2025 Injectable Product Catalog

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nikma.

2025 Product Catalog

Contents

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.


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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 800+ products, our dedicated team at Hikma is always in reach when you need us. With 29 manufacturing facilities, 9 R&D hubs and 9,500+ 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**

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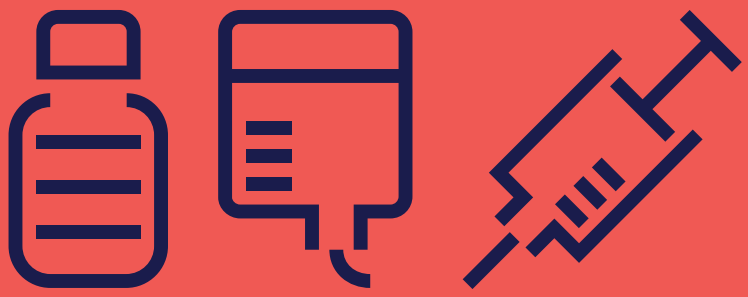
Hospitals lean on us for essential medicines.

POWERED BY PARTNERSHIP.

Injectables



Injectables

Injectables

ACETAMINOPHEN Injection

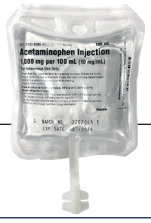
COMPARABLE TO
OFIRMEV®

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

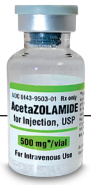
COMPARABLE TO
n/a

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

COMPARABLE 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

Injectables

ACETYLCYSTEINE Injection*

COMPARABLE TO
ACETADOTE®

THERAPEUTIC CATEGORY
Mucolytic Agent

PRODUCT DESCRIPTION
Colorless Solution

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
70594-111-02	200 mg / mL	6 g / 30 mL	30 mL	30 mL	4 vials	20 mm

*We are in the process of updating our product images to align with the Hikma brand. Thank you for your patience during this time.

ALLOPURINOL Sodium for Injection

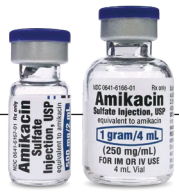
COMPARABLE TO
ALOPRIM®

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

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

AMIODARONE HCl Injection

COMPARABLE TO
CORDARONE®

THERAPEUTIC CATEGORY
Antiarrythmic 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

AMPICILLIN and SULBACTAM for Injection, USP

COMPARABLE 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

COMPARABLE 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

Injectables

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

ATROPINE Sulfate Injection, USP

COMPARABLE 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

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

AZATHIOPRINE Sodium for Injection, USP

COMPARABLE 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

BENZTROPINE Mesylate Injection, USP

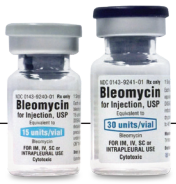
COMPARABLE TO
COGENTIN®

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

COMPARABLE TO
BLENOXANE®

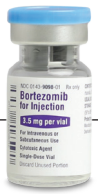
THERAPEUTIC CATEGORY
Antineoplastic Agent

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

Injectables



BORTEZOMIB for Injection

COMPARABLE 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 Quanitity	Closure
0143-9098-01	Powder	3.5 mg / vial	Powder	8 mL	1 vial	20 mm

BUMETANIDE Injection, USP

COMPARABLE 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

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

CAFFEINE CITRATE Injection, USP

COMPARABLE TO
RLD

THERAPEUTIC CATEGORY
Nervous System

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6267-10	20 mg / mL	60 mg / 3 mL	3 mL	5 mL	10 vials	20 mm

CALCITONIN SALMON Injection, USP, Synthetic

COMPARABLE 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

COMPARABLE 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 Quanitity	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

Injectables

CARBOPROST TROMETHAMINE Injection, USP*

COMPARABLE TO
HEMABATE®

THERAPEUTIC CATEGORY
Prostaglandin

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quanitity	Closure
70594-112-02	250 mcg / mL	250 mcg / mL	1 mL	1 mL	10 vials	13 mm

*We are in the process of updating our product images to align with the Hikma brand. Thank you for your patience during this time.

CEFAZOLIN for Injection, USP

COMPARABLE 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

CEFOXITIN for Injection, USP

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

CEFTRIAXONE for Injection, USP

COMPARABLE 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

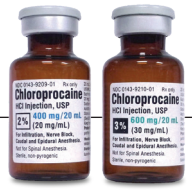
COMPARABLE TO
ZINACEF®

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



CHLOROPROCAINE HCl Injection, USP

COMPARABLE 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

Injectables

chlorproMAZINE HCl Injection, USP

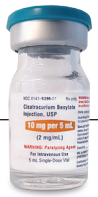
COMPARABLE TO
THORAZINE®

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

COMPARABLE 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 Quanitity	Closure
0143-9396-01	2 mg / mL	10 mg / 5 mL	5 mL	5 mL	1 vial	20 mm

CISplatin Injection

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

CLADRIBINE Injection, USP

COMPARABLE 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

CLINDAMYCIN in 5% Dextrose Injection

COMPARABLE TO
CLEOCIN PHOSPHATE®
IV SOLUTION

THERAPEUTIC CATEGORY
Antibiotic

PRODUCT DESCRIPTION
Clear, Colorless or Having a Very Slight Color Liquid

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9267-01	6 mg / mL	300 mg / 50 mL	50 mL	50 mL	1 vial	20 mm
0143-9268-01	12 mg / mL	600 mg / 50 mL	50 mL	50 mL	1 vial	20 mm
0143-9269-01	18 mg / mL	900 mg / 50 mL	50 mL	50 mL	1 vial	20 mm

CLONIDINE HCl Injection

COMPARABLE 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

COLISTIMETHATE for Injection, USP*

COMPARABLE TO
COLYMYCIN-M®

THERAPEUTIC CATEGORY
Anti-Infective

PRODUCT DESCRIPTION
White to Slightly Yellow Lyophilized Cake

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
70594-023-01	Powder	150 mg / vial	Powder	10 mL	1 vial	20 mm
70594-023-04	Powder	150 mg / vial	Powder	10 mL	12 vials	20 mm

*We are in the process of updating our product images to align with the Hikma brand. Thank you for your patience during this time.

BRANDED

combogesic® IV (acetaminophen and ibuprofen) injection

THERAPEUTIC CATEGORY
Non-Narcotic Analgesic

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
Hikma is the Reference Listed Drug

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quanitity	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

BRAND EQUIVALENT
n/a

THERAPEUTIC CATEGORY
Vitamin & Nutritional Supplement

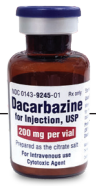
PRODUCT DESCRIPTION
Red Liquid

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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables



DACARBAZINE for Injection, USP

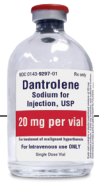
COMPARABLE TO
DTIC-DOME®

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



DANTROLENE Sodium for Injection, USP

COMPARABLE 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

DAPTOMYCIN for Injection*

COMPARABLE TO
n/a

THERAPEUTIC CATEGORY
Antibiotic

PRODUCT DESCRIPTION
Pale Yellow to Light Brown Lyophilized Cake

FDA RATING
RLD/*Hikma is the Reference Listed Drug

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
70594-066-01	Powder	350 mg / vial	Powder	20 mL	1 vial	20 mm
70594-060-01	Powder	500 mg / vial	Powder	20 mL	1 vial	20 mm
70594-053-01**	Powder	350 mg / vial	Powder	15 mL	1 vial	20 mm

*We are in the process of updating our product images to align with the Hikma brand. Thank you for your patience during this time.
**Temperature Controlled

Injectables

DAPTOMYCIN for Injection*

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
CUBICIN®	Anti-infective	Pale Yellow to Light Brown Lyophilized Cake	AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
70594-034-01	Powder	500 mg / vial	Powder	15 mL	1 vial	20 mm

*We are in the process of updating our product images to align with the Hikma brand. Thank you for your patience during this time.

DAUNORUBICIN HCl Injection

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
n/a	Antineoplastic Agent	Deep Red Sterile Liquid	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

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
DACOGEN®	Nucleoside Metabolic Inhibitor	White to Almost-White Lyophilized Powder	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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

DEXAMETHASONE Sodium Phosphate Injection, USP

COMPARABLE 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

COMPARABLE 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

COMPARABLE TO
PRECEDEX®

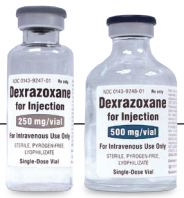
THERAPEUTIC CATEGORY
Sedative, Hypnotic

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

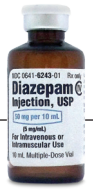
COMPARABLE TO
ZINECARD®

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

COMPARABLE 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

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

DICYCLOMINE HCl Injection, USP

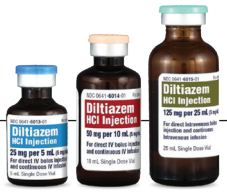
COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
BENTYL®	Antispasmodic / Anticholinergic	Clear, Colorless Liquid	AP

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

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
LANOXIN®	Positive Inotropic Agent	Clear, Colorless Liquid	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

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
CARDIZEM®	Calcium Channel Blocker	Clear, Colorless Liquid	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

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
BENADRYL®	Antihistamine	Clear, Colorless Liquid	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

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
PERSANTINE®	Coronary Vascodilator	Clear, Pale Yellow Liquid	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

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
DOBUTREX®	Cardiac Inotrpic Agent	Clear, Colorless Solution	AP

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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

DOCETAXEL Injection, USP

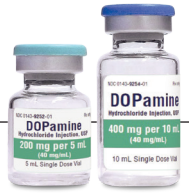
COMPARABLE TO
TAXOTERE®

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

COMPARABLE 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

COMPARABLE 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

COMPARABLE 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

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

DROPERIDOL Injection, USP

COMPARABLE TO
INAPSINE®

THERAPEUTIC CATEGORY
Neuroleptic (Tranquilizer) Agent

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9515-25	2.5 mg / mL	2.5 mg / mL	1 mL	2 mL	25 vials	13 mm
0143-9514-25	2.5 mg / mL	5 mg / 2 mL	2 mL	2 mL	25 vials	13 mm

BRANDED

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

THERAPEUTIC CATEGORY
Narcotic Analgesic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
RS/*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

COMPARABLE 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

Injectables

EPHEDRINE Sulfate Injection, USP

COMPARABLE 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

ePHEDrine Sulfate Injection, USP

COMPARABLE 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
0641-6236-10	5 mg / mL	25 mg / 5 mL	5 mL	5 mL	10 syringes	13 mm

ERIBULIN MESYLATE Injection

COMPARABLE TO
HALAVEN®

THERAPEUTIC CATEGORY
Microtubule Dynamics Inhibitor

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9167-01	0.5 mg / mL	1 mg / 2 mL	2 mL	7 mL	1 vial	13 mm

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

ERTAPENEM for Injection

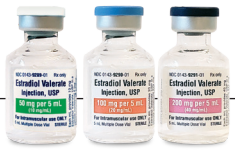
COMPARABLE TO
INVANZ®

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

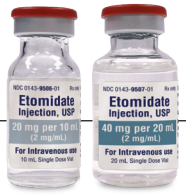
COMPARABLE TO
DELESTROGEN®

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

COMPARABLE TO
AMIDATE®

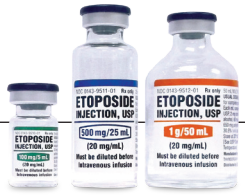
THERAPEUTIC CATEGORY
General Anesthetic

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

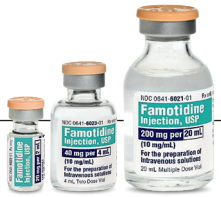
COMPARABLE TO
VEPESID®

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

COMPARABLE TO
PEPCID®

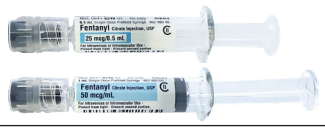
THERAPEUTIC CATEGORY
H-2 Histamine Receptor Antagonist

