin for Injection, USP	0143-9279-01	20 mg / vial	Powder	50 mL	1 vial	10210386	5507363	3700820	551960
Mitomycin for Injection, USP	0143-9280-01	40 mg / vial	Powder	100 mL	1 vial	10210383	5507371	3704871	551978
Mitomycin for Injection, USP (NOVAPLUS)	0143-9135-01	20 mg / vial	Powder	50 mL	1 vial	10279134	5827951	2675510	255869
Mitomycin for Injection, USP (NOVAPLUS)	0143-9136-01	40 mg / vial	Powder	100 mL	1 vial	10280658	5827969	2675528	255877
Morphine Sulfate Injection, USP, C-II	0641-6125-25	4 mg / mL	1 mL	2 mL	25 vials	10158325	5147525	3487436	384669
Morphine Sulfate Injection, USP, C-II	0641-6126-25	8 mg / mL	1 mL	2 mL	25 vials	10158326	5147582	3487444	384727
Morphine Sulfate Injection, USP, C-II	0641-6127-25	10 mg / mL	1 mL	2 mL	25 vials	10158324	5147608	3487451	384776
Naloxone HCl Injection, USP	0641-6132-25	0.4 mg / mL	1 mL	2 mL	25 vials	10160426	5181367	3495785	450304
Naloxone HCl Injection, USP (Prefilled Syringe)	0641-6205-10	2 mg / 2 mL	2 mL	2.25 mL	10 syringes	10275953	5819826	2664589	197160
Neostigmine Methylsulfate Injection, USP	0641-6150-10	5 mg / 10 mL	10 mL	10 mL	10 vials	10161332	5207717	3507019	589606
Neostigmine Methylsulfate Injection, USP (NOVAPLUS)	0641-6149-10	10 mg / 10 mL	10 mL	10 mL	10 vials	10161333	5207683	3507035	590083
Neostigmine Methylsulfate Injection, USP (NOVAPLUS)	0641-6264-10	5 mg / 10 mL	10 mL	10 mL	10 vials	10161332	5207717	3507019	589606
Neostigmine Methylsulfate Injection, USP (NOVAPLUS)	0641-6265-10	10 mg / 10 mL	10 mL	10 mL	10 vials	10161333	5207683	3507035	590083
Neostigmine Methylsulfate Injection, USP (PRORX)	0641-6277-10	10 mg / 10 mL	10 mL	10 mL	10 vials	10161333	5207683	3507035	590083
Neostigmine Methylsulfate Injection, USP (Prefilled Syringe)	0641-6240-10	3 mg / 3 mL	3 mL	5 mL	10 syringes	10281184	5852470	2824399	295345
Nicardipine Hydrochloride Injection (VIALS)	0143-9689-10	25 mg / 10 mL	10 mL	10 mL	10 vials	10105272	4590675	1169051	602011
Nicardipine Hydrochloride Injection (PRORX)	0143-9542-10	25 mg / 10 mL	10 mL	10 mL	10 vials	10152650	5102488	3464815	291641
Nicardipine Hydrochloride in 0.9% Sodium Chloride Injection	0143-9634-10	20 mg / 200 mL	200 mL	250 mL	10 bags	10235381	5615497	1537018	901520



