

Product Catalogue

The logo for Kikimori is displayed vertically in a bold, red, sans-serif font. The letters are 'k', 'i', 'k', 'i', 'm', 'o', 'r', 'i'. The 'i's have circular dots above them, and the 'o' has a circular dot to its right. The logo is positioned on the right side of the page, with two horizontal lines intersecting it.

kikimori

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Injectable
Products

Injectable Products

Acetylcysteine Solution USP



No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0015AF01	Clear Glass Vial	200 mg / mL	10 mL	10	02459906	837641000256	(01) 00837641010255
0015AI02	Clear Glass Vial	200 mg / mL	30 mL	1	02459906	837641001246	(01) 00837641011245

Atropine Injection BP



No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0010AA01	Clear Glass Ampoule	0.4 mg / mL	1 mL	10	02432188	837641000300	(01) 00837641010309
0011AA01	Clear Glass Ampoule	0.6 mg / mL	1 mL	10	02432196	837641000317	(01) 00837641010316

azaCITIDine for Injection



No.	Description	Strength	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0013AJ01	Clear Glass Vial	100 mg / vial	1	02507668	837641001345	(01) 00837641011344



Injectable Products

ceFAZolin for Injection



No.	Description	Strength	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0032AE01	Clear Glass Vial	500 mg / vial	25	02437104	837641001772	(01) 00837641011771
0032AF01	Clear Glass Vial	1 g / vial	25	02437112	837641001789	(01) 00837641011788
0032AL01	Clear Glass Vial	10 g / vial	10	02437120	837641001796	(01) 00837641011795

Cefepime for Injection USP



No.	Description	Strength	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0031AG01	Clear Glass Vial	2 g / vial	10	02499096	837641000867	(01) 00837641010866

CISplatin Injection BP



No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0030AJ01	Amber Glass Vial	1 mg / mL	50 mL	1	02536285	837641001710	(01) 00837641011719
0030AL01	Amber Glass Vial	1 mg / mL	100 mL	1	02536285	837641001727	(01) 00837641011726



Injectable Products



Cyanocobalamin Injection USP (Preservative Free)

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0034AA01	Amber Glass Ampoule	1000 mcg / mL	1 mL	10	02463393	837641000508	(01) 00837641010507



Cyanocobalamin Injection USP (with Preservative)

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0034AF01	Amber Glass Vial	1000 mcg / mL	10 mL	1	02465507	837641000126	(01) 00837641010125



Dantrolene Sodium for Injection USP

No.	Description	Strength	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0041AL01	Clear Glass Vial	20 mg / vial	6	02529998	837641001376	(01) 00837641011375



Injectable Products

Daunorubicin Hydrochloride Injection



No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0046AD01	Clear Glass Vial	5 mg / mL	4 mL	1	02539209	837641001383	(01) 00837641011382

* Must be refrigerated (2 - 8 °C)



dexmedetomidine Hydrochloride Injection

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0047AJ01	Single Use Bag	4 mcg / mL	50 mL	10	02537109	837641001314	(01) 00837641011313
0047AL01	Single Use Bag	4 mcg / mL	100 mL	10	02537109	837641001321	(01) 00837641011320

Dexrazoxane for Injection



No.	Description	Strength	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0049AI01	Clear Glass Vial	250 mg / vial	1	02557649	837641002212	(01) 00837641012211



Injectable Products



Dimenhydrinate Injection USP (Preservative Free)

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0040AA01	Clear Glass Ampoule	50 mg /mL	1 mL	10	02428954	837641000225	(01) 00837641010224



Dimenhydrinate Injection USP (with Preservative)

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0040AD01	Clear Glass Vial	50 mg /mL	5 mL	10	02435241	837641000218	(01) 00837641010217



DOBUTamine Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0043AG01	Clear Glass Vial	12.5 mg / mL	20 mL	10	02462729	837641000843	(01) 00837641010842