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

COMPARABLE TO
n/a

THERAPEUTIC CATEGORY
Opioid Analgesic

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
*RLD/RS
**AP/RLD/RS

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quanitity	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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

FENTANYL Citrate Injection, USP, C-II

COMPARABLE TO
n/a

THERAPEUTIC CATEGORY
Opioid 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
0641-6247-25	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

COMPARABLE 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
0143-9784-10	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

COMPARABLE TO
PROLIXIN® Decanoate

THERAPEUTIC CATEGORY
Antipsychotic

PRODUCT DESCRIPTION
Pale Yellow Liquid

FDA RATING
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

COMPARABLE 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

FOSCARNET Sodium Injection

COMPARABLE TO
FOSCAVIR®

THERAPEUTIC CATEGORY
Anti-infective

PRODUCT DESCRIPTION
Clear, Colorless Aqueous Solution

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9192-01	24 mg / mL	6,000 mg / 250 mL	250 mL	250 mL	1 bottle	32 mm

FULVESTRANT Injection

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

FUROSEMIDE Injection, USP

COMPARABLE TO
LASIX®

THERAPEUTIC CATEGORY
Diuretic

PRODUCT DESCRIPTION
Colorless Solution

FDA RATING
*n/a
**AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Case Pack	Closure
**0143-9155-25	10 mg / mL	20 mg / 2 mL	2 mL	2 mL	25 vials	13 mm
*0143-9156-10	10 mg / mL	40 mg / 4 mL	4 mL	5 mL	10 vials	13 mm
*0143-9157-10	10 mg / mL	100 mg / 10 mL	10 mL	10 mL	10 vials	20 mm
*0143-9158-01	10 mg / mL	500 mg / 50 mL	50 mL	50 mL	1 vial	20 mm
*0143-9159-01	10 mg / mL	1,000 mg / 100 mL	100 mL	100 mL	1 vial	20 mm

GANCICLOVIR for Injection, USP

COMPARABLE TO
CYTOVENE®

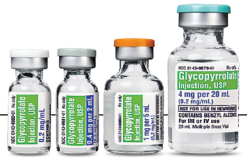
THERAPEUTIC CATEGORY
Anti-viral

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

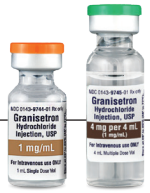
COMPARABLE TO
ROBINUL®

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

COMPARABLE 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

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

HEPARIN Sodium Injection, USP

COMPARABLE 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

COMPARABLE 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

COMPARABLE 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

COMPARABLE TO
DILAUDID®

THERAPEUTIC CATEGORY
Narcotic Analgesic

PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellow Liquid

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6169-10	1 mg / mL	1 mg / mL	1 mL	1.25 mL	10 syringes	9 mm
0641-6206-10	0.5 mg / 0.5 mL	0.5 mg / 0.5 mL	0.5 mL	1.25 mL	10 syringes	9 mm
0641-6259-10	0.2 mg / mL	0.2 mg / mL	1 mL	1.25 mL	10 syringes	9 mm

HYDROMORPHONE HCl Injection, USP, C-II

COMPARABLE 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

COMPARABLE TO
FIRAZYR®

THERAPEUTIC CATEGORY
Misc Therapeutic Agents, Complement Inhibitors

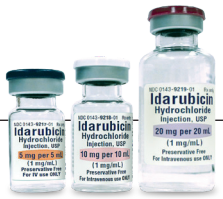
PRODUCT DESCRIPTION
Clear, Colorless Solution

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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables



IDARUBICIN HCl Injection, USP

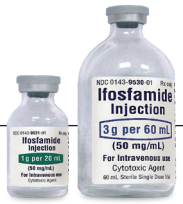
COMPARABLE TO
IDAMYCIN®

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



IFOSFAMIDE Injection

COMPARABLE 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 Quanitity	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

Injectables

BRANDED

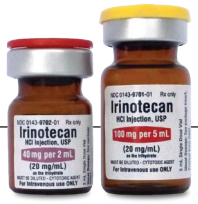
INFUMORPH® 200 & 500
(Preservative-Free Morphine Sulfate Sterile Solution), C-II

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



IRINOTECAN HCl Injection, USP

COMPARABLE 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

COMPARABLE TO
KETALAR®

THERAPEUTIC CATEGORY
Nonbarbiturate Anesthetic

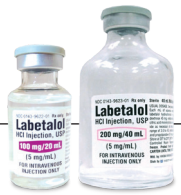
PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellowish Solution

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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables



LABETALOL HCl Injection, USP

COMPARABLE 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

LEUCOVORIN Calcium for Injection

COMPARABLE 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

COMPARABLE 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

COMPARABLE 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 Quanitity	Closure
0143-9852-10	200 mg / mL	1 g / 5 mL	5 mL	6 mL	10 vials	13 mm

LEVOFLOXACIN Injection in 5% Dextrose

COMPARABLE 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

COMPARABLE TO
n/a

THERAPEUTIC CATEGORY
Treatment of Myxedema Coma

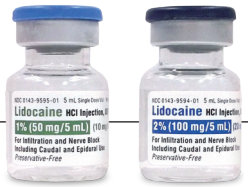
PRODUCT DESCRIPTION
Clear, Colorless to Slightly Yellow Solution

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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

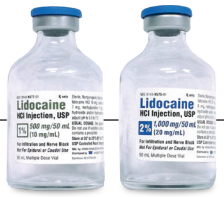
Injectables



LIDOCAINE HCl Injection, USP (Preservative Free)

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
XYLOCAINE®	Nerve Block / Anesthetic	Clear, Colorless Solution	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)

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
XYLOCAINE®	Nerve Block / Anesthetic	Clear, Colorless Solution	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

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
ZYVOX®	Antibacterial	Clear, Colorless to Faint Yellow	AP

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

Injectables

LIRAGLUTIDE Injection

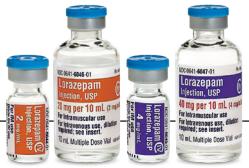
COMPARABLE TO
VICTOZA®

THERAPEUTIC CATEGORY
Alimentary Tract and Metabolism

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quanitity	Closure
0143-9144-02	6 mg / mL	18 mg / 3 mL	3 mL	3 mL	2 pens	10 mm
0143-9144-03	6 mg / mL	18 mg / 3 mL	3 mL	3 mL	3 pens	10 mm



LORAZEPAM Injection, USP, C-IV

COMPARABLE 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

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

MEROPENEM for Injection, USP

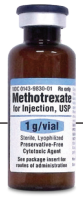
COMPARABLE TO
MERREM®

THERAPEUTIC CATEGORY
Carbapenem Antibiotic

PRODUCT DESCRIPTION
White to Pale Yellow Crystalline Powder

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0143-9430-10	Powder	500 mg / vial	Powder	20 mL	10 vials	20 mm
0143-9431-10	Powder	1 g / vial	Powder	30 mL	10 vials	20 mm



METHOTREXATE for Injection, USP

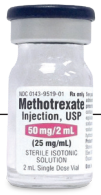
COMPARABLE TO
n/a

THERAPEUTIC CATEGORY
Antimetabolite Cytotoxic Agent

PRODUCT DESCRIPTION
White to Off-White Lyophilized Powder

FDA RATING
AP/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



METHOTREXATE Injection, USP

COMPARABLE TO
n/a

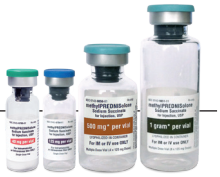
THERAPEUTIC CATEGORY
Antimetabolite Cytotoxic Agent

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

Injectables



methylPREDNISolone Sodium Succinate for Injection, USP

COMPARABLE TO
SOLU-MEDROL®

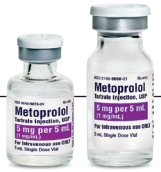
THERAPEUTIC CATEGORY
Anti-Inflammatory Glucocorticoid

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

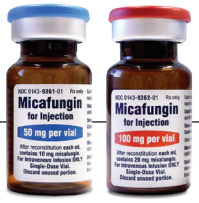
COMPARABLE TO
LOPRESSOR®

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



MICAFUNGIN for Injection

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

MIDAZOLAM Injection, USP, C-IV

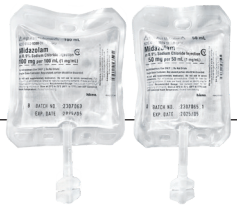
COMPARABLE TO
VERSED®

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

COMPARABLE 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 Quanitity	Closure
0143-9379-10	1 mg / mL	50 mg / 50 mL	50 mL	50 mL	10 bags	n/a
0143-9380-10	1 mg / mL	100 mg / 100 mL	100 mL	100 mL	10 bags	n/a

Injectables

MIDAZOLAM Injection, USP C-IV

COMPARABLE 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 Quanitity	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

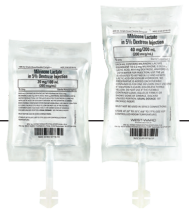
COMPARABLE TO
PRIMACOR®

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

COMPARABLE TO
PRIMACOR® in Dextrose 5%

THERAPEUTIC CATEGORY
Cardiac Agent

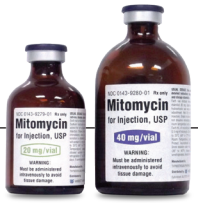
PRODUCT DESCRIPTION
Clear, Colorless to Pale Yellow Solution

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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables



MITOMYCIN for Injection, USP

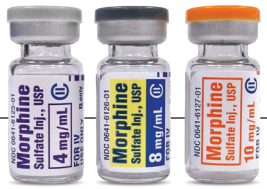
COMPARABLE TO
MUTAMYCIN®

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

COMPARABLE 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

COMPARABLE TO
NARCAN®

THERAPEUTIC CATEGORY
Opiod Antagonist

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP

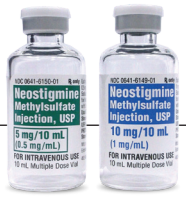
NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6132-25	0.4 mg / mL	0.4 mg / mL	1 mL	2 mL	25 vials	13 mm

Injectables

NALOXONE HCl Injection, USP

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
NARCAN®	Opiod Antagonist	Clear, Colorless Liquid	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

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
BLOXIVERZ®	Acetylcholinesterase Inhibitor	Clear, Colorless Liquid	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

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

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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

NICARDIPINE HCl Injection

COMPARABLE 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

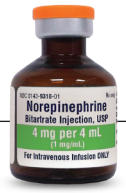
COMPARABLE TO
CARDENE®

THERAPEUTIC CATEGORY
Calcium Channel Blocker

PRODUCT DESCRIPTION
Clear, Yellow Liquid

FDA RATING
AP/RLD/RS

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

COMPARABLE TO
LEVOPHED®

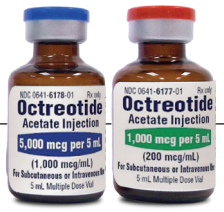
THERAPEUTIC CATEGORY
Peripheral Vasoconstrictor

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)

COMPARABLE 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)

COMPARABLE 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

COMPARABLE 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
0641-6078-25*	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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

ORPHENADRINE Citrate Injection, USP

COMPARABLE 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
0641-6182-25	30 mg / mL	60 mg / 2 mL	2 mL	2 mL	25 vials	13 mm

PANTOPRAZOLE Sodium for Injection

COMPARABLE TO
PROTONIX®

THERAPEUTIC CATEGORY
Proton Pump Inhibitor

PRODUCT DESCRIPTION
White to Off White Sterile Lyophilized Powder

FDA RATING
RS/*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

COMPARABLE 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

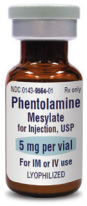
COMPARABLE TO
n/a

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

COMPARABLE TO
REGITINE®

THERAPEUTIC CATEGORY
Antihypertensive

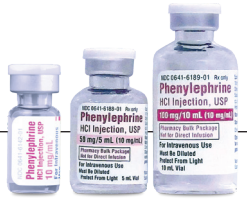
PRODUCT DESCRIPTION
White to Off-White Powder

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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

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

COMPARABLE TO
n/a

THERAPEUTIC CATEGORY
Anticonvulsant

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP/RLD/RS
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

POLYMYXIN B for Injection, USP*

COMPARABLE TO
AEROSPORIN®

THERAPEUTIC CATEGORY
Anti-infective

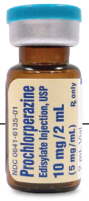
PRODUCT DESCRIPTION
White to Off-White Powder

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
70594-049-02	Powder	500,000 units / vial	Powder	10 mL	10 vials	20 mm

*We are in the process of updating our product images to align with the Hikma brand. Thank you for your patience during this time.