Wholesaler Numbers



Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	ABC	Cardinal	MCK	M&D
Nicardipine Hydrochloride in 0.9% Sodium Chloride Injection	0143-9633-10	40 mg / 200 mL	200 mL	250 mL	10 bags	10235380	5615505	1537000	901546
Norepinephrine Bitartrate Injection, USP	0143-9318-10	4 mg / 4 mL	4 mL	5 mL	10 vials	10211296	5512009	3772241	568105
Octreotide Acetate Injection (Preservative Free)	0641-6174-10	50 mcg / mL	1 mL	2 mL	10 vials	10182537	5403332	3734696	178541
Octreotide Acetate Injection (Preservative Free)	0641-6175-10	100 mcg / mL	1 mL	2 mL	10 vials	10182535	5403340	3734738	178897
Octreotide Acetate Injection (Preservative Free)	0641-6176-10	500 mcg / mL	1 mL	2 mL	10 vials	10182534	5403357	3734746	178905
Octreotide Acetate Injection (Preserved)	0641-6177-01	1,000 mcg / 5 mL	5 mL	5 mL	1 vial	10182536	5403365	3734753	178913
Octreotide Acetate Injection (Preserved)	0641-6178-01	5,000 mcg / 5mL	5 mL	5 mL	1 vial	10182533	5403373	3734811	178921
Ondansetron Injection, USP (Preservative Free)	0641-6078-25	4 mg / 2 mL	2 mL	2 mL	25 vials	10101642	4541074	2460210	236265
Ondansetron Injection, USP (Preserved)	0641-6079-01	40 mg / 20 mL	20 mL	20 mL	1 vial	10235383	4567970	2241859	330647
Ondansetron Injection, USP (NOVAPLUS)	0641-6080-25	4 mg / 2 mL	2 mL	2 mL	25 vials	10101619	4541025	2461648	232439
Orphenadrine Citrate Injection, USP	0641-6182-10	60 mg / 2 mL	2 mL	2 mL	10 vials	10183104	5407309	3739588	187500
Pantoprazole Sodium for Injection	0143-9284-10	40 mg / vial	Powder	10 mL	10 vials	10182355	5400569	3732252	175315
Pantoprazole Sodium for Injection (NOVAPLUS)	0143-9300-10	40 mg / vial	Powder	10 mL	10 vials	10185164	5425616	376256	224758
Pentobarbital Sodium Injection, USP, C-II	24201-010-20	1,000 mg / 20 mL	20 mL	20 mL	1 vial	10185391	5425277	2631661	607705
Pentobarbital Sodium Injection, USP, C-II	24201-010-50	2,500 mg / 50 mL	50 mL	50 mL	1 vial	10185529	5425285	2631679	607713
PHENERGAN® Injection (Promethazine Hydrochloride Injection, USP)	0641-6082-25	25 mg / mL	1 mL	1 mL	25 ampuls	10103135	4587374	3611712	330662
PHENERGAN® Injection (Promethazine Hydrochloride Injection, USP)	0641-6083-25	50 mg / mL	1 mL	1 mL	25 ampuls	10103136	4587382	3614633	330779
PHENERGAN® Injection (Promethazine Hydrochloride Injection, USP)	0641-6084-25	25 mg / mL	1 mL	2 mL	25 vials	10118275	4531349	2451771	90910
PHENERGAN® Injection (Promethazine Hydrochloride Injection, USP)	0641-6085-25	50 mg / mL	1 mL	2 mL	25 vials	10103137	4587390	3614757	330951
Phenobarbital Sodium Injection, USP, C-IV	0641-0476-25	65 mg / mL	1 mL	2 mL	25 vials	10034808	1264977	1140748	967760
Phenobarbital Sodium Injection, USP, C-IV	0641-0477-25	130 mg / mL	1 mL	2 mL	25 vials	10034821	2086585	1231554	970848