Enalaprilat Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0053AB01	Clear Glass Vial	1.25 mg / mL	2 mL	10	02388499	837641001925	(01) 00837641011924



Injectable Products

EPINEPHrine Injection USP



No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
1293AA01	Amber Glass Ampoule	1 mg / mL	1 mL	10	02435810	837641000454	(01) 00837641010453

Ergonovine Maleate Injection USP



No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0050AA01	Amber Glass Ampoule	0.25 mg / mL	1 mL	5	02441241	837641000010	(01) 00837641010019

* Non-returnable / Ref. 2 - 8 °C

Etoposide Injection



No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0052AD01	Amber Glass Vial	20 mg / mL	5 mL	1	02552671	837641001857	(01) 00837641011856
0052AF01	Amber Glass Vial	20 mg / mL	10 mL	1	02552671	837641001864	(01) 00837641011863
0052AG01	Amber Glass Vial	20 mg / mL	20 mL	1	02552671	837641001871	(01) 00837641011870



Injectable Products



Furosemide Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0060AB01	Amber Glass Ampoule	10 mg / mL	2 mL	10	02384094	837641000584	(01) 00837641010583



Gentamicin Injection USP (Preservative Free)

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0072AB01	Clear Glass Ampoule	10 mg / mL	2 mL	10	02470462	837641001062	(01) 00837641011061



Gentamicin Injection USP (with Preservative)

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0073AB01	Clear Glass Ampoule	40 mg / mL	2 mL	10	02457008	837641000782	(01) 00837641010781



Injectable Products



Levofloxacin in 5% Dextrose Injection

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0124AJ01	Single Use Bag	5 mg / mL	50 mL	24	02537079	837641001536	(01) 00837641011535
0124AL01	Single Use Bag	5 mg / mL	100 mL	24	02537079	837641001543	(01) 00837641011542
0124AM01	Single Use Bag	5 mg / mL	150 mL	24	02537079	837641001550	(01) 00837641011559



Lidocaine Hydrochloride Injection USP (1% Preservative Free)

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0121AD01	Clear Polyampoule	10 mg / mL	5 mL	20	02421984	837641000034	(01) 00837641010033
0121AF01	Clear Polyampoule	10 mg / mL	10 mL	20	02421984	837641000041	(01) 00837641010040



Lidocaine Hydrochloride Injection USP (1% with Preservative)

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0122AG01	Clear Glass Vial	10 mg / mL	20 mL	10	02422018	837641000058	(01) 00837641010057
0122AJ01	Clear Glass Vial	10 mg / mL	50 mL	10	02422018	837641000065	(01) 00837641010064



Injectable Products

Lidocaine Hydrochloride Injection USP (2% Preservative Free)



No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0126AD01	Clear Polyampoule	20 mg / mL	5 mL	20	02421992	837641000089	(01) 00837641010088
0126AF01	Clear Polyampoule	20 mg / mL	10 mL	20	02421992	837641000096	(01) 00837641010095

Lidocaine Hydrochloride Injection USP (2% with Preservative)



No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0127AG01	Clear Glass Vial	20 mg / mL	20 mL	10	02422026	837641000102	(01) 00837641010101
0127AJ01	Clear Glass Vial	20 mg / mL	50 mL	10	02422026	837641000119	(01) 00837641010118

Lidocaine Hydrochloride and EPINEPHrine Injection USP



No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0128AG02	Amber Glass Vial	20 mg / mL & 0.01 mg / mL	20 mL	1	02436221	837641001253	(01) 00837641011252



Injectable Products

Micafungin Sodium for Injection



No.	Description	Strength	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0132AF01	Amber Glass Vial	50 mg / vial	1	02532344	837641001420	(01) 00837641011429
0132AG01	Amber Glass Vial	100 mg / vial	1	02532360	837641001413	(01) 00837641011412