Injectables



PROCHLORPERAZINE Edisylate Injection, USP

COMPARABLE 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

PROGESTERONE Injection, USP

COMPARABLE 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

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

REGADENOSON Injection

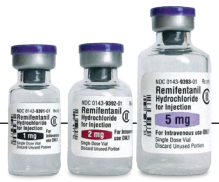
COMPARABLE TO
LEXISCAN®

THERAPEUTIC CATEGORY
Diagnostic Imaging Agent

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quanitity	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

COMPARABLE 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® INJECTION (Methocarbamol Injection, USP)

THERAPEUTIC CATEGORY
Skelatal 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

COMPARABLE 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 ACETATE Injection, USP

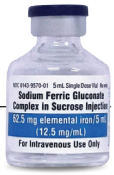
COMPARABLE TO
n/a

THERAPEUTIC CATEGORY
Blood and Blood Forming Organs

PRODUCT DESCRIPTION
Clear, Colorless Liquid

FDA RATING
AP

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Pack Quantity	Closure
0641-6261-01	2 mEq / mL	40 mEq / 20 mL	20 mL	20 mL	1 vial	20 mm



SODIUM FERRIC GLUCONATE COMPLEX in Sucrose Injection

COMPARABLE 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

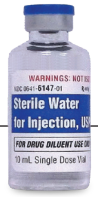
Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

SODIUM TETRADECYL Sulfate Injection, 3%

COMPARABLE TO	THERAPEUTIC CATEGORY	PRODUCT DESCRIPTION	FDA RATING
SOTRADECOL®	Sclerosing Agent	Clear, Colorless Solution	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

COMPARABLE 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

COMPARABLE 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

Injectables

SUCCINYLCHOLINE Chloride Injection, USP

COMPARABLE TO
n/a

THERAPEUTIC CATEGORY
Neuromuscular Blocking Agent

PRODUCT DESCRIPTION
Clear, Colorless Solution

FDA RATING
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

SUMATRIPTAN Injection, USP

COMPARABLE 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

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables

TESTOSTERONE CYPIONATE Injection, USP, C-III

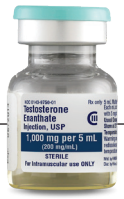
COMPARABLE TO
DEPO-TESTOSTERONE®

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



TESTOSTERONE ENANTHATE Injection, USP, C-III

COMPARABLE 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

COMPARABLE TO
n/a

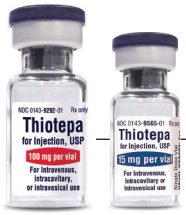
THERAPEUTIC CATEGORY
Vitamin and Nutritional Supplement

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

Injectables



THIOTEPA for Injection, USP

COMPARABLE 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

VALPROATE Sodium Injection, USP

COMPARABLE 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

COMPARABLE TO
VALSTAR®

THERAPEUTIC CATEGORY
Antineoplastic

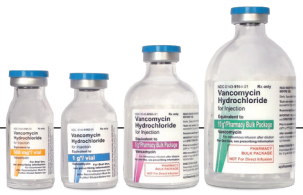
PRODUCT DESCRIPTION
Clear, Red Solution

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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Injectables



VANCOMYCIN Hydrochloride for Injection

COMPARABLE 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 Quanitity	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

VANCOMYCIN HCl for Injection, USP

COMPARABLE TO
VANCOCIN®

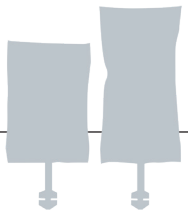
THERAPEUTIC CATEGORY
Antibacterial

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

Injectables



VANCOMYCIN Injection, USP*

COMPARABLE TO
n/a

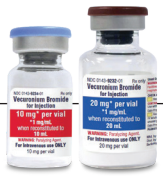
THERAPEUTIC CATEGORY
Anti-infective

PRODUCT DESCRIPTION
Clear, Colorless to Light Brown Solution

FDA RATING
RLD/*Hikma is the Reference Listed Drug

NDC Number	Concentration	Total Drug Content	Fill Volume	Unit Size	Case Pack	Closure
70594-041-03	5 mg / mL	500 mg / 100 mL	100 mL	100 mL	12 bags	n/a
70594-042-03	5 mg / mL	1 g / 200 mL	200 mL	200 mL	12 bags	n/a
70594-043-02	5 mg / mL	1.5 g / 300 mL	300 mL	300 mL	6 bags	n/a
70594-044-02	5 mg / mL	2 g / 400 mL	400 mL	400 mL	6 bags	n/a
70594-056-03	5 mg / mL	750 mg / 150 mL	150 mL	200 mL	12 bags	n/a
70594-057-02	5 mg / mL	1.25 g / 250 mL	250 mL	300 mL	6 bags	n/a
70594-058-02	5 mg / mL	1.75 g / 350 mL	350 mL	400 mL	6 bags	n/a

*We are in the process of updating our product images to align with the Hikma brand. Thank you for your patience during this time.



VECURONIUM Bromide for Injection

COMPARABLE 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

Minimum order quantity is one inner case pack.
Please see Package Inserts available at hikma.com for Full Prescribing Information, Warnings, Precautions, and Adverse Reactions.

Wholesaler OENs

Wholesaler OENs

Wholesaler Numbers

Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	Cardinal	Cencora	MCK	M&D
Acetaminophen Injection	0143-9386-10	1,000 mg / 100 mL	100 mL	100 mL	10 bags	5811419	10274831	2652279	186726
Acetaminophen Injection	24201-100-24	1,000 mg / 100 mL	100 mL	100 mL	24 vials	5688346	10252356	2631539	921940
AcetaZOLAMIDE for Injection, USP	0143-9503-01	500 mg / vial	Powder	20 mL	1 vial	5333869	10174273	3632411	889808
Acetylcysteine Injection	70594-111-02	6 g / 30 mL	30 mL	30 mL	4 vials	5863626		2846582	303370
Allopurinol Sodium for Injection	0143-9533-01	500 mg / vial	Powder	50 mL	1 vial	5302146	10170517	3599891	863068
Amikacin Sulfate Injection, USP	0641-6167-10	500 mg / 2 mL	2 mL	2 mL	10 vials	5198544	10161004	3505047	563767
Amikacin Sulfate Injection, USP	0641-6166-10	1 g / 4 mL	4 mL	5 mL	10 vials	5198536	10161005	3504388	563379
Amiodarone Hydrochloride Injection	0143-9875-25	150 mg / 3 mL	3 mL	4 mL	25 vials	5347430	10174831	3643731	904797
Ampicillin & Sulbactam for Injection, USP	0641-6116-10	1.5 g / vial	Powder	20 mL	10 vials	4591236	10104268	3652237	396317
Ampicillin & Sulbactam for Injection, USP	0641-6117-10	3 g / vial	Powder	20 mL	10 vials	4591251	10104269	3653284	396911
Ampicillin & Sulbactam for Injection, USP	0641-6118-01	15 g / vial	Powder	100 mL	1 vial	4591319	10104360	2255867	396929
Argatroban Injection	0143-9674-01	250 mg / 2.5 mL	2.5 mL	2.5 mL	1 vial	4790861	10110997	1809474	118034
Argatroban Injection (RtU)	0143-9559-01	50 mg / 50 mL	50 mL	50 mL	1 vial	5313796	10172554	3610458	867655
Ativan Injection (Lorazepam Injection, USP), C-IV	0641-6000-10	20 mg / 10 mL	10 mL	10 mL	10 vials	4586012	10105758	1320910	402164
Ativan Injection (Lorazepam Injection, USP), C-IV	0641-6002-10	40 mg / 10 mL	10 mL	10 mL	10 vials	4586004	10105760	1320944	492561
Ativan Injection (Lorazepam Injection, USP), C-IV	0641-6001-25	2 mg / mL	1 mL	2 mL	25 vials	4586038	10105757	1320902	492553
Ativan Injection (Lorazepam Injection, USP), C-IV	0641-6003-25	4 mg / mL	1 mL	2 mL	25 vials	4586020	10105759	1320928	402172
Atropine Sulfate Injection, USP	0641-6251-10	8 mg / 20 mL	20 mL	20 mL	10 vials	5798111	10270987	2632818	234369
Azacitidine for Injection	0143-9606-01	100 mg / vial	Powder	50 mL	1 vial	5671839	10244002	1567478	879726
Azathioprine Sodium for Injection, USP	0143-9566-01	100 mg / vial	Powder	20 mL	1 vial	5237482	10164380	3542875	550244
Benztropine Mesylate Injection, USP	0143-9729-05	2 mg / 2 mL	2 mL	2 mL	5 ampuls	4266953	10007558	2231983	25833
Benztropine Mesylate Injection, USP	0143-9233-05	2 mg / 2 mL	2 mL	2 mL	5 vials	5771365	10265556	2397164	203414
Bleomycin for Injection, USP	0143-9240-01	15 units / vial	Powder	6 mL	1 vial	5456074	10187575	3906245	331918
Bleomycin for Injection, USP	0143-9241-01	30 units / vial	Powder	10 mL	1 vial	5456082	10187576	3906260	331926
Bortezomib for Injection	0143-9098-01	3.5 mg / vial	Powder	8 mL	1 vial	5799408	10271351	2633204	235952
Bumetanide Injection, USP	0641-6007-10	2.5 mg / 10 mL	10 mL	10 mL	10 vials	4585030	10104540	1109966	400663
Bumetanide Injection, USP	0641-6008-10	1 mg / 4 mL	4 mL	5 mL	10 vials	4585014	10104489	1109958	400580
Bupivacaine Hydrochloride Injection, USP	0143-9328-10	125 mg / 50 mL	50 mL	50 mL	10 vials	5815337	10275395	2659753	191858
Bupivacaine Hydrochloride Injection, USP	0143-9329-10	250 mg / 50 mL	50 mL	50 mL	10 vials	5820592	10275740	2662815	194100
Bupivacaine Hydrochloride Injection, USP	0143-9330-10	25 mg / 10 mL	10 mL	10 mL	10 vials	5747647	10262032	2362754	112755
Bupivacaine Hydrochloride Injection, USP	0143-9331-10	50 mg / 10 mL	10 mL	10 mL	10 vials	5747654	10261992	2362770	112797
Bupivacaine Hydrochloride Injection, USP	0143-9332-10	75 mg / 10 mL	10 mL	10 mL	10 vials	5747662	10261968	2362788	112805
Bupivacaine Hydrochloride Injection, USP	0143-9333-10	75 mg / 30 mL	30 mL	30 mL	10 vials	5756077	10263104	2374775	141945
Bupivacaine Hydrochloride Injection, USP	0143-9334-10	150 mg / 30 mL	30 mL	30 mL	10 vials	5756085	10263141	2374858	142075
Bupivacaine Hydrochloride Injection, USP	0143-9335-10	225 mg / 30 mL	30 mL	30 mL	10 vials	5756093	10263067	2374866	142232
Caffeine Citrate Injection, USP	0641-6267-10	60 mg / 3 mL	3 mL	5 mL	10 vials	5928361	10290093	2967735	386763
Calcitonin Salmon Injection, USP, Synthetic	24201-400-02	400 USP units / 2 mL	2 mL	2 mL	1 vial	5722459	10258223	2631612	101931
Calcium Gluconate Injection, USP	0143-9180-25	1,000 mg / 10 mL	10 mL	10 mL	25 vials	5880471	10284003	2874030	316810
Calcium Gluconate Injection, USP	0143-9184-25	5,000 mg / 50 mL	50 mL	50 mL	25 vials	5898176	10286458	2894327	331850
Carboprost Tromethamine Injection, USP	70594-112-02	250 mcg / mL	1 mL	1 mL	10 vials	5899083	10286351	2895969	333104
Cefazolin for Injection, USP	0143-9139-25	2 g / vial	Powder	20 mL	25 vials	5831896	10278665	2688539	261198
Cefazolin for Injection, USP	0143-9140-25	3 g / vial	Powder	20 mL	25 vials	5831904	10278800	2688547	261164
Cefazolin for Injection, USP	0143-9923-90	500 mg / vial	Powder	10 mL	25 vials	3932506	10048109	1395227	674309
Cefazolin for Injection, USP	0143-9924-90	1 g / vial	Powder	10 mL	25 vials	3478880	10048110	1395318	674341
Cefazolin for Injection, USP	0143-9983-03	10 g / vial	Powder	100 mL	10 vials	3658119	10034741	1716190	674358
Cefoxitin for Injection, USP	0143-9878-25	1 g / vial	Powder	10 mL	25 vials	4348215	10085233	1220755	82016