Phentolamine Mesylate for Injection, USP	0143-9564-01	5 mg / vial	Powder	2 mL	1 vial	10162652	5218086	3518818	638106
Phentolamine Mesylate for Injection, USP	0143-9564-10	5 mg / vial	Powder	2 mL	10 vials	10159893	5173828	3494598	433813
Phenylephrine Hydrochloride Injection, USP	0641-6142-25	10 mg / mL	1 mL	2 mL	25 vials	10113572	4827499	1903954	206102
Phenylephrine Hydrochloride Injection, USP	0641-6188-10	50 mg / 5 mL	5 mL	5 mL	10 vials	10229386	5560396	3977865	773986
Phenylephrine Hydrochloride Injection, USP	0641-6189-10	100 mg / 10 mL	10 mL	10 mL	10 vials	10229385	5560404	3977873	773994
Phenylephrine Hydrochloride Injection, USP (PRORX)	0641-6229-25	10 mg / mL	1 mL	2 mL	25 vials	10191812	5488978	3408424	467829
Phenytoin Sodium Injection, USP	0641-0493-25	100 mg / 2 mL	2 mL	2 mL	25 vials	10034853	1031475	1353747	967802
Phenytoin Sodium Injection, USP	0641-2555-10	250 mg / 5 mL	5 mL	5 mL	10 vials	10283860		2876175	316570
Phenytoin Sodium Injection, USP (NOVAPLUS)	0641-6138-25	100 mg / 2 mL	2 mL	2 mL	25 vials	10115717	4854287	1909076	250696
Phenytoin Sodium Injection, USP (NOVAPLUS)	0641-6139-10	250 mg / 5 mL	5 mL	5 mL	10 vials	10283931		2876209	316588
Prochlorperazine Edisylate Injection, USP	0641-6135-25	10 mg / 2 mL	2 mL	2 mL	25 vials	10170253	5298732	3598448	857862
Progesterone Injection, USP	0143-9725-01	500 mg / 10 mL	10 mL	10 mL	1 vial	10095260	4390639	2103414	540187
Promethazine Hydrochloride Injection, USP	0641-1495-35	25 mg / mL	1 mL	1 mL	25 ampuls	10034837	1298579	1449172	967877
Promethazine Hydrochloride Injection, USP	0641-1496-35	50 mg / mL	1 mL	1 mL	25 ampuls	10034823	1320076	1452366	968099
Promethazine Hydrochloride Injection, USP	0641-0928-25	25 mg / mL	1 mL	2 mL	25 vials	10045062	3441896	1391762	446401
Promethazine Hydrochloride Injection, USP	0641-0929-25	50 mg / mL	1 mL	2 mL	25 vials	10045060	3441912	1394345	446419
Promethazine Hydrochloride Injection, USP (NOVAPLUS)	0641-0948-35	25 mg / mL	1 mL	1 mL	25 ampuls	10045705	3445442	1395631	446443
Promethazine Hydrochloride Injection, USP (NOVAPLUS)	0641-0949-35	50 mg / mL	1 mL	1 mL	25 ampuls	10045707	3445459	1397025	446450
Promethazine Hydrochloride Injection, USP (NOVAPLUS)	0641-0955-25	25 mg / mL	1 mL	2 mL	25 vials	10045703	3445426	1399229	446427
Promethazine Hydrochloride Injection, USP (NOVAPLUS)	0641-0956-25	50 mg / mL	1 mL	2 mL	25 vials	10045704	3445434	1403336	446435
Promethazine Hydrochloride Injection, USP (PRORX)	0641-6208-25	25 mg / mL	1 mL	2 mL	25 vials	10183115	5408349	3742012	188607
Propofol Injectable Emulsion, USP	0641-6194-10	200 mg / 20 mL	20 mL	20 mL	10 vials	10235826	5644109	1537703	903294
Propofol Injectable Emulsion, USP	0641-6195-20	500 mg / 50 mL	50 mL	50 mL	20 vials	10235842	5644117	1537745	903302