Midazolam Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0137AL01	Single Use Bag	1 mg / mL	100 mL	10	02553104	837641002175	(01) 00837641012174

Mitomycin for Injection USP



No.	Description	Strength	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0133AJ01	Amber Glass Vial	20 mg / vial	1	02531941	837641001529	(01) 00837641011528



Injectable Products



Naloxone Hydrochloride Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0140AA01	Amber Glass Ampoule	0.4 mg / mL	1 mL	10	02382482	837641000607	(01) 00837641010606



Naloxone Injectable (Non-Prescription)

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0141AA01	Amber Glass Ampoule	0.4 mg / mL	1 mL	10	02458578	837641001048	(01) 00837641011047



Oxytocin Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0150AA02	Clear Ampoule	10 USP units / mL	1 mL	25	02550199	837641001949	(01) 00837641011931



Injectable Products



Phenytoin Sodium Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0162AB01	Clear Glass Vial	50 mg / mL	2 mL	25	02431378	837641001901	(01) 00837641011900
0162AD01	Clear Glass Vial	50 mg / mL	5 mL	25	02431378	837641001918	(01) 00837641011917



Progesterone Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0161AF01	Clear Glass Vial	50 mg / mL	10 mL	1	02531828	837641001437	(01) 00837641011436



Rocuronium Bromide Injection

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0180AD01	Clear Glass Vial	10 mg / mL	5 mL	10	02517744	837641001444	(01) 00837641011443

* Must be refrigerated (2 - 8 °C)



Injectable Products



0.9% Sodium Chloride Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0195AF01	Clear Polyampoule	9 mg / mL	10 mL	20	02304341	837641000430	(01) 00837641010439



Sterile Water for Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0230AF01	Clear Polyampoule	100%	10 mL	20	02299186	837641000447	(01) 00837641010446
0230AF02	Clear Glass Vial	100%	10 mL	25	02299186	837641001192	(01) 00837641011191



Succinylcholine Chloride Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0190AF01	Clear Glass Vial	20 mg / mL	10 mL	10	02422336	837641000287	(01) 00837641010286

* Must be refrigerated (2 - 8 °C)



Injectable Products



◇ Testosterone Enanthate Injection USP

No.	Description	Strength	Fill Volume	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0203AD01	Clear Glass Vial	200 mg / mL	5 mL	1	02536315	837641001611	(01) 00837641011610



Thiotepa for Injection BP

No.	Description	Strength	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0200AB01	Clear Glass Vial	15 mg / vial	1	02536862	837641001468	(01) 00837641011467
0200AG01	Clear Glass Vial	100 mg / vial	1	02536870	837641001451	(01) 00837641011450

* Must be refrigerated (2 - 8 °C)

Vancomycin Hydrochloride for Injection USP



No.	Description	Strength	Units Per Pack	DIN	Pack Bar Code	Unit of Use Bar Code
0220AF01	Clear Glass Vial	500 mg / vial	10	02543974	837641001734	(01) 00837641011733
0220AG01	Clear Glass Vial	1 g / vial	10	02543982	837641001741	(01) 00837641011740
0220AK01	Clear Glass Vial	5 g / vial	1	02531127	837641001598	(01) 00837641011597





Oral Solid Products

Oral Solid Products



KYZATREX Testosterone Undecanoate Capsules

No.	Description	Strength	Units Per Bottle	DIN	Bottle Bar Code	Box Bar Code
0204AM01	White Bottle	150 mg / capsule	120	02562731	837641002700	(01) 10837641002707
0204AN02	White Bottle	200 mg / capsule	120	02562758	837641002724	(01) 10837641002721