Please refer to page 78 for ordering instructions.

Wholesaler Numbers

Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	Cardinal	Cencora	MCK	M&D
Cefoxitin for Injection, USP	0143-9876-10	10 g / vial	Powder	100 mL	10 vials	4348280	10085235	1133040	82032
Cefoxitin for Injection, USP	0143-9877-25	2 g / vial	Powder	20 mL	25 vials	4348264	10085234	1223965	82024
Ceftriaxone for Injection, USP	0143-9859-25	250 mg / vial	Powder	10 mL	25 vials	4070249	10019696	1323013	848069
Ceftriaxone for Injection, USP	0143-9858-25	500 mg / vial	Powder	10 mL	25 vials	4070256	10019699	1323039	848077
Ceftriaxone for Injection, USP	0143-9857-25	1 g / vial	Powder	10 mL	25 vials	4070264	10019700	1323070	848085
Ceftriaxone for Injection, USP	0143-9856-25	2 g / vial	Powder	20 mL	25 vials	4070272	10019704	1323104	848093
Ceftriaxone for Injection, USP	0143-9678-01	10 g / vial	Powder	100 mL	1 vial	5562657	10229770	3979382	777482
Cefuroxime for Injection, USP	0143-9979-22	750 mg / vial	Powder	10 mL	25 vials	3646551	10042235	1721356	674366
Cefuroxime for Injection, USP	0143-9977-22	1.5 g / vial	Powder	20 mL	25 vials	3646544	10042336	1718998	674374
Chloroprocaine Hydrochloride Injection, USP	0143-9209-10	2% 400 mg / 20 mL	20 mL	20 mL	10 vials	5398433	10181879	3726411	165431
Chloroprocaine Hydrochloride Injection, USP	0143-9210-10	3% 600 mg / 20 mL	20 mL	20 mL	10 vials	5398441	10181930	3726429	165449
chlorproMAZINE Hydrochloride Injection, USP	0641-1397-35	25 mg / mL	1 mL	1 mL	25 ampuls	1041037	10034860	2749349	967547
chlorproMAZINE Hydrochloride Injection, USP	0641-1398-35	50 mg / 2 mL	2 mL	2 mL	25 ampuls	1319284	10034809	2749356	967554
Cisatracurium Besylate Injection, USP	0143-9396-01	10 mg / 5 mL	5 mL	5 mL	1 vial	588870	10284902	2886059	555151
CISplatin Injection	0143-9504-01	50 mg / 50 mL	50 mL	50 mL	1 vial	5542287	10225674	3959293	722801
CISplatin Injection	0143-9505-01	100 mg / 100 mL	100 mL	100 mL	1 vial	5542295	10225673	3959285	730002
Cladribine Injection, USP	0143-9871-01	10 mg / 10 mL	10 mL	20 mL	1 vial	5589122	10232550	3498821	836569
Clindamycin in 5% Dextrose Injection	0143-9267-01	300 mg / 50 mL	50 mL	50 mL	1 vial	5926506	10289664	2962009	386706
Clindamycin in 5% Dextrose Injection	0143-9268-01	600 mg / 50 mL	50 mL	50 mL	1 vial	5926514	10289666	2962033	386714
Clindamycin in 5% Dextrose Injection	0143-9269-01	900 mg / 50 mL	50 mL	50 mL	1 vial	5926522	10289665	2962074	386722
Clonidine Hydrochloride Injection	0143-9724-01	1,000 mcg / 10 mL	10 mL	10 mL	1 vial	4518890	10100006	1331404	539544
Clonidine Hydrochloride Injection	0143-9723-01	5,000 mcg / 10 mL	10 mL	10 mL	1 vial	4518916	10100007	1331974	539551
Colistimethate for Injection, USP	70594-023-01	150 mg / vial	Powder	10 mL	1 vial	5542758	10221593	3946126	605667
Colistimethate for Injection, USP	70594-023-04	150 mg / vial	Powder	10 mL	12 vials	5508825	10210752	3736766	561365
COMBOGESIC® IV (acetaminophen and ibuprofen) Injection	0143-9150-10	1,000 mg/300 mg / 100 mL	100 mL	100 mL	10 vials	5899844	10286457	2897379	350249
Cyanocobalamin Injection, USP	0143-9621-25	1,000 mcg / mL	1 mL	2 mL	25 vials	5226899	10163398	3530276	493460
Cyanocobalamin Injection, USP	0143-9620-10	10,000 mcg / 10 mL	10 mL	10 mL	10 vials	5226923	10163396	3530284	493494
Dacarbazine for Injection, USP	0143-9245-10	200 mg / vial	Powder	20 mL	10 vials	5658299	10237519	1554302	905737
Daptomycin for Injection	70594-066-01	350 mg / vial	Powder	20 mL	1 vial	5888508	10284970	2883650	327361
Daptomycin for Injection	70594-060-01	500 mg / vial	Powder	20 mL	1 vial	5888516	10284919	288643	327379
Daptomycin for Injection	70594-053-01	350 mg / vial	Powder	15 mL	1 vial	5539101	10223278	3954815	650903
Daptomycin for Injection	70594-034-01	500 mg / vial	Powder	15 mL	1 vial	5503214	10210518	3688421	551598
Dantrolene Sodium for Injection, USP	0143-9297-01	20 mg / vial	Powder	100 mL	1 vial	5579008	10231448	2417905	793539
Daunorubicin Hydrochloride Injection	0143-9551-10	20 mg / 4 mL	4 mL	6 mL	10 vials	5456090	10187627	3906807	331967
Daunorubicin Hydrochloride Injection	0143-9550-01	50 mg / 10 mL	10 mL	20 mL	1 vial	5456108	10187626	3906823	331991
Decitabine for Injection	0143-9385-01	50 mg / vial	Powder	50 mL	1 vial	5807060	10273873	2646172	249219
Dexamethasone Sodium Phosphate Injection, USP	0641-0367-25	10 mg / mL	1 mL	2 mL	25 vials	1154020	10034913	1208263	969741
Dexamethasone Sodium Phosphate Injection, USP	0641-6145-25	4 mg / mL	1 mL	2 mL	25 vials	5320296	10173170	3618618	878165
Dexamethasone Sodium Phosphate Injection, USP	0641-6146-10	20 mg / 5 mL	5 mL	5 mL	10 vials	5882220	10284930	2877900	317099
Dexmedetomidine HCl Injection	0143-9532-25	200 mcg / 2 mL	2 mL	2 mL	25 vials	5391107	10180867	3701299	78600
Dexmedetomidine HCl in 0.9% Sodium Chloride Injection	0143-9526-10	200 mcg / 50 mL	50 mL	50 mL	10 bags	5712625	10256407	2317725	976118
Dexmedetomidine HCl in 0.9% Sodium Chloride Injection	0143-9525-10	400 mcg / 100 mL	100 mL	100 mL	10 bags	5712633	10256408	2317717	978577
Dexrazoxane for Injection	0143-9247-01	250 mg / vial	Powder	30 mL	1 vial	5421581	10184806	3758372	219881
Dexrazoxane for Injection	0143-9248-01	500 mg / vial	Powder	50 mL	1 vial	5421599	10184807	3758380	219931
Diazepam Injection, USP, C-IV	0641-6243-10	50 mg / 10 mL	10 mL	10 mL	10 vials	5838891	10278966	2801686	271692