Wholesaler Numbers



Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	ABC	Cardinal	MCK	M&D
Propofol Injectable Emulsion, USP	0641-6196-10	1 g / 100 mL	100 mL	100 mL	10 vials	10235843	5644091	1537604	903310
Regadenoson Injection (Prefilled Syringe)	0641-6253-01	0.4 mg / 5 mL	5 mL	5 mL	1 syringe	10278199	5835988	2692903	268177
Remifentanyl Hydrochloride for Injection, C-II	0143-9391-10	1 mg / vial	Powder	3 mL	10 vials	10263015	5757547	2373322	138206
Remifentanyl Hydrochloride for Injection, C-II	0143-9392-10	2 mg / vial	Powder	5 mL	10 vials	10263882	5760988	2380707	195420
Remifentanyl Hydrochloride for Injection, C-II	0143-9393-10	5 mg / vial	Powder	10 mL	10 vials	10269500	5790225	2622496	226506
Robaxin® Injectable (Methocarbamol Injection, USP)	0641-6103-10	1,000 mg / 10 mL	10 mL	10 mL	10 vials	10106985	4727087	1290162	863696
Robaxin® Injectable (Methocarbamol Injection, USP) (NOVAPLUS)	0641-6217-10	1,000 mg / 10 mL	10 mL	10 mL	10 vials	10185750	5432844	3778339	239962
Rocuronium Bromide Injection	0143-9250-10	50 mg / 5 mL	5 mL	5 mL	10 vials	10228831	5555461	3974441	769505
Rocuronium Bromide Injection	0143-9251-10	100 mg / 10 mL	10 mL	10 mL	10 vials	10229044	5555479	3974425	768614
Sodium Ferric Gluconate Complex in Sucrose Injection	0143-9570-10	62.5 mg elemental iron / 5 mL	5 mL	5 mL	10 vials	10149804	5071709	3444627	214189
Sodium Ferric Gluconate Complex in Sucrose Injection (NOVAPLUS)	0143-9298-10	62.5 mg elemental iron / 5 mL	5 mL	5 mL	10 vials	10185098	5426473	3765088	227132
Sodium Tetradecyl Sulfate Injection, 3%	24201-201-05	60 mg / 2 mL	2 mL	2 mL	5 vials	10232235	5586151	2631687	826214
Sterile Water for Injection, USP	0641-6147-10	10 mL / vial	10 mL	10 mL	10 vials	10231449	5578349	3998788	790006
Succinylcholine Chloride Injection, USP	0143-9338-25	200 mg / 10 mL	10 mL	10 mL	25 vials	10256932	5714332	2313450	020743
Succinylcholine Chloride Injection, USP (Prefilled Syringe)	0641-6234-10	100 mg / 5 mL	5 mL	5 mL	10 syringes	10274102	5810171	2651214	184663
Sumatriptan Injection, USP	0143-9638-05	6 mg / 0.5 mL	0.5 mL	2 mL	5 vials	10129403	4940888	2030013	855122
Terbutaline Sulfate Injection, USP	0143-9746-10	1 mg / mL	1 mL	2 mL	10 vials	10008550	4274650	2756120	65870
Terbutaline Sulfate Injection, USP (NOVAPLUS)	0143-9375-10	1 mg / mL	1 mL	2 mL	10 vials	10251615	5681390	1576321	928150
Testosterone Cypionate Injection, USP, C-III	0143-9726-01	2,000 mg / 10 mL	10 mL	10 mL	1 vial	10149989	4795076	2093334	125112
Testosterone Cypionate Injection, USP, C-III	0143-9659-01	200 mg / mL	1 mL	2 mL	1 vial	10170540	5301908	3602687	862474
Testosterone Cypionate Injection, USP, C-III (NOVAPLUS)	0143-9005-01	2,000 mg / 10 mL	10 mL	10 mL	1 vial	10265559	5771860	2397149	203422
Testosterone Enanthate Injection, USP, C-III	0143-9750-01	1,000 mg / 5 mL	5 mL	5 mL	1 vial	10111194	4795092	2093342	125419
Thiamine Hydrochloride Injection, USP	0641-6228-25	200 mg / 2 mL	2 mL	2 mL	25 vials	10254123	5701990	3630183	981605
Thiotepea for Injection, USP	0143-9565-01	15 mg / vial	Powder	2 mL	1 vial	10153987	5127220	3480381	310821
Thiotepea for Injection, USP	0143-9292-01	100 mg / vial	Powder	20 mL	1 vial				
Thiotepea for Injection, USP (NOVAPLUS)	0143-9309-01	15 mg / vial	Powder	2 mL	1 vial	10208755	5491154	3448800	471722
Valproate Sodium Injection, USP	0143-9785-10	500 mg / 5 mL	5 mL	10 mL	10 vials	10087423	4342697	1135383	83790
Valproate Sodium Injection, USP (NOVAPLUS)	0143-9637-10	500 mg / 5 mL	5 mL	10 mL	10 vials	10125220	4908034	2069524	620096
Valrubicin Intravesical Solution, USP	24201-101-04	200 mg / 5 mL	5 mL	5 mL	4 vials	10221932	5531322	2631703	609958
Vancomycin Hydrochloride for Injection, USP	0143-9357-10	1 g / vial	Powder	20 mL	10 vials	10271519	5800347	2635183	238055
Vancomycin Hydrochloride for Injection, USP	0143-9152-10	1.25 g / vial	Powder	50 mL	10 vials	10282537	5864020	2846350	303214
Vancomycin Hydrochloride for Injection, USP	0143-9153-10	1.5 g / vial	Powder	50 mL	10 vials	10282517	5864012	2846368	303271
Vancomycin Hydrochloride for Injection	0143-9161-25	500 mg / vial	Powder	15 mL	25 vials	10283166	5870944	2849925	310326
Vancomycin Hydrochloride for Injection	0143-9162-10	1 g / vial	Powder	20 mL	10 vials	10283210	5870936	2849941	310342
Vancomycin Hydrochloride for Injection	0143-9163-01	5 g / vial	Powder	50 mL	1 vial	10283167	5870910	2849958	310359
Vancomycin Hydrochloride for Injection	0143-9164-01	10 g / vial	Powder	100 mL	1 vial	10283165	5870928	2849966	310367
Vecuronium Bromide for Injection	0143-9234-10	10 mg / vial	Powder	10 mL	10 vials	10234662	5607189	1523463	899120
Vecuronium Bromide for Injection	0143-9232-10	20 mg / vial	Powder	20 mL	10 vials	10236319	5649207	1545623	8809393