Wholesaler
Codes

Wholesaler Codes

No.	Description	McKesson	CPDN	K&F	PJC	Imperial	Unipharm	Familiprix	Distribution Pharma Plus	LPG
0015AF01	Acetylcysteine Inj. USP 200 mg / mL 10x10 mL Vial	424572	800256	162036		245990	2592517	159347		
0015AI02	Acetylcysteine Inj. USP 200 mg / mL 1x30 mL Vial	178092	801246	166560		459906	2653145	192226		
0010AA01	Atropine Sulphate Inj. 0.4 mg / mL 10x1 mL Amp.	749598	900300	131149	754561	410300				10059
0011AA01	Atropine Sulphate Inj. 0.6 mg / mL 10x1 mL Amp.	749580	900317	159291		80317	2379832			10060
0013AJ01	azaCITIDine for Inj. 100 mg / Vial	188842	911003							
0032AE01	ceFAZolin for Inj. 25x500 mg Vial	182165	800480							
0032AF01	ceFAZolin for Inj. 25x1 g Vial	182166	800503			213711				
0032AL01	ceFAZolin for Inj. 10x10 g Vial	182164	800527							
0031AG01	Cefepime for Inj. USP 10x2 g Vial	163415	900867							
0030AJ01	CISplatin Inj. BP 1 mg/mL 1x50 mL Vial	187746	800710							
0030AL01	CISplatin Inj. BP 1 mg/mL 1x100 mL Vial	187745	800727							
0034AA01	Cyanocobalamin Inj. USP 1000 mcg / mL 10x1 mL Amp.	126653	900508	160093	752288	410005		97962		
0034AF01	Cyanocobalamin Inj. USP 1000 mcg / mL 1x10 mL Vial	180128		166736		410126		198415		
0041AL01	Dantrolene Sodium for Inj. USP 6x20 mg / Vial	180184	901376	172477				199062		
0046AD01	Daunorubicin HCl Inj. 5 mg / mL 1x4 mL Vial	187747	800383					212724		
0047AJ01	dexmedetomidine HCl Inj. 4 mcg / mL 10x50 mL Bag	186053	700314							
0047AL01	dexmedetomidine HCl Inj. 4 mcg / mL 10x100 mL Bag	186052	700321							
0049AI01	Dexrazoxane for Inj. 1x250 mg / Vial	205368	902212					253888		
0040AA01	Dimenhydrinate Inj. USP 50 mg / mL 10x1 mL Amp.	447979	800225	131153		80225	2380384	59261		10063
0040AD01	Dimenhydrinate Inj. USP 50 mg / mL 10x5 mL Vial	189290	900218	134533		410355				
0043AG01	DOBUtamine Inj. USP 12.5 mg / mL 10x20 mL Vial	126652	910842	161367		370843		97963		
0053AB01	Enalaprilat Inj. USP 1.25 mg / mL 10x2 mL Vial	182163	800817							
1293AA01	EPINEPhrine Inj. USP 1 mg / mL 10x1 mL Amp.	981845	900454	153389	750998	80454	2401214	125019	1981845	10081
0050AA01	Ergonovine Maleate Inj. USP 0.25 mg / mL 5x1 mL Amp.	607226	900010	131155		410010				
0052AD01	Etoposide Inj. 20 mg/mL 1x5 mL Vial	200898	901857							
0052AF01	Etoposide Inj. 20 mg/mL 1x10 mL Vial	200920	901864							
0052AG01	Etoposide Inj. 20 mg/mL 1x20 mL Vial	200921	901871							
0060AB01	Furosemide Inj. USP 10 mg / mL 10x2 mL Amp.	49063	900584	161368		384094				
0072AB01	Gentamicin Inj. USP 10 mg / mL 10x2 mL Amp.	140689	901062							
0073AB01	Gentamicin Inj. USP 40 mg / mL 10x2 mL Amp.	105559	900683	161370	760299	376408		192987		35755
0204AM01	KYZATREX Testosterone Undecanoate Capsules 120 x 150 mg / Bottle	209468		172448						
0204AN02	KYZATREX Testosterone Undecanoate Capsules 120 x 200 mg / Bottle	209519		172449						
0124AJ01	Levofloxacin in 5% Dextrose Inj. 5 mg / mL 24x50 mL Bag	184810	901536							