Wholesaler Numbers

Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	Cardinal	Cencora	MCK	M&D
Diazepam Injection, USP, C-IV (Prefilled Syringe)	0641-6244-10	10 mg / 2 mL	2 mL	2.25 mL	10 syringes	5761382	10263828	2381655	195412
Dicyclomine HCl Injection, USP	0641-6173-10	20 mg / 2 mL	2 mL	2 mL	10 vials	5203914	10163937	3504453	581074
Digoxin Injection, USP	0641-1410-35	500 mcg / 2 mL	2 mL	2 mL	25 ampuls	2365369	10000529	1878370	970988
Diltiazem Hydrochloride Injection	0641-6013-10	25 mg / 5 mL	5 mL	5 mL	10 vials	4553723	10102315	2481034	253922
Diltiazem Hydrochloride Injection	0641-6014-10	50 mg / 10 mL	10 mL	10 mL	10 vials	4553731	10102316	2481182	253955
Diltiazem Hydrochloride Injection	0641-6015-10	125 mg / 25 mL	25 mL	30 mL	10 vials	4553749	10102317	2481307	254466
DiphenhydrAMINE Hydrochloride Injection, USP	0641-0376-25	50 mg / mL	1 mL	2 mL	25 vials	1020700	10034849	2283521	968081
Dipyridamole Injection, USP	0641-2569-44	50 mg / 10 mL	10 mL	10 mL	5 vials	2693851	10042932	1925080	693085
DOBUTamine Injection, USP	0143-9141-10	250 mg / 20 mL	20 mL	20 mL	10 vials	5851951	10280622	2823078	295337
Docetaxel Injection, USP	0143-9204-01	20 mg / mL	1 mL	5 mL	1 vial	5715222	10256869	2315588	053686
Docetaxel Injection, USP	0143-9205-01	80 mg / 4 mL	4 mL	5 mL	1 vial	5715230	10256901	2315570	053769
DOPamine Hydrochloride Injection, USP	0143-9252-25	200 mg / 5 mL	5 mL	5 mL	25 vials	5581756	10231846	2546398	804005
DOPamine Hydrochloride Injection, USP	0143-9254-25	400 mg / 10 mL	10 mL	10 mL	25 vials	5581764	10231829	2546414	804013
Dopram® Injection (Doxapram Hydrochloride Injection, USP)	0641-6018-01	400 mg / 20 mL	20 mL	20 mL	1 vial	5762141	10264498	2387496	203083
DOXOrubicin Hydrochloride Injection, USP	0143-9084-01	10 mg / 5 mL	5 mL	5 mL	1 vial	5732466	10259996	2338127	045633
DOXOrubicin Hydrochloride Injection, USP	0143-9085-01	20 mg / 10 mL	10 mL	10 mL	1 vial	5732011	10259997	2338093	045617
DOXOrubicin Hydrochloride Injection, USP	0143-9086-01	50 mg / 25 mL	25 mL	25 mL	1 vial	5732037	10260028	2338036	045591
DOXOrubicin Hydrochloride Injection, USP	0143-9087-01	200 mg / 100 mL	100 mL	100 mL	1 vial	5732433	10259615	2338044	045666
DOXOrubicin Hydrochloride for Injection, USP	0143-9092-01	10 mg / vial	Powder	5 mL	1 vial	5732458	10259985	2338275	045641
DOXOrubicin Hydrochloride for Injection, USP	0143-9093-01	50 mg / vial	Powder	50 mL	1 vial	5780770	10266733	2604122	211771
Doxycycline for Injection, USP	0143-9381-10	100 mg / vial	Powder	20 mL	10 vials	5721709	10258112	2325249	022533
Droperidol Injection, USP	0143-9515-25	2.5 mg / mL	1 mL	2 mL	25 vials	5956164	10295086	3002730	441022
Droperidol Injection, USP	0143-9514-25	5 mg / 2 mL	2 mL	2 mL	25 vials	5956172	10295085	3002748	441030
Duramorph® (Morphine Sulfate Injection, USP), C-II	0641-6020-10	5 mg / 10 mL	10 mL	10 mL	10 ampuls	4723573	10106781	1709559	828665
Duramorph® (Morphine Sulfate Injection, USP), C-II	0641-6019-10	10 mg / 10 mL	10 mL	10 mL	10 ampuls	4723557	10106782	1709567	830059
Enalaprilat Injection, USP	0143-9787-10	1.25 mg / mL	1 mL	2 mL	10 vials	4238705	10019198	1418318	989525
Enalaprilat Injection, USP	0143-9786-10	2.5 mg / 2 mL	2 mL	2 mL	10 vials	4238713	10019764	1419167	989517
Ephedrine Sulfate Injection, USP	0641-6238-25	50 mg / mL	1 mL	2 mL	25 vials	5697164	10253774	2307130	969063
ePHEDrine Sulfate Injection, USP (Prefilled Syringe)	0641-6236-10	25 mg / 5 mL	5 mL	5 mL	10 syringes	5961909	10295578	3006087	560482
Eribulin Mesylate Injection	0143-9167-01	1 mg / 2mL	2 mL	7 mL	1 vial	5952569	10294551	2996411	436568
Ertapenem for Injection	0143-9398-10	1 g / vial	Powder	20 mL	10 vials	5740063	10260708	2347805	122218
Estradiol Valerate Injection, USP	0143-9289-01	50 mg / 5 mL	5 mL	6 mL	1 vial	5823224	10277391	2673333	243568
Estradiol Valerate Injection, USP	0143-9290-01	100 mg / 5 mL	5 mL	6 mL	1 vial	5723481	10258168	2325405	022558
Estradiol Valerate Injection, USP	0143-9291-01	200 mg / 5 mL	5 mL	6 mL	1 vial	5723499	10258165	2325413	022582
Etomidate Injection, USP	0143-9506-10	20 mg / 10 mL	10 mL	10 mL	10 vials	5284112	10168534	3581840	814293
Etomidate Injection, USP	0143-9507-10	40 mg / 20 mL	20 mL	20 mL	10 vials	5284146	10168533	3581857	814277
Etoposide Injection, USP	0143-9510-01	100 mg / 5 mL	5 mL	6 mL	1 vial	5429055	10185468	3767928	234823
Etoposide Injection, USP	0143-9511-01	500 mg / 25 mL	25 mL	30 mL	1 vial	5429063	10185467	3767910	234856
Etoposide Injection, USP	0143-9512-01	1 g / 50 mL	50 mL	50 mL	1 vial	5429071	10185466	3767944	234872
Famotidine Injection, USP (Preservative Free)	0641-6022-25	20 mg / 2 mL	2 mL	2 mL	25 vials	4724282	10106810	1150978	851253
Famotidine Injection, USP (Preserved)	0641-6021-10	200 mg / 20 mL	20 mL	20 mL	10 vials	4785143	10110874	1802909	109900
Famotidine Injection, USP (Preserved)	0641-6023-10	40 mg / 4 mL	4 mL	5 mL	10 vials	4785192	10110875	1803097	109892
Fentanyl Citrate Injection, USP, C-II	0641-6247-25	50 mcg / mL	1 mL	2 mL	25 vials	5731542	10259673	2338952	114579
Fentanyl Citrate Injection, USP, C-II	0641-6027-25	100 mcg / 2 mL	2 mL	2 mL	25 vials	4726162	10106966	1290105	863605
Fentanyl Citrate Injection, USP, C-II	0641-6028-10	250 mcg / 5 mL	5 mL	5 mL	10 vials	4726170	10106967	1290113	863613
Fentanyl Citrate Injection, USP, C-II	0641-6029-01	1,000 mcg / 20 mL	20 mL	20 mL	1 vial	5760764	10263635	2380855	144253

Please refer to page 78 for ordering instructions.

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Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	Cardinal	Cencora	MCK	M&D
Fentanyl Citrate Injection, USP, C-II	0641-6030-01	2,500 mcg / 50 mL	50 mL	50 mL	1 vial	4726188	10106968	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	5901582	10286409	2898435	350330
Fentanyl Citrate Injection, USP, C-II (Prefilled Syringe)	0641-6248-10	50 mcg / mL	1 mL	1.25 mL	10 syringes	5901574	10286471	2898450	350322
Flumazenil Injection, USP	0143-9784-10	0.5 mg / 5 mL	5 mL	10 mL	10 vials	4252953	10004226	1475557	998534
Flumazenil Injection, USP	0143-9783-10	1 mg / 10 mL	10 mL	10 mL	10 vials	4252987	10004339	1475599	998542
Fluphenazine Decanoate Injection, USP	0143-9529-01	125 mg / 5 mL	5 mL	6 mL	1 vial	5311048	10172111	3609633	866806
Fosaprepitant for Injection	0143-9384-01	150 mg / vial	Powder	10 mL	1 vial	5676754	10250002	1572304	914390
Foscarnet Sodium Injection	0143-9192-01	6,000 mg / 250 mL	250 mL	250 mL	1 bottle	5944970	10293127	2986354	423764
Fulvestrant Injection (Prefilled Syringe)	0143-9022-02	250 mg / 5 mL	5 mL	5 mL	2 syringes	5799267	10271331	2634012	235796
Furosemide Injection, USP	0143-9155-25	20 mg / 2 mL	4 mL	2 mL	25 vials	5957006	10294937	3004017	560979
Furosemide Injection, USP	0143-9156-10	40 mg / 4 mL	4 mL	5 mL	10 vials	5940762	10292311	2981751	414979
Furosemide Injection, USP	0143-9157-10	100 mg / 10 mL	10 mL	10 mL	10 vials	5940770	10292226	2981785	414987
Furosemide Injection, USP	0143-9158-01	500 mg / 50 mL	50 mL	50 mL	1 vial	5952148	10294532	2998300	436733
Furosemide Injection, USP	0143-9159-01	1,000 mg / 100 mL	100 mL	100 mL	1 vial	5952130	10294609	2998318	436741
Ganciclovir for Injection, USP	0143-9299-10	500 mg / vial	Powder	20 mL	10 vials	5728266	10258866	2335743	039867
Glycopyrrolate Injection, USP	0143-9682-25	0.2 mg / mL	1 mL	2 mL	25 vials	4906418	10125386	2026037	612465
Glycopyrrolate Injection, USP	0143-9681-25	0.4 mg / 2 mL	2 mL	2 mL	25 vials	4904439	10124586	2026409	606814
Glycopyrrolate Injection, USP	0143-9680-25	1 mg / 5 mL	5 mL	5 mL	25 vials	4904447	10124587	2026417	433482
Glycopyrrolate Injection, USP	0143-9679-10	4 mg / 20 mL	20 mL	20 mL	10 vials	4904454	10124588	2026425	433474
Granisetron Hydrochloride Injection, USP	0143-9744-10	1 mg / mL	1 mL	2 mL	10 vials	4342549	10088340	1133834	83816
Granisetron Hydrochloride Injection, USP	0143-9745-05	4 mg / 4 mL	4 mL	4 mL	5 vials	4342556	10088341	1131291	83808
Heparin Sodium Injection, USP	0641-0391-12	1,000 USP units / mL	1 mL	2 mL	25 vials	4518437	10100228	2448298	580704
Heparin Sodium Injection, USP	0641-0400-12	5,000 USP units / mL	1 mL	2 mL	25 vials	4518452	10100229	2448256	580712
Heparin Sodium Injection, USP	0641-0410-12	10,000 USP units / mL	1 mL	2 mL	25 vials	4518494	10100230	2448413	580720
Heparin Sodium Injection, USP (Prefilled Syringe)	0641-6199-10	5,000 USP units / mL	1 mL	1.25 mL	10 syringes	5564851	10230110	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	5655550	10237020	1552777	881821
hydrALAZINE Hydrochloride Injection, USP	0641-6231-25	20 mg / mL	1 mL	2 mL	25 vials	5715750	10256936	2315687	053777
HYDROmorphone Hydrochloride Injection, USP, C-II	0641-6151-25	2 mg / mL	1 mL	2 mL	25 vials	5490594	10191131	2777738	456905
HYDROmorphone Hydrochloride Injection, USP C-II (Prefilled Syringe)	0641-6169-10	1 mg / mL	1 mL	1.25 mL	10 syringes	5924428	10289413	2960680	383034
HYDROmorphone Hydrochloride Injection, USP C-II (Prefilled Syringe)	0641-6206-10	0.5 mg / 0.5 mL	0.5 mL	1.25 mL	10 syringes	5918826	10289072	2937837	346163
HYDROmorphone Hydrochloride Injection, USP C-II (Prefilled Syringe)	0641-6259-10	0.2 mg / mL	1 mL	1.25 mL	10 syringes	5949417	10293732	2991669	429738
Hydromorphone Hydrochloride Injection, USP, C-II	0641-2341-41	40 mg / 20 mL	20 mL	20 mL	1 vial	1530096	10043071	3970829	970814
Icatibant Injection (Prefilled Syringe)	24201-207-01	30 mg / 3 mL	3 mL	3 mL syringe	1 syringe	5607437	10234370	2633329	899161
Idarubicin Hydrochloride Injection, USP	0143-9217-01	5 mg / 5 mL	5 mL	5 mL	1 vial	5383245	10180635	3685765	30965
Idarubicin Hydrochloride Injection, USP	0143-9218-01	10 mg / 10 mL	10 mL	10 mL	1 vial	5383252	10180634	3685724	30973
Idarubicin Hydrochloride Injection, USP	0143-9219-01	20 mg / 20 mL	20 mL	20 mL	1 vial	5383260	10180638	3685732	30981
Ifosfamide Injection	0143-9531-01	1 g / 20 mL	20 mL	20 mL	1 vial	5413315	10183838	3746112	201863
Ifosfamide Injection	0143-9530-01	3 g / 60 mL	60 mL	100 mL	1 vial	5417803	10184351	3751997	215319
IMMPHENTIV® (Phenylephrine HCl Injection, USP)	0641-6246-10	1,000 mcg / 10 mL	10 mL	10 mL	10 vials	5886197	10284952	2882116	324608
IMMPHENTIV® (Phenylephrine HCl Injection, USP)	0641-6245-10	500 mcg / 5 mL	5 mL	5 mL	10 vials	5886205	10284884	2882124	324590
INFUMORPH® 200 (Preservative-free Morphine Sulfate Sterile Solution), C-II	0641-6039-01	200 mg / 20 mL	20 mL	20 mL	1 ampul	4727103	10106980	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	4727301	10106981	1290097	863563
Irinotecan Hydrochloride Injection, USP	0143-9702-01	40 mg / 2 mL	2 mL	3 mL	1 vial	4485587	10098343	1165745	580936
Irinotecan Hydrochloride Injection, USP	0143-9701-01	100 mg / 5 mL	5 mL	6 mL	1 vial	4485579	10098344	1160282	580944
Ketamine HCl injection, USP, C-III	0143-9508-10	500 mg / 10 mL	10 mL	10 mL	10 vials	5309810	10171679	3608361	866202