Customer Service

General Ordering Instructions

Hikma products are ordered by Pack Quantity (not by individual vials, ampuls, bags, or bottles). See pages 9-72 in the product information sections that specify quantities per pack.

Injectable Example No 1:

Product "A" has 25 vials/amps/bags per pack:

- Customer needs 25 vials/amps/bags; 1 pack will be ordered.
- Customer needs 50 vials/amps/bags; 2 packs will be ordered.
- Hikma will not break a pack.

Injectable Example No 2:

Product "B" has 1 vial/amp/bag per pack:

- Customer needs 1 vial/amp/bag; 1 pack will be ordered.
- Customer needs 50 vials/amps/bags; 50 packs will be ordered.

Please contact Customer Service with any questions:

Phone: 800.631.2174

Fax: 732.945.5672

Email: uscustomerservice@hikma.com

Business Hours: 8am ET – 7pm ET, Monday – Friday

C-II Ordering Instructions

Hikma C-II orders - 222 form guide

Hikma encourages you to submit your 222 Forms to your Wholesalers/Distributors. However, we understand that in certain instances you may need to submit your order directly. If this is the case, compliance with the following guidelines is required to ensure accurate and prompt order processing.

Mandatory items for C-II order processing:

- You must have a direct account with Hikma. There are no exceptions to this. Please reach out to your manager for set up.
- The following licenses must be on file with Hikma: DEA & State. Please submit to uslicensing@hikma.com
- Direct Controlled Substance Purchaser Due Diligence Questionnaire (Navex Portal) must be on file with Hikma:
 - Request questionnaire from SOM@hikma.com
 - Must be submitted, reviewed, and approved by Hikma's DEA Compliance team before controlled order may ship. Process can take 2-5 days to process upon receipt of the questionnaire by Hikma; plan accordingly.
- On a separate document, using company letterhead or email, provide the following Purchase Order (PO) information:
 - Legible contact name and phone #.
 - Correct product NDC# and Description.
 - Shipping Address (Note: Address on PO must match the address on the 222 Form EXACTLY. If there is any deviation the 222 Form will be rejected.)
 - Shipping preference must be specified (ground, 2-day or overnight). Expedited Freight costs will be added to your invoice.
- DEA-222 Form:
 - Sample forms and directions are shown on the following pages for both single sheet and triplicate.
 - Shipping address on PO must match the address that appears on the 222 Form EXACTLY, and that address must also match the address on your license EXACTLY. If there is any deviation the form will be rejected. Shipment can only be made to the address shown on the form.
 - If your name and address have changed, contact your regional DEA office for a new supply of forms.
 - 222 Form MUST be mailed. 222 Forms that are emailed or faxed will NOT be accepted.

222 Form & PO must be sent together to the following address only:

Hikma Pharmaceuticals USA Inc.
Attn: Customer Service
1809 Wilson Rd., **Mail Stop 08-118**
Columbus Ohio, 43228

NOTE: It is advisable to send your formal purchase order and 222 Form via email or fax to your Account Manager or Customer Service Representative for review prior to mailing to avoid any rejections. Hikma will reject orders after two attempts have been made to obtain the necessary information for order completion.