Wholesaler Codes

No.	Description	McKesson	CPDN	K&F	PJC	Imperial	Unipharm	Familiprix	Distribution Pharma Plus	LPG
0124AL01	Levofloxacin in 5% Dextrose Inj. 5 mg / mL 24x100 mL Bag	184811	901543							
0124AM01	Levofloxacin in 5% Dextrose Inj. 5 mg / mL 24x150 mL Bag	184813	901550							
0121AD01	Lidocaine HCl Inj. USP 1 % 20x5 mL Polyamp.	701938	900034	155537	761207	410034		91725		10066
0121AF01	Lidocaine HCl Inj. USP 1 % 20x10 mL Polyamp.	701987	800041	131158		410041				
0122AG01	Lidocaine HCl Inj. USP 1 % 10x20 mL Vial	702068	800058	131156		410058				
0122AJ01	Lidocaine HCl Inj. USP 1 % 10x50 mL Vial	706473	800065	131157		422018				
0126AD01	Lidocaine HCl Inj. USP 2 % 20x5 mL Polyamp.	713289	800089	157472		410089	2533412	203690		10071
0126AF01	Lidocaine HCl Inj. USP 2 % 20x10 mL Polyamp.	714386	800096	131163		410096		91726		10072
0127AG01	Lidocaine HCl Inj. USP 2 % 10x20 mL Vial	715482	800102	157588		400102				10073
0127AJ01	Lidocaine HCl Inj. USP 2 % 10x50 mL Vial	720482	900119	142907		420026				
0128AG02	Lidocaine HCl 2% + EPI 0.01 mg / mL Inj. USP 1x20 mL Vial	166505	911252	164992	761237	411253	2636017			
0132AF01	Micafungin Sodium for Inj. 1x50 mg / Vial	179172	901420	166659		371420		199611		
0132AG01	Micafungin Sodium for Inj. 1x100 mg / Vial	179171	901413	166660		376413		199612		
0137AL01	Midazolam Injection Inj. USP 1 mg / mL 10x100 mL Bag	204583	902175							
0133AJ01	Mitomycin for Inj. USP 1x20 mg / Vial	179033	901529					196052		
0140AA01	Naloxone HCl Inj. USP 0.4 mg / mL 10x1 mL Amp.	69322	900607	161373		382482				26887
0141AA01	Naloxone Inj. OTC 0.4 mg / mL 10x1 mL Amp.	183341								
0150AA02	Oxytocin Injection USP 10 USP units / mL 25x1 mL Amp	201733	901949							
0162AB01	Phenytoin Sodium Inj. USP 50 mg / mL 25x2 mL Vial	182161	800442							
0162AD01	Phenytoin Sodium Inj. USP 50 mg / mL 25x5 mL Vial	182160	800466							
0161AF01	Progesterone Inj. USP 50mg / mL 1x10mL Vial	179173	901437	166658		361437	2666113	199609		
0180AD01	Rocuronium Bromide Inj. 10 mg / mL 10x5 mL Vial	181948	900444					206752		
0195AF01	Sodium Chloride Inj. USP 0.9 % 20x10 mL Polyamp.	941955	900430	131169	760311	376430	2565570			10078
0230AF01	Sterile Water for Inj. USP 20x10 mL Polyamp.	336644	900447	131332	760260	200447	2592525	35972		10079
0230AF02	Sterile Water for Inj. USP 25x10 mL Vial	188840	901192							
0190AF01	Succinylcholine Chloride Inj. USP 20 mg / mL 10x10 mL Vial	30142	900287	134310		410287				12853
0203AD01	◆ Testosterone Enanthate Inj. USP 200 mg / mL 1x5 mL Vial	187264		168846		416315	2670461	212710		
0200AB01	Thiotepa for Inj. BP 15 mg / Vial	182579	901468							
0200AG01	Thiotepa for Inj. BP 100 mg / Vial	182585	901451							
0220AF01	Vancomycin HCl for Inj. USP 10x500 mg / Vial	193200	901734							
0220AG01	Vancomycin HCl for Inj. USP 10x1 g / Vial	193194	901741							
0220AK01	Vancomycin HCl for Inj. USP 5 g / Vial	208257	901598							