Wholesaler Numbers

Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	Cardinal	Cencora	MCK	M&D
Ketamine HCl injection, USP, C-III	0143-9509-10	500 mg / 5 mL	5 mL	5 mL	10 vials	5309802	10171678	3608353	866244
Labetalol Hydrochloride Injection, USP	0143-9622-01	100 mg / 20 mL	20 mL	20 mL	1 vial	5335187	10174290	3632403	889816
Labetalol Hydrochloride Injection, USP	0143-9623-01	200 mg / 40 mL	40 mL	50 mL	1 vial	5386701	10180223	3690005	34199
Leucovorin Calcium for Injection	0143-9552-01	350 mg / vial	Powder	50 mL	1 vial	5278973	10168023	3576022	807172
Leucovorin Calcium for Injection	0143-9553-01	200 mg / vial	Powder	30 mL	1 vial	5371091	10178777	3673514	996223
Leucovorin Calcium for Injection	0143-9554-01	100 mg / vial	Powder	20 mL	1 vial	5371083	10178776	3673506	996199
Leucovorin Calcium for Injection	0143-9555-01	50 mg / vial	Powder	10 mL	1 vial	5371075	10178778	3673456	996181
Levetiracetam Injection	0143-9673-25	500 mg / 5 mL	5 mL	5 mL	25 vials	5252135	10165768	3557253	769646
Levocarnitine Injection, USP	0143-9852-10	1 g / 5 mL	5 mL	6 mL	10 vials	5873161	10283168	2853471	312850
Levofloxacin Injection in 5% Dextrose	0143-9722-24	250 mg / 50 mL	50 mL	BAG - 50 mL	24 bags	4957155	10133598	2037422	911248
Levofloxacin Injection in 5% Dextrose	0143-9721-24	500 mg / 100 mL	100 mL	BAG - 100 mL	24 bags	4934246	10127843	2047603	768663
Levofloxacin Injection in 5% Dextrose	0143-9720-24	750 mg / 150 mL	150 mL	BAG - 200 mL	24 bags	4918181	10126277	2067122	715292
Levothyroxine Sodium Injection	24201-002-01	100 mcg / mL	1 mL	2 mL	1 vial	5813290	10274754	2654325	1858615
Lidocaine Hydrochloride Injection, USP (Preservative Free)	0143-9595-25	1% (50 mg / 5 mL)	5 mL	5 mL	25 vials	5379300	10180260	3680683	358465
Lidocaine Hydrochloride Injection, USP (Preservative Free)	0143-9594-25	2% (100 mg / 5 mL)	5 mL	5 mL	25 vials	5379318	10180263	3680691	358473
Lidocaine Hydrochloride Injection, USP (Preserved)	0143-9577-10	1% (500 mg / 50 mL)	50 mL	50 mL	10 vials	5397575	10181587	3723301	161232
Lidocaine Hydrochloride Injection, USP (Preserved)	0143-9575-10	2% (1,000 mg / 50 mL)	50 mL	50 mL	10 vials	5397583	10181588	3723319	161224
Linezolid Injection	0143-9534-10	600 mg / 300 mL	300 mL	300 mL	10 bags	5825245	10276771	2674695	252866
Liraglutide Injection	0143-9144-02	18 mg / 3 mL	3 mL	3 mL	2 pens	5962071	10290543	2967925	387332
Liraglutide Injection	0143-9144-03	18 mg / 3 mL	3 mL	3 mL	3 pens	5962089	10290459	2967941	387373
Lorazepam Injection, USP, C-IV	0641-6046-10	20 mg / 10 mL	10 mL	10 mL	10 vials	4585824	10104810	1320977	401950
Lorazepam Injection, USP, C-IV	0641-6047-10	40 mg / 10 mL	10 mL	10 mL	10 vials	4585808	10104812	1321090	402099
Lorazepam Injection, USP, C-IV	0641-6044-25	2 mg / mL	1 mL	2 mL	25 vials	4585774	10104799	1320969	401927
Lorazepam Injection, USP, C-IV	0641-6045-25	4 mg / mL	1 mL	2 mL	25 vials	4585782	10104811	1320993	402065
Meperidine Hydrochloride Injection, USP, C-II	0641-6052-25	25 mg / mL	1 mL	2 mL	25 vials	4530408	10100977	2449585	72744
Meperidine Hydrochloride Injection, USP, C-II	0641-6054-25	100 mg / mL	1 mL	2 mL	25 vials	4544896	10101810	2477735	176503
Meperidine Hydrochloride Injection, USP, C-II	0641-6053-25	50 mg / mL	1 mL	2 mL	25 vials	4551180	10102104	2480408	192070
Meropenem for Injection, USP	0143-9430-10	500 mg / vial	Powder	20 mL	10 vials	5964531	10295884	3008281	560607
Meropenem for Injection, USP	0143-9431-10	1 g / vial	Powder	30 mL	10 vials	5964549	10295859	3008299	560664
Methotrexate for Injection, USP	0143-9830-01	1 g / vial	Powder	10 mL	1 vial	5409065	10183391	3742236	192013
Methotrexate Injection, USP	0143-9519-10	50 mg / 2 mL	2 mL	5 mL	10 vials	5426028	10185099	3763794	225250
methylPREDNISolone Sodium Succinate for Injection, USP	0143-9753-25	40 mg / vial	Powder	4 mL	25 vials	5843362	10279626	2807683	275362
methylPREDNISolone Sodium Succinate for Injection, USP	0143-9754-25	125 mg / vial	Powder	4 mL	25 vials	5843370	10279671	2807675	275396
methylPREDNISolone Sodium Succinate for Injection, USP	0143-9850-01	500 mg / vial	Powder	20 mL	1 vial	5577440	10231524	3998663	790790
methylPREDNISolone Sodium Succinate for Injection, USP	0143-9851-01	1 g / vial	Powder	30 mL	1 vial	5577457	10231447	3998655	790907
Metoprolol Tartrate Injection, USP	0143-9873-25	5 mg / 5 mL	5 mL	6 mL	25 vials	5218078	10162651	3518826	638080
Metoprolol Tartrate Injection, USP	0143-9660-10	5 mg / 5 mL	5 mL	10 mL	10 vials	4723607	10106821	1290337	842559
Micafungin for Injection	0143-9361-01	50 mg / vial	Powder	10 mL	1 vial	5743117	10261297	2357366	109223
Micafungin for Injection	0143-9362-01	100 mg / vial	Powder	10 mL	1 vial	5743125	10261298	2357358	109256
Midazolam Injection, USP, C-IV	0641-6057-25	2 mg / 2 mL	2 mL	2 mL	25 vials	4562294	10103013	2522126	269456
Midazolam Injection, USP, C-IV	0641-6059-10	5 mg / 5 mL	5 mL	5 mL	10 vials	4562104	10103014	2522142	269464
Midazolam Injection, USP, C-IV	0641-6056-10	10 mg / 10 mL	10 mL	10 mL	10 vials	4562476	10103018	2521672	269431
Midazolam Injection, USP, C-IV	0641-6061-25	5 mg / mL	1 mL	2 mL	25 vials	4562500	10103015	2522639	269498
Midazolam Injection, USP, C-IV	0641-6063-25	10 mg / 2 mL	2 mL	2 mL	25 vials	4562518	10103017	2523736	269514

Please refer to page 78 for ordering instructions.

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Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	Cardinal	Cencora	MCK	M&D
Midazolam Injection, USP, C-IV	0641-6060-10	50 mg / 10 mL	10 mL	10 mL	10 vials	4562534	10103019	2522621	269472
Midazolam in 0.9% Sodium Chloride Injection, C-IV	0143-9379-10	50 mg / 50 mL	50 mL	50 mL	10 bags	5854948	10281108	2830297	295311
Midazolam in 0.9% Sodium Chloride Injection, C-IV	0143-9380-10	100 mg / 100 mL	100 mL	100 mL	10 bags	5854955	10281178	2830289	295329
Midazolam Injection, USP, C-IV (Prefilled Syringe)	0641-6220-10	2 mg / 2 mL	2 mL	2.25 mL	10 syringes	5913314	10288484	2929099	367573
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	5913306	10288514	2929123	367615
Milrinone Lactate in 5% Dextrose Injection	0143-9719-10	20 mg / 100 mL	100 mL	100 mL	10 bags	4384996	10092842	1482066	539593
Milrinone Lactate in 5% Dextrose Injection	0143-9718-10	40 mg / 200 mL	200 mL	200 mL	10 bags	4385027	10092843	1483049	539601
Milrinone Lactate Injection	0143-9710-10	10 mg / 10 mL	10 mL	10 mL	10 vials	4414744	10096454	2112654	541672
Milrinone Lactate Injection	0143-9709-10	20 mg / 20 mL	20 mL	20 mL	10 vials	4414777	10096455	2113272	541680
Milrinone Lactate Injection	0143-9708-01	50 mg / 50 mL	50 mL	50 mL	1 vial	4414793	10096456	2112050	541698
Mitomycin for Injection, USP	0143-9279-01	20 mg / vial	Powder	50 mL	1 vial	5507363	10210386	3700820	551960
Mitomycin for Injection, USP	0143-9280-01	40 mg / vial	Powder	100 mL	1 vial	5507371	10210383	3704871	551978
Morphine Sulfate Injection, USP, C-II	0641-6125-25	4 mg / mL	1 mL	2 mL	25 vials	5147525	10158325	3487436	384669
Morphine Sulfate Injection, USP, C-II	0641-6126-25	8 mg / mL	1 mL	2 mL	25 vials	5147582	10158326	3487444	384727
Morphine Sulfate Injection, USP, C-II	0641-6127-25	10 mg / mL	1 mL	2 mL	25 vials	5147608	10158324	3487451	384776
Naloxone HCl Injection, USP	0641-6132-25	0.4 mg / mL	1 mL	2 mL	25 vials	5181367	10160426	3495785	450304
Naloxone HCl Injection, USP (Prefilled Syringe)	0641-6205-10	2 mg / 2 mL	2 mL	2.25 mL	10 syringes	5819826	10275953	2664589	197160
Neostigmine Methylsulfate Injection, USP	0641-6150-10	5 mg / 10 mL	10 mL	10 mL	10 vials	5207717	10161332	3507019	589606
Neostigmine Methylsulfate Injection, USP	0641-6149-10	10 mg / 10 mL	10 mL	10 mL	10 vials	5207683	10161333	3507035	590083
Neostigmine Methylsulfate Injection, USP (Prefilled Syringe)	0641-6240-10	3 mg / 3 mL	3 mL	5 mL	10 syringes	5852470	10281184	2824399	295345
Nicardipine Hydrochloride Injection	0143-9689-10	25 mg / 10 mL	10 mL	10 mL	10 vials	4590675	10105272	1169051	602011
Nicardipine Hydrochloride in 0.9% Sodium Chloride Injection	0143-9634-10	20 mg / 200 mL	200 mL	250 mL	10 bags	5615497	10235381	1537018	901520
Nicardipine Hydrochloride in 0.9% Sodium Chloride Injection	0143-9633-10	40 mg / 200 mL	200 mL	250 mL	10 bags	5615505	10235380	1537000	901546
Norepinephrine Bitartrate Injection, USP	0143-9318-10	4 mg / 4 mL	4 mL	5 mL	10 vials	5512009	10211296	3772241	568105
Octreotide Acetate Injection (Preservative Free)	0641-6174-10	50 mcg / mL	1 mL	2 mL	10 vials	5403332	10182537	3734696	178541
Octreotide Acetate Injection (Preservative Free)	0641-6175-10	100 mcg / mL	1 mL	2 mL	10 vials	5403340	10182535	3734738	178897
Octreotide Acetate Injection (Preservative Free)	0641-6176-10	500 mcg / mL	1 mL	2 mL	10 vials	5403357	10182534	3734746	178905
Octreotide Acetate Injection (Preserved)	0641-6177-01	1,000 mcg / 5 mL	5 mL	5 mL	1 vial	5403365	10182536	3734753	178913
Octreotide Acetate Injection (Preserved)	0641-6178-01	5,000 mcg / 5mL	5 mL	5 mL	1 vial	5403373	10182533	3734811	178921
Ondansetron Injection, USP (Preservative Free)	0641-6078-25	4 mg / 2 mL	2 mL	2 mL	25 vials	4541074	10101642	2460210	236265
Ondansetron Injection, USP (Preserved)	0641-6079-01	40 mg / 20 mL	20 mL	20 mL	1 vial	4567970	10235383	2241859	330647
Orphenadrine Citrate Injection, USP	0641-6182-25	60 mg / 2 mL	2 mL	2 mL	25 vials	5941349	10292030	2980365	414961
Pantoprazole Sodium for Injection	0143-9284-10	40 mg / vial	Powder	10 mL	10 vials	5400569	10182355	3732252	175315
Pentobarbital Sodium Injection, USP, C-II	24201-010-20	1,000 mg / 20 mL	20 mL	20 mL	1 vial	5425277	10185391	2631661	607705
Pentobarbital Sodium Injection, USP, C-II	24201-010-50	2,500 mg / 50 mL	50 mL	50 mL	1 vial	5425285	10185529	2631679	607713
PHENERGAN® Injection (Promethazine Hydrochloride Injection, USP)	0641-6082-25	25 mg / mL	1 mL	1 mL	25 ampuls	4587374	10103135	3611712	330662
PHENERGAN® Injection (Promethazine Hydrochloride Injection, USP)	0641-6083-25	50 mg / mL	1 mL	1 mL	25 ampuls	4587382	10103136	3614633	330779
PHENERGAN® Injection (Promethazine Hydrochloride Injection, USP)	0641-6084-25	25 mg / mL	1 mL	2 mL	25 vials	4531349	10118275	2451771	90910
PHENERGAN® Injection (Promethazine Hydrochloride Injection, USP)	0641-6085-25	50 mg / mL	1 mL	2 mL	25 vials	4587390	10103137	3614757	330951
Phenobarbital Sodium Injection, USP, C-IV	0641-0476-25	65 mg / mL	1 mL	2 mL	25 vials	1264977	10034808	1140748	967760
Phenobarbital Sodium Injection, USP, C-IV	0641-0477-25	130 mg / mL	1 mL	2 mL	25 vials	2086585	10034821	1231554	970848
Phentolamine Mesylate for Injection, USP	0143-9564-01	5 mg / vial	Powder	2 mL	1 vial	5218086	10162652	3518818	638106
Phentolamine Mesylate for Injection, USP	0143-9564-10	5 mg / vial	Powder	2 mL	10 vials	5173828	10159893	3494598	433813