C-II Ordering Instructions

Single Sheet Sample 222 Form With Instructions:

PURCHASER INFORMATION

REGISTRATION INFORMATION

SUPPLIER DEA NUMBER:# RW0498419

PART 2: TO BE FILLED IN BY PURCHASER
 Hikma Pharmaceuticals USA Inc.
 BUSINESS NAME: Hikma Pharmaceuticals USA Inc.
 1809 Wilson Road
 STREET ADDRESS: 1809 Wilson Road
 Columbus, OH 43228
 CITY, STATE, ZIP CODE: Columbus, OH 43228

PART 1: TO BE FILLED IN BY PURCHASER
 1 Name / Title
 Print or Type Name and Title
 2 Signature
 Signature of Requesting Official (must be authorized to sign order form)
 Current Date
 Date

PART 5: TO BE FILLED IN BY PURCHASER

PART 3: ALTERNATE SUPPLIER IDENTIFICATION - to be filled in by first supplier
 (name in part 2) if order is endorsed to another supplier to fill
 ALTERNATE DEA #
 Signature- by first supplier
 OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER DATE

PART 4: TO BE FILLED IN BY SUPPLIER

ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER RECD	DATE RECD	NATIONAL DRUG CODE	NUMBER SHIPPED	DATE SHIPPED
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

4 LAST LINE COMPLETED (MUST BE 20 OR LESS)

NOTE: Red numbered items are to be completed by Hikma.

PART 1. PURCHASER INFORMATION

- 1 Print/Type name and title, sign.
- 2 Fill in current date.
- 3 Customer must complete the following columns:
 - No. of packages
 - Package size
 - Name of item(s)
- 4 Fill in "Last Line Completed".

PART 2. SUPPLIER IDENTIFICATION

- 5 Enter DEA number, name, and address of supplier.
 DEA#: RW0498419
 Hikma Pharmaceuticals USA Inc.
 1809 Wilson Road
 Columbus, OH 43228

PART 3. ALTERNATE SUPPLIER IDENTIFICATION

- 6 Leave this portion of the form blank.

PART 4. CONTROLLED SUBSTANCE SHIPMENT

- 7 Leave this portion of the form blank.

PART 5. CONTROLLED SUBSTANCE RECEIPT

- 8 Purchaser will enter the number of packages received and date received for each line item on its copy of the original order form.

PLEASE READ CAREFULLY.

Purchaser must make a copy of the original order form for its records before mailing the original to the supplier.

NOTE: It is advisable to send your formal purchase order and 222 Form via email or fax to your Account Manager or Customer Service Representative for review prior to mailing to avoid any rejections. Hikma will reject orders after two attempts have been made to obtain the necessary information for order completion. Items 1 through 7 must be followed in order for the form to be accepted by Hikma.

Return Goods Policy Effective April 2020

Hikma Pharmaceuticals USA Inc. ("Hikma") Return Goods Policy (this "Policy") applies to the return and/or credit of product(s) purchased by a direct customer of Hikma. This Policy also applies on returns from indirect customers that are returning through the wholesaler from the original purchase. Unless otherwise required by regulation or law or expressly agreed by the parties, the following policy applies to Hikma product(s).

PRODUCT RETURNS

- Upon receipt of a Return Authorization or box label(s), actual returns are to be forwarded to the processing facility at the following location:

Inmar RX Solutions, Inc.
3845 Grand Lakes Way Suite 125
Grand Prairie, Texas 75050

RETURN AUTHORIZATION ("RA") PROCEDURES FOR EXPIRED PRODUCTS

- Request for an RA (box labels) may be made by any of the below methods through Hikma's third party reverse logistics processor, Inmar RX Solutions, Inc. ("Inmar"):
 - Accessing Inmar's website at <https://returns.healthcare.inmar.com> (a PDF copy of your debit memo will need to be uploaded); or
 - E-mail the debit memo to rarequest@inmar.com. Include: NDC#, lot#, and the expiration date(s) assigned to each item; or
 - Fax your debit memo to Inmar at 817-868-5343.
- PLEASE NOTE: All third-party return processors must contact Inmar for a RA.