Terms and Conditions of Sale

Return Goods Policy

(Effective April 1, 2026)

Hikma Canada Limited ("Hikma") Return Goods Policy (this "Policy") applies to the return and/or credit of Product(s) purchased by a Customer of Hikma.

Request to return Product should be made to Hikma Customer Service at 1-800-656-0793 or transmitted by email to: canada_csr@hikma.com. Such requests must include the following information: (i) Product name; (ii) quantity; (iii) lot number; and (iv) expiration date. If eligible for return, a Return Merchandise Authorization ("RMA") Number will be issued by Hikma and provided to Customer. This RMA Number must be obtained by Customer prior to any Product returns being accepted by Hikma. All transmissions between Hikma and Customer shall be made by either phone or email.

Hikma reserves the right to require: (i) proof of purchase or the original invoice for all Product returned for credit or exchange; or (ii) information which will demonstrate that Products must have been used properly as per standard First-In-First-Out expiration dating ("FIFO Information").

Wholesalers shall not accept returns of Products from Customers for Products identified as **not returnable**.

NON-RETURNABLE PRODUCT

The following Products are **not eligible** to be returned for credit:

- Products which have not expired.
- Products that are six (6) months past their expiry date.
- Products sold pursuant to an Exceptional Importation or a Special Access Program.
- Discontinued Products after three (3) months of declaration by Hikma of discontinuation.
- Products which have been either opened, defaced, or missing Hikma labels which do not clearly display the expiration date, DIN or Lot number.
- For controlled substances, precursors and cytotoxics, physical return of Product is not accepted. RMA Number and certification of destruction are required for credit eligibility.
- Products purchased on a non-returnable basis (i.e. short dated, special buys) Products shipped in error but not reported within five (5) days of receipt by Customer.
- Product ordered in error.
- Damaged Product(s) due to insurable causes, such as fire, flood, and/or natural disasters.
- Damaged/deteriorated Product(s) due to negligence, including, but not limited to improper handling or storage by the Customer.
- Partial units - an inner unit Product included within a saleable package.
- Products sold at bankruptcy sales or sacrifice sales.
- Products sold, purchased, stored, or distributed contrary to Federal or Provincial law.

CONDITIONS FOR CREDIT

Hikma will issue a credit for returned Products under the following conditions:

- Product is to be returned prepaid to the original source of purchase after an RMA Number is issued.
- If Product is lost during a return transit then Hikma is not responsible for credit on such Product.
- RMA Number is mandatory. Product must be returned within thirty (30) days of receiving the RMA Number from Hikma. Any Product that is sent without a RMA Number will be destroyed by Hikma and a credit will not be issued.
- Products must be intact in their original sealed packages with original label.
- Products must be accompanied by a list that includes Product name, Lot Number and expiration date.
- All Products must be returned within six (6) months of expiration date unless authorized by Hikma.
- Credit will be issued at the original acquisition or current price (whichever is lower) less professional allowance, rebates or discounts including prompt pay and distribution fees. Product will be reviewed and approved by Hikma upon receipt.
- Returns received with incomplete paperwork shall only be accepted for return upon completion of any missing paperwork within five (5) days of notice by Hikma. Such returns, if accepted, are subject to a 15% administration fee.
- Damaged Product returns must include submission of pictures evidencing claimed damage. Eligibility determination is made solely by Hikma at its sole discretion.
- Hikma may require: (i) proof of purchase for all Product returned for credit or exchange; or (ii) FIFO Information as defined herein. In the event that either: (i) or (ii) is not provided to Hikma as requested, credit will be denied.