Wholesaler Numbers

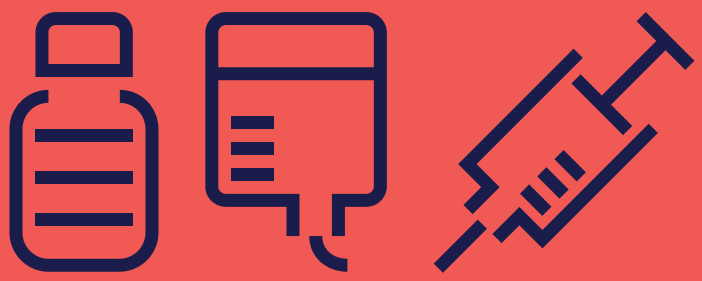
Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	Cardinal	Cencora	MCK	M&D
Phenylephrine Hydrochloride Injection, USP	0641-6142-25	10 mg / mL	1 mL	2 mL	25 vials	4827499	10113572	1903954	206102
Phenylephrine Hydrochloride Injection, USP	0641-6188-10	50 mg / 5 mL	5 mL	5 mL	10 vials	5560396	10229386	3977865	773986
Phenylephrine Hydrochloride Injection, USP	0641-6189-10	100 mg / 10 mL	10 mL	10 mL	10 vials	5560404	10229385	3977873	773994
Phenytoin Sodium Injection, USP	0641-0493-25	100 mg / 2 mL	2 mL	2 mL	25 vials	1031475	10034853	1353747	967802
Phenytoin Sodium Injection, USP	0641-2555-10	250 mg / 5 mL	5 mL	5 mL	10 vials	5879986	10283860	2876175	316570
Polymyxin B for Injection, USP	70594-049-02	500,000 units / vial	Powder	10 mL	10 vials	553474	10221423	3945599	740316
Prochlorperazine Edisylate Injection, USP	0641-6135-25	10 mg / 2 mL	2 mL	2 mL	25 vials	5298732	10170253	3598448	857862
Progesterone Injection, USP	0143-9725-01	500 mg / 10 mL	10 mL	10 mL	1 vial	4390639	10095260	2103414	540187
Promethazine Hydrochloride Injection, USP	0641-1495-35	25 mg / mL	1 mL	1 mL	25 ampuls	1298579	10034837	1449172	967877
Promethazine Hydrochloride Injection, USP	0641-1496-35	50 mg / mL	1 mL	1 mL	25 ampuls	1320076	10034823	1452366	968099
Promethazine Hydrochloride Injection, USP	0641-0928-25	25 mg / mL	1 mL	2 mL	25 vials	3441896	10045062	1391762	446401
Promethazine Hydrochloride Injection, USP	0641-0929-25	50 mg / mL	1 mL	2 mL	25 vials	3441912	10045060	1394345	446419
Regadenoson Injection (Prefilled Syringe)	0641-6253-01	0.4 mg / 5 mL	5 mL	5 mL	1 syringe	5835988	10278199	2692903	268177
Remifentanil Hydrochloride for Injection, C-II	0143-9391-10	1 mg / vial	Powder	3 mL	10 vials	5757547	10263015	2373322	138206
Remifentanil Hydrochloride for Injection, C-II	0143-9392-10	2 mg / vial	Powder	5 mL	10 vials	5760988	10263882	2380707	195420
Remifentanil Hydrochloride for Injection, C-II	0143-9393-10	5 mg / vial	Powder	10 mL	10 vials	5790225	10269500	2622496	226506
Robaxin® Injectable (Methocarbamol Injection, USP)	0641-6103-10	1,000 mg / 10 mL	10 mL	10 mL	10 vials	4727087	10106985	1290162	863696
Rocuronium Bromide Injection	0143-9250-10	50 mg / 5 mL	5 mL	5 mL	10 vials	5555461	10228831	3974441	769505
Rocuronium Bromide Injection	0143-9251-10	100 mg / 10 mL	10 mL	10 mL	10 vials	5555479	10229044	3974425	768614
Sodium Acetate Injection, USP	0641-6261-01	40 mEq / 20 mL	20 mL	20 mL	1 vial	5921945	10289261	2939064	382010
Sodium Ferric Gluconate Complex in Sucrose Injection	0143-9570-10	62.5 mg elemental iron / 5 mL	5 mL	5 mL	10 vials	5071709	10149804	3444627	214189
Sodium Tetradecyl Sulfate Injection, 3%	24201-201-05	60 mg / 2 mL	2 mL	2 mL	5 vials	5586151	10232235	2631687	826214
Sterile Water for Injection, USP	0641-6147-10	10 mL / vial	10 mL	10 mL	10 vials	5578349	10231449	3998788	790006
Succinylcholine Chloride Injection, USP	0143-9338-25	200 mg / 10 mL	10 mL	10 mL	25 vials	5714332	10256932	2313450	020743
Succinylcholine Chloride Injection, USP (Prefilled Syringe)	0641-6234-10	100 mg / 5 mL	5 mL	5 mL	10 syringes	5810171	10274102	2651214	184663
Sumatriptan Injection, USP	0143-9638-05	6 mg / 0.5 mL	0.5 mL	2 mL	5 vials	4940888	10129403	2030013	855122
Terbutaline Sulfate Injection, USP	0143-9746-10	1 mg / mL	1 mL	2 mL	10 vials	4274650	10008550	2756120	65870
Testosterone Cypionate Injection, USP, C-III	0143-9726-01	2,000 mg / 10 mL	10 mL	10 mL	1 vial	4795076	10149989	2093334	125112
Testosterone Cypionate Injection, USP, C-III	0143-9659-01	200 mg / mL	1 mL	2 mL	1 vial	5301908	10170540	3602687	862474
Testosterone Enanthate Injection, USP, C-III	0143-9750-01	1,000 mg / 5 mL	5 mL	5 mL	1 vial	4795092	10111194	2093342	125419
Thiamine Hydrochloride Injection, USP	0641-6228-25	200 mg / 2 mL	2 mL	2 mL	25 vials	5701990	10254123	3630183	981605
Thiotepa for Injection, USP	0143-9565-01	15 mg / vial	Powder	2 mL	1 vial	5127220	10153987	3480381	310821
Thiotepa for Injection, USP	0143-9292-01	100 mg / vial	Powder	20 mL	1 vial	5946678	10293698	2989051	400986
Valproate Sodium Injection, USP	0143-9785-10	500 mg / 5 mL	5 mL	10 mL	10 vials	4342697	10087423	1135383	83790
Valrubicin Intravesical Solution, USP	24201-101-04	200 mg / 5 mL	5 mL	5 mL	4 vials	5531322	10221932	2631703	609958
Vancomycin Hydrochloride for Injection, USP	0143-9357-10	1 g / vial	Powder	20 mL	10 vials	5800347	10271519	2635183	238055
Vancomycin Hydrochloride for Injection, USP	0143-9152-10	1.25 g / vial	Powder	50 mL	10 vials	5864020	10282537	2846350	303214
Vancomycin Hydrochloride for Injection, USP	0143-9153-10	1.5 g / vial	Powder	50 mL	10 vials	5864012	10282517	2846368	303271
Vancomycin Hydrochloride for Injection	0143-9161-25	500 mg / vial	Powder	15 mL	25 vials	5870944	10283166	2849925	310326
Vancomycin Hydrochloride for Injection	0143-9162-10	1 g / vial	Powder	20 mL	10 vials	5870936	10283210	2849941	310342
Vancomycin Hydrochloride for Injection	0143-9163-01	5 g / vial	Powder	50 mL	1 vial	5870910	10283167	2849958	310359
Vancomycin Hydrochloride for Injection	0143-9164-01	10 g / vial	Powder	100 mL	1 vial	5870928	10283165	2849966	310367
Vancomycin Injection, USP	70594-041-03	500 mg / 100 mL	100 mL	100 mL	12 bags	5581996	10231810	2557577	812529
Vancomycin Injection, USP	70594-042-03	1 g / 200 mL	200 mL	200 mL	12 bags	5529037	10219535	3945946	605238
Vancomycin Injection, USP	70594-043-02	1.5 g / 300 mL	300 mL	300 mL	6 bags	5529045	10219893	3945987	605246

Please refer to page 78 for ordering instructions.