RETURNABLE PRODUCT – FOR REIMBURSEMENT

- Authorized expired product, which shall be defined as: Product returned within six (6) months prior to the expiry date, or within twelve (12) months thereafter, in full and unopened containers with a Hikma label, purchased directly from Hikma and returned directly to Inmar.
- Recalled product, as stated on a recall notice issued by Hikma, which is returned directly to Inmar after requesting and receiving a RA from Inmar.
- **A DEA Form 222 is required in order to return C-II controlled substances. Please send DEA Form 222 requests to: Fax # (817) 868-5342 or E-mail: 222@inmar.com.**
- Products meeting the "Conditions for Credit" and not included on the "Non-Returnable Product" listing as set forth below.

NON-RETURNABLE PRODUCT - NO CREDIT

- Partial units, except where mandated by federal, state or local laws.
- An inner pack included within a saleable package with a

different NDC.

- Private Labelled, Repackaged, Reconstituted, and/or Contract Manufactured product.
- Product(s) sold at no cost including, but not limited to donations and samples.
- Product(s) with more than six (6) months expiration dating or product greater than twelve (12) month from the expiration date assigned to such product.
- Product(s) not purchased directly from Hikma or the customer's authorized distributor/wholesaler.
- Product(s) sold as short-date, close-out, special promotion, and/or sold as non-returnable.
- Any SKU in the Phentolamine, Atropine, Dantrolene and Mefloquine product families as referenced in **Attachment A**.
- Customer overstocked product, unless prior approval from Hikma is received.
- Product(s) damaged due to negligence or insurable causes, such as fire, floods, and/or natural disasters.
- Product(s) purchased through a bankruptcy sale.
- Product(s) damaged/deteriorated due to negligence, including, but not limited to improper handling or storage by the customer.
- Product(s) received by Inmar thirty (30) days or more after the date assigned on the RA.
- Product(s) purchased or distributed contrary to federal, state or local laws.
- Product(s) sold to any city/municipality, county, state and/or federal entity for the purpose of stockpiling directly by Hikma or through an authorized wholesaler or distributor of record.
- Product(s) with defaced or missing Hikma labels which do not clearly display the product's expiration date, NDC and lot number including, but not limited to products with a prescription label.
- Product(s) purchased outside of the United States and its territories, commonwealths and possessions, including, but not limited to the District of Columbia and the commonwealth of Puerto Rico.
- Product(s) purchased for future events including speculative purposes.
- Expired returns with a returnable value of \$25.00 or less in value.

Return Goods Policy Effective April 2020

SHIPPING ERRORS

- Hikma must be notified of any shipping disputes within three (3) business days of receipt of product(s). Product(s) shipped in error by Hikma must be returned within thirty (30) business days of shipment to receive credit. Product(s) returned after thirty (30) business days of shipment shall be considered excess stock and will not be eligible for credit.
- If the error involves products which are controlled substances, Hikma must be notified within 24 hours of receipt of the order of any overages or mistakes in such controlled substances order.
- For clarity, customers will limit approved damage returns to packages/cases that are damaged and unsaleable to qualify for credit from Hikma.

CONDITIONS FOR CREDIT

- Product eligible for return which is received and verified by Inmar (or destroyed by customer's agent with prior written approval by Hikma) within thirty (30) days of receipt of a RA with a valid RA number are eligible for credit.
- Excluding Non-Returnable Products as defined above.
- Customer agrees to a one (1%) percent current year return limitation based on customer's prior calendar year's purchase value of all return eligible products. Return value based on return credit dollars issued for both direct and indirect/third party customer returns.
- See below for how returnable product will be valued by Hikma, transportation and Hikma disclaimers.