Return Goods Policy

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- Lidocaine 2% - Epinephrine 1:100,000 vials (DIN 02436221) which have been purchased through Hikma directly are eligible for a fifty (50%) percent credit against future purchases of the amount paid for such Products following expiration of the Product. Product purchased pursuant to hospital contracts will be credited at the contract price in effect at the time of purchase.

For Hospital Customers utilizing CPDN, please complete an online returns request and return any expired items directly to CPDN.

All pre-authorized Product returns being sent to Hikma must be addressed as follows

Hikma Canada Limited
c/o Innomar Strategies
8030 Esquesing Line Unit B
Milton ON L9T 6W3

Hikma reserves the right to destroy any returned Products. Any returned Products which are not eligible for credit will be destroyed by Hikma.

CREDIT MEMOS

- Credit for returned Products will only be issued by Hikma in the form of a credit memo.
- Hikma shall process credit memos upon receipt and processing of validated returns by Innomar.
- The amount of credit issued or authorized by Hikma is directly correlated to what is validated by Innomar. In the event of any conflict between the Customer's claimed quantity and the quantity validated by Innomar, the quantity validated by Innomar shall control. Innomar's physical count of the returned Products will be final.
- Any and all credits that are not redeemed within one (1) year of issuance shall be null and void.

DISCLAIMERS

- By returning Products, you authorize Hikma and Innomar, as Hikma's agent, to destroy any returned Product.
- Non-Hikma product(s) returned to Innomar will not be the responsibility of Hikma. Hikma reserves the right to charge Customers for any costs incurred to process and destroy non-Hikma product returned to Innomar.
- Once received by Innomar, Product will not be returned to the Customer.
- Hikma is not responsible for lost or damaged shipments of returned Product(s). Insuring and tracking shipments are the responsibility of the Customer.
- This Policy supersedes all previous policies and may be modified by Hikma at its sole discretion.

PRICING

Hikma reserves the right, without prior notification, to change the terms, conditions and pricing set forth herein unless otherwise specified.

Current price lists can be obtained from Hikma's Customer Service department at canada_csr@hikma.com or by calling 1-800-656-0793. All Orders will be invoiced at the prices prevailing at the time of receipt of an Order and are subject to change without notice, except as specified in a fully executed contract between the parties. Product purchased at contract price must be used within the membership scope of such contract only.

PAYMENTS AND TERMS

All Orders are subject to acceptance by our Credit Department. Unless otherwise stated on the invoice or under applicable law, terms of sale are NET thirty (30) days. Any portion of an invoice that is the subject of a dispute must be reported to Customer Service at the time of receipt of the invoice using the telephone number on the invoice or by email to: canada_csr@hikma.com.

Any undisputed portion of an invoice must be paid in accordance with these Terms and Conditions. Hikma reserves the right, at its sole discretion, to: (i) decline any Order; (ii) limit the purchasing of Products; (iii) delay shipments; or (iv) allocate Products amongst Hikma's Customers.

All Orders shall be invoiced on the date shipped. It is expressly understood and agreed that Hikma will only accept payment in the following forms: (i) EFT; (ii) check; (iii) direct deposit; and/or (iv) wire transfer. Hikma shall not process any payments made in any other form, including, credit cards and debit cards, unless agreed to in writing by both parties.

Applicable taxes, as required by law, will be added to invoices following an Order. Hikma reserves the right to: (i) charge overdue accounts past thirty (30) days interest at the rate of 1.5% per month (18% per annum) on the outstanding balance; or (ii) hold Orders for Customers with past due balances without notice.

MINIMUM SHIPMENT AND TRANSPORTATION COSTS

Orders of \$500.00 or more are shipped prepaid by Hikma within Canada. Hikma will use the most economical routing consistent with the provision of reasonably prompt service. Any Customer may request delivery by special means. In such cases, the difference between regular cost and the special cost will be charged to the Customer. Orders that do not meet the minimum value will be subject to a \$50 surcharge.