Wholesaler Numbers

Product Family	NDC Number	Total Drug Content	Fill Volume	Unit Size	Pack	Cardinal	Cencora	MCK	M&D
Vancomycin Injection, USP	70594-044-02	2 g / 400 mL	400 mL	400 mL	6 bags	5563838	10229515	3979127	777243
Vancomycin Injection, USP	70594-056-03	750 mg / 150 mL	150 mL	200 mL	12 bags	5667456	10238604	1563535	907915
Vancomycin Injection, USP	70594-057-02	1.25 g / 250 mL	250 mL	300 mL	6 bags	5667464	10238601	1563543	907931
Vancomycin Injection, USP	70594-058-02	1.75 g / 350 mL	350 mL	400 mL	6 bags	5667472	10238603	1563550	907949
Vecuronium Bromide for Injection	0143-9234-10	10 mg / vial	Powder	10 mL	10 vials	5607189	10234662	1523463	899120
Vecuronium Bromide for Injection	0143-9232-10	20 mg / vial	Powder	20 mL	10 vials	5649207	10236319	1545623	8809393

Customer Service



Customer Service

General Ordering Instructions

Hikma products are ordered by Pack Quantity (not by individual vials, ampuls, bags, or bottles). See pages 9-64 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

Email: uscustomerservice@hikma.com

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

Return Goods Policy

Effective January 2025

Hikma Pharmaceuticals USA Inc. ("Hikma") Return Goods Policy (this "Policy") applies to all Hikma labeled pharmaceutical products ("Products") manufactured and/or distributed in the United States and its territories, commonwealths, and possessions ("Territory"). This Policy applies to Products from direct customers and distributors of Hikma, and indirect customers returning through the wholesaler pursuant to the original purchase from Hikma ("Customers"). Unless otherwise required by regulations, laws, or expressly agreed upon by the parties, this Policy applies to Products.

CLAIM PREREQUISITES

- In the specific event of either an overage, shortage, concealed shortage, damage, or incomplete shipment of Product ("Claims"), Customer shall contact Hikma's Claims department within one (1) business day of identification of issue(s) and coordinate with Hikma on commercially reasonable efforts to reconcile shipment errors, including Transaction Information/Transaction Statement (TI/TS) data pursuant to the Drug Supply Chain Security Act (DSCSA).
- Claims may be denied in situations wherein Customer has not conducted commercially reasonable efforts to provide supporting documentation (e.g., serial numbers) to Hikma for the required Transaction Information/Transaction Statement (TI/TS) data.
- In the event of an EPCIS file failure, Customer shall contact Hikma's serialization department within one (1) business day of identification of issue(s) and coordinate with Hikma on commercially reasonable efforts to reconcile errors, including Transaction Information/Transaction Statement (TI/TS) data prior to initiating any Request for a Return Authorization ("RA").

RETURN AUTHORIZATION PROCEDURE FOR EXPIRED PRODUCTS

- RA and box labels may be made by any of the below methods through Hikma's third-party reverse logistics processor, Inmar Intelligence ("Inmar"):
  1. Visit Inmar's website at: https://returns.healthcare.inmar.com.
     - An uploaded PDF copy of your debit memo is required.
  2. E-mail the debit memo to: rarequest@inmar.com.
     - Must include: NDC#, Lot#, Expiration Date, and Unit Price for each item being returned.
  3. Fax your debit memo to Inmar at: 817-868-5343.
- All third-party return processors must contact Inmar for a RA using one of the above methods.
- Upon receipt of a RA and box labels, actual returns are to be forwarded to the processing facility at the following location:

Inmar Intelligence
3845 Grand Lakes Way, Suite 125
Grand Prairie, Texas 75050

- Questions related to returns of expired Products may be sent to: expiredreturns@hikma.com

RETURN AUTHORIZATION PROCEDURE FOR NON-EXPIRED RETURNS

- "Non-Expired Returns" is defined as the return of Product for any reason other than expiration including Claims as defined herein.
- Any Claims must be adjudicated and resolved prior to receiving a RA.
- Email Hikma's Claims Department at: usclaims@hikma.com.
  - Include: NDC#(s), Lot #(s), Serial Number(s), Purchase Order Number, Quantity.
- For damaged Product, photos must be submitted.
- Hikma will send a RA, box label(s), and Call Tag(s).
  - Upon receipt, Products are to be forwarded to the processing facility as indicated on the RA.
- If Products are C-II controlled substances ("Controlled Products"), you will receive a DEA Form 222 from Inmar or Hikma.
  - DEA Form 222 must be included with Controlled Products

RETURN AUTHORIZATION PROCEDURE FOR RECALLED PRODUCTS

- For Recalled Product or market withdrawal Product, please refer to your directions as indicated on your Recall Response Form.
- Questions related to Recalled Products for Hikma can be sent to: usrecall@hikma.com.

PRODUCT RETURNS ELIGIBLE FOR REIMBURSEMENT

Products eligible for reimbursement include the following:

- Authorized Expired Product, which is Product returned in full and unopened containers with a Hikma label, purchased directly from Hikma and returned directly to Inmar: (i) within six (6) months prior to; or (ii) within twelve (12) months after the expiration date.
- Recalled Product, as stated on a recall notice issued by Hikma, which is returned directly to Inmar after requesting and receiving an RA from Inmar.
- Products which are authorized Non-Expired Returns, purchased from Hikma, and returned due to Claims.

PRODUCT RETURNS INELIGIBLE FOR REIMBURSEMENT

Products ineligible for reimbursement include the following:

- Product(s) returned: (i) earlier than six (6) months prior to the expiration date; or (ii) greater than twelve (12) months after the expiration date assigned to such Product.
- Partial units or containers, except where mandated by federal, state, or local laws.

Return Goods Policy Effective January 2025

- Any Product(s) not in their original, sealed, full, unopened, and unadulterated Hikma container including an inner pack, unit or vial with a non-saleable NDC.
- Private labelled, re-packaged, re-constituted, and/or contract manufactured Product(s).
- Product(s) sold by Hikma at no cost including, but not limited to, donations and samples.
- Product(s) sold as short-dated, close-out, special promotion, and/or sold as non-returnable.
- Product(s) not purchased directly from Hikma or the Customer's authorized distributor/wholesaler.
- Product(s) returned by an indirect Customer for which the distributor/wholesaler did not purchase the listed Product NDC and Lot# and/or Serial Number from Hikma.
- Any NDC/SKU in **Attachment A**.
- Product(s) with defaced or missing Hikma labels which do not clearly display the Product's expiration date, NDC, and/or valid Lot number.
- Product(s) damaged or deteriorated due to: (i) negligence; (ii) improper handling or storage by the Customer; or (iii) insurable causes such as fire, floods, and/or natural disasters.
- Customer overstocked Product(s) unless prior written approval from Hikma is received.
- Product(s) sold by Hikma Injectables Inc. d/b/a Hikma 503B which are not eligible for credit per Hikma 503B's Return Goods Policy.
- Product(s) purchased through a bankruptcy sale.
- 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 directly by Hikma or through an authorized wholesaler or distributor of record to any city/municipality, county, state, and/or federal entity for the purpose of stockpiling.
- Product(s) purchased outside of the Territory.
- Product(s) purchased for future events including speculative purposes.
- Products destroyed and/or not received by Inmar, unless approved in writing by Hikma.
- Expired Product(s) with a returnable credit value of $25.00 or less per debit memo, as determined by Hikma's pricing valuation.
- Expired Product(s) whose cumulative calendar year credit value has exceeded a one (1%) percent limitation based on Customer's prior calendar year's purchase value of all return eligible Products. Return value based on return credit dollars issued and includes both direct and indirect/third party Customer expired returns.

VALUATION OF EXPIRED RETURNS CREDIT MEMOS

- For direct Customers, a credit will be issued based upon the lower of the current net invoice price at the time the Product(s) is received by Inmar -OR- the lowest net invoice price in the prevailing twenty-four (24) months -OR- lowest actual net price if able to be determined by Lot number and/or Serial number.
- For indirect Customers, a credit will be issued based upon the lower of the current net indirect price at the time the Products are received by Inmar -OR- the lowest net indirect contract price ("LNICP") in the prevailing twenty-four (24) months from the wholesaler. If Hikma cannot identify the LNICP for a Customer, then Hikma will use a predetermined indirect return price.
- Indirect returns will be credited to the wholesaler or distributor of purchase.

VALUATION OF NON-EXPIRED RETURNS CREDIT MEMOS

- For Non-Expired Returns, including but not limited to Claims, a credit will be issued based on the net invoice price of the Product(s) as purchased.
- Hikma may reduce the credit value with a restocking fee of 20% of the net invoice price of the Product(s) if the cause of the return is due to no fault of Hikma.
- For recalled Product, current net sale price will be credited.

CREDIT MEMO CONDITIONS

- The amount of credit issued or authorized by Hikma is directly correlated to the quantity validated by Inmar or Hikma. In the event of any conflict between the Customer's claimed quantity and the quantity validated by Inmar or Hikma, the quantity validated by Inmar shall control.
- Credit will be issued by Hikma in the form of a credit memo only.
- Customer deductions for returns must reference Hikma's issued Credit Memo number or the Debit Memo number as supplied to Inmar.

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) days of shipment to receive credit. Product(s) returned after thirty (30) days will not be eligible for credit.
- If a shipping error involves any Controlled Products, Hikma must be notified within 24 hours of receipt of the order of any overages, shortages, or mistakes in such Controlled Products order.
- For non-Controlled Products, a Customer will make best efforts to retain an overage shipment and the Customer and Hikma shall mutually agree on the pricing for such manually processed invoice and related needed data including but not limited to ASN.

Return Goods Policy Effective January 2025

THIRD PARTY PROCESSORS

- Third party processors and reverse logistics companies 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, including handling fees, processing fees, or freight charges incurred.
- Hikma will not process returns using pricing from any third party's internally generated price list. Pricing will be based on Hikma' valuation as described in this Policy.

TRANSPORTATION

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

COMPANY DISCLAIMERS

- Submission of Product does not constitute Hikma's acceptance for credit.
- Package size, Lot number and Lot expiration date will be obtained and verified after receipt of Product by Inmar.
- Returns are subject to review by Hikma and issuance of an RA number does not guarantee credit.
- Hikma reserves the sole right to determine whether Products qualify for return or credit.
- Inmar's determination of the physical count of Products will be final. By returning Products you authorize Hikma and its designee, as your agent, to destroy, without payment or other recourse.
- 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, except where not permitted by state or federal laws.
- Customers will ensure that a debit memo claim and Products are received within fifteen (15) calendar days of the debit memo date by Hikma or Inmar to receive credit.
- Unauthorized deductions for Product(s) will not be accepted.
- Hikma reserves the right to require proof of purchase source on all Products returned for credit/refund.
- Non-Hikma product(s) returned 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(s). Any such non-Hikma product(s) will not be returned to the customer.
- Serial numbers verified by Inmar and/or Hikma that do not correspond to the customer submitting the return or the customer returning the Product may be denied for credit.

This Policy supersedes all previous policies and may be modified or updated by Hikma at 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 any change to this Policy.

Customers will be expected to adhere to the most current policy which can be found on the Hikma website:

www.hikma.com

Attachment A
Non-Credited Product Return List

NDC	Product Description	Strength	Size
00641-6006-10	Atropine Sulfate Injection, USP	8 mg / 20 mL	20 mL
00641-6251-10	Atropine Sulfate Injection, USP	8 mg / 20 mL	20 mL
00143-9197-01	Dantrolene Sodium for Injection, USP	20 mg / vial	100 mL
00143-9564-01	Phentolamine Mesylate for Injection, USP	5 mg / vial	2 mL
00143-9564-10	Phentolamine Mesylate for Injection, USP	5 mg / vial	2 mL
00054-0025-11	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
hikma.com/us

Customer Service Department

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

200 Connell Drive, 4th Floor, Berkeley Heights, NJ 07922
Customer Service 800.631.2174 | hikma.com/us

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