VALUATION OF RETURNS AND CREDIT MEMOS

- For direct customers, a credit will be issued based upon the lower of the current net invoice price at the time the returned product(s) is received by Inmar -OR- the lowest net invoice price paid in the prevailing 24 months.
- For indirect customers, a credit will be issued based upon the lower of the current net indirect price at the time the returned merchandise is received by Inmar -OR- the lowest net indirect contract price paid ("Lowest Indirect Price") in the prevailing 24 months from the wholesaler. If Hikma cannot identify the Lowest Indirect Price for a customer, then Hikma will use a predetermined indirect return price.
- Indirect returns will be credited through the wholesaler or distributor of purchase.
- The amount of credit issued or authorized by Hikma is directly correlated to what is validated by Inmar. In the event of any conflict between the customer's claimed quantity and the quantity validated by Inmar, the quantity validated by Inmar shall control.
- For recalled product, current net sale price will be credited to ensure replacement costs are covered.

- Credit will be issued by Hikma in the form of a credit memo only.

THIRD PARTY PROCESSORS

- Third party processors must comply with all requirements of this Policy. Hikma will not pay or reimburse any service fees to the purchaser or third-party return processor (e.g. handling, processing, or freight charges incurred, etc.).
- Hikma will not process returns using pricing from the third party's internally generated price list.

TRANSPORTATION

- Transportation charges, including prepaid freight and insurance, are the responsibility of the customer except when due to a Hikma error, as solely determined by Hikma.
- Hikma is not responsible for lost or damaged shipments of returned product(s). Insuring and tracking shipments are the responsibility of the customer.

COMPANY DISCLAIMERS

- Submission of the returned product does not constitute Hikma's acceptance for credit.
- Sales representatives are not permitted to authorize and/or pick-up returned products.
- Package size, lot number and lot expiration date will be obtained and verified after receipt of product by Inmar.
- Hikma reserves the right to refuse credit when product is returned through parties other than Inmar.
- All returns are subject to review by Hikma, and issuance of a RA number does not guarantee credit.
- Hikma reserves the sole right to determine whether items qualify under this Policy for return, credit or refund.
- Inmar's determination of the physical count of the returned products will be final. By returning products you authorize Hikma and its designee, as your agent, to destroy, without payment or other recourse, any returned product.
- Any and all credits provided pursuant to this Policy are only valid if redeemed within one (1) year of issuance. Any and all credits that are not redeemed within one (1) year of issuance shall be null and void.
- Unauthorized deductions for returned product(s) will not be accepted.
- Hikma reserves the right to require proof of purchase source on all merchandise returned for credit or refund.
- Non-Hikma product(s) returned with Hikma product(s) will not be the responsibility of Hikma. Hikma reserves the right to charge customers for any costs incurred to process and destroy such non-Hikma product. Any such non-Hikma product will not be returned to the customer.

This Return Goods Policy supersedes all previous policies and



Return Goods Policy Effective April 2020

may be modified by Hikma, from time to time, in its discretion. Hikma values the relationship it shares with its customers and will make a commercially reasonable attempt to provide thirty (30) days advance notification of policy changes. Customers will be expected to adhere to the most current policy which can be found on the Hikma website.

www.hikma.com

Attachment A

NDC	Product Description	Strength	Size
0641-6006-10	Atropine Sulfate Injection, USP	8 mg / 20 mL	20 mL
0641-6251-10	Atropine Sulfate Injection, USP	8 mg / 20 mL	20 mL
0143-9297-01	Dantrolene Sodium for Injection, USP	20 mg / vial	100 mL
0143-9564-01	Phentolamine Mesylate for Injection, USP	5 mg / vial	2 mL
0143-9564-10	Phentolamine Mesylate for Injection, USP	5 mg / vial	2 mL
0054-0025-11	Mefloquine Hydrochloride Tablets, USP	250 mg	25



Corporate Headquarters

Hikma Pharmaceuticals USA Inc.
200 Connell Drive, 4th Floor, Berkeley Heights, NJ 07922
Tel: 908.673.1030 | Fax: 732.945.5672
hikma.com/us



Customer Service Department

Business Hours: 8am ET – 7pm ET, Monday – Friday
Tel: 800.631.2174 | Fax: 732.945.5672
Email: uscustomerservice@hikma.com





©2024 Hikma Pharmaceuticals USA Inc. All rights reserved.
200 Connell Drive, 4th Floor, Berkeley Heights, NJ 07922
Customer Service 800.631.2174 | [hikma.com/us](https://www.hikma.com/us)