BACKORDERS

Any Order received by Hikma which remains unfilled due to backorder or allocation shall be terminated by Hikma after sixty (60) days with no penalty to either Customer or Hikma.



Return Goods Policy

(Effective April 1, 2026)

SHORTAGE, BREAKAGE OR LOSS

Claims for Products: (i) lost or damaged in transit; or (ii) shortage of Products must be reported to Hikma within five (5) days of receipt. Additionally, shipping errors must also be reported to Hikma immediately upon discovery within five (5) days of receipt.

All Orders are packed for shipment by Hikma. Upon delivery to Customer, all cases, boxes or parcels should be examined carefully before signing the delivery note. If evidence of damage is present, Customer should bring it to the attention of the delivery agent and ensure that a notation is made on the shipping bill before the Products are accepted. If damage has caused breakage or loss, the outer shipping container and packing material should be retained until an adjustment is made. With respect to the purchasing of Products indirectly, Hikma is not responsible for breakage, damage or loss during shipment, but will assist Customers in connection with any insurance claims. Damaged Product received should be held for inspection or until return is requested by Hikma.

LIABILITY

Hikma is not responsible for any failure to supply penalties nor any contract penalties or damages for Products not delivered for causes beyond Hikma's control. These include but are not limited to fire, explosion, strikes or labour disputes or interruptions, embargoes, act of God, or force majeure.

QUALITY AND PHARMACOVIGILANCE

Any adverse events are to be reported to Hikma within one (1) day by contacting Hikma directly or by email to: canada_drugsafety@hikma.com. Adverse events are documented and assessed by Hikma in accordance with industry practice and in compliance with laws. Complaints related to the quality of Products should be sent to: canada_qa@hikma.com.

In the event of a withdrawal or recall of a Product, Hikma will issue instructions to Customer.

OWN USE

All Products sold by Hikma are labelled and approved for sale in Canada only.

PRODUCT WARRANTY

Hikma warrants that Products are manufactured in compliance with Good Manufacturing Procedures and all applicable Health Canada requirements for the final pharmaceutical quality of the Products offered for sale. No other warranty or condition, statutory or otherwise, expressed or implied shall apply including, without limitation, any warranty as to quality, merchantability or fitness for a particular purpose.

HIKMA SHALL IN NO EVENT BE LIABLE FOR ANY INDIRECT, CONSEQUENTIAL, OR PUNITIVE DAMAGES OF ANY KIND FROM ANY CAUSE ARISING OUT OF THE SALE, DELIVERY, USE OR INABILITY TO USE ANY PRODUCT, INCLUDING WITHOUT LIMITATION, LOSS OF PROFITS, GOODWILL OR BUSINESS INTERRUPTION. HIKMA'S TOTAL LIABILITY UNDER ANY ORDER SHALL BE SPECIFICALLY LIMITED TO THE VALUE OF THE PURCHASE ORDER EXECUTED WHICH GAVE RISE TO THE DISPUTE.

All Hikma Products must be used, stored and transported as per conditions indicated in their Product monograph.

GOVERNING LAW

Any resulting Order referencing these Terms and Conditions is governed by and will be construed in accordance with the laws of the Province of Ontario and the federal laws of Canada, excluding any conflicts of law provisions. The parties hereby irrevocably attorn to the jurisdiction of the courts of the Province of Ontario.





Hikma Canada Limited

55 Standish Court, Suite 1050
Mississauga, ON L5R 0G3
Canada

Tel: 1.800.656.0793

hikma.com/canada



Customer Service

Tel: 1.800.656.0793 ext. 2

Email: Canada_csr@hikma.com

hikma.

At Hikma, we are committed to minimising our impact on the environment.

The information provided is intended for Canada healthcare professionals only.

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AUG-2026