

2025 Hikma Rx Product Catalog



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Please visit [hikma.com/us](https://www.hikma.com/us) for additional product information, including the Full Prescribing Information with complete Indications for Use, Warnings, Precautions and Adverse Reactions for each product including Boxed Warnings, as applicable.

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Hikma Rx is one of the nation's leading manufacturers and suppliers of high-quality generic and specialty branded medicines. We have what our customers want and need:

- a broad portfolio of essential medicines
- a reliable supply and excellent service
- an exceptional record for product quality
- strong US-based manufacturing and distribution
- a highly responsive customer-centric commercial team
- a distinguished record of successful FDA inspections

Hikma Rx puts better health within reach every day.

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Hikma Rx Products

ABIRATERONE ACETATE Tablets, USP

COMPARABLE TO
ZYTIGA®

THERAPEUTIC CATEGORY
Antineoplastic and Immunomodulating Agent

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-9597-21	250 mg	Bottle of 120	WW 597	White to off-white, oval shape tablets	24	

ACARBOSE Tablets, USP

COMPARABLE TO
PRECOSE®

THERAPEUTIC CATEGORY
Alimentary Tract and Metabolism

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0140-25	25 mg	Bottle of 100	54 311	Round, white to off-white, biconvex tablet	100	
0054-0141-25	50 mg	Bottle of 100	54 737	Round, white to off-white, biconvex tablet	100	
0054-0142-25	100 mg	Bottle of 100	54 251	Round, white to off-white, biconvex tablet	100	

ALBUTEROL SULFATE Inhalation Aerosol

COMPARABLE TO
PROVENTIL® HFA

THERAPEUTIC CATEGORY
Respiratory System

FDA RATING
AB1

NDC Number	Strength	Pack Size	Product Description	Case Qty	
0054-0742-87	90 mcg	200 actuations per canister	Supplied as a pressurized aluminum canister with an attached dose indicator, a light blue plastic actuator and dark blue dust cap each in boxes of one	200	

ALENDRONATE SODIUM Oral Solution

COMPARABLE TO
FOSAMAX®

THERAPEUTIC CATEGORY
Musculo-Skeletal System

FDA RATING
Not BE rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0282-59	70 mg / 75 mL	Carton of 4 x 75 mL Single-Dose Bottles	Clear, colorless to pale pink solution with a raspberry flavor	30

ALPRAZOLAM INTENSOL™ Oral Solution (Concentrate), CIV

COMPARABLE TO
XANAX®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
Not BE rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3068-44	1 mg / mL	30 mL Bottle	Clear, colorless solution	120

ALVIMOPAN Capsules

COMPARABLE TO
ENTEREG®

THERAPEUTIC CATEGORY
Alimentary Tract and Metabolism

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0668-82	12 mg	5 cards of 6 blisters [30]	54 88	Blue, opaque hard gelatin capsules	20



AMINOCAPROIC ACID Oral Solution, USP

COMPARABLE TO
AMICAR®

THERAPEUTIC CATEGORY
Blood and Blood Forming Organs

FDA RATING
Reference Listed Drug

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-1100-58	0.25g/mL	8 oz Bottle	Raspberry-flavored oral solution	12



AMINOCAPROIC ACID Tablets, USP

COMPARABLE TO
AMICAR®

THERAPEUTIC CATEGORY
Blood and Blood Forming Organs

FDA RATING
Reference Listed
Drug

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-1110-13	1000 mg	Bottle of 30	A 20 XP	Oblong, white tablet, scored on one side	48



AMOXICILLIN & CLAVULANATE POTASSIUM for Oral Suspension, USP

COMPARABLE TO
AUGMENTIN®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0143-9981-50	200 mg / 28.5 mg / 5 mL	50 mL Bottle	Dry powder is white to off white with fruity flavor	24
0143-9981-75	200 mg / 28.5 mg / 5 mL	75 mL Bottle		24
0143-9981-01	200 mg / 28.5 mg / 5 mL	100 mL Bottle		24
0143-9982-50	400 mg / 57 mg / 5 mL	50 mL Bottle	Dry powder is white to off white with fruity flavor	24
0143-9982-75	400 mg / 57 mg / 5 mL	75 mL Bottle		24
0143-9982-01	400 mg / 57 mg / 5 mL	100 mL Bottle		24

AMOXICILLIN & CLAVULANATE POTASSIUM for Oral Suspension, USP

COMPARABLE TO
AUGMENTIN ES-600®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0143-9853-75	600 mg / 42.9 mg / 5 mL	75 mL Bottle	Reconstituted orange-flavored suspension	24
0143-9853-16	600 mg / 42.9 mg / 5 mL	125 mL Bottle		24
0143-9853-24	600 mg / 42.9 mg / 5 mL	200 mL Bottle		24



AMOXICILLIN & CLAVULANATE POTASSIUM Tablets, USP

COMPARABLE TO
AUGMENTIN®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-9249-20	875 mg / 125 mg	Bottle of 20	WW 949	Scored white capsule-shaped tablet	24	

AMOXICILLIN Capsules, USP

COMPARABLE TO
AMOXIL®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-9939-05	500 mg	Bottle of 500	West-ward 939	Opaque gelatin capsules with caramel cap and ivory body	12	

AMOXICILLIN for Oral Suspension, USP

COMPARABLE TO
AMOXIL®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty	
0143-9888-80	125 mg / 5 mL	80 mL Bottle	Reconstituted fruity-flavored suspension	24	
0143-9888-01	125 mg / 5 mL	100 mL Bottle		24	
0143-9888-15	125 mg / 5 mL	150 mL Bottle		24	
0143-9886-50	200 mg / 5 mL	50 mL Bottle	Reconstituted fruity-flavored suspension	24	
0143-9886-75	200 mg / 5 mL	75 mL Bottle		24	
0143-9886-01	200 mg / 5 mL	100 mL Bottle		24	
0143-9889-80	250 mg / 5 mL	80 mL Bottle	Reconstituted fruity-flavored suspension	24	
0143-9889-01	250 mg / 5 mL	100 mL Bottle		24	
0143-9889-15	250 mg / 5 mL	150 mL Bottle		24	
0143-9887-50	400 mg / 5 mL	50 mL Bottle	Reconstituted fruity-flavored suspension	24	
0143-9887-75	400 mg / 5 mL	75 mL Bottle		24	
0143-9887-01	400 mg / 5 mL	100 mL Bottle		24	

AMOXICILLIN Tablets, USP

COMPARABLE TO
AMOXIL®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-9285-20	875 mg	Bottle of 20	WW 951	Film-coated, capsule-shaped, white tablet is scored on one side and imprinted on the other side	24	
0143-9285-01	875 mg	Bottle of 100	WW 951		24	

BALSALAZIDE DISODIUM Capsules, USP

COMPARABLE TO
COLAZAL®

THERAPEUTIC CATEGORY
Alimentary Tract and Metabolism

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0079-28	750 mg	Bottle of 280	54 795	Light orange opaque capsule containing yellow-orange powder	10	

BUPRENORPHINE AND NALOXONE Sublingual Tablets USP, CIII

COMPARABLE TO
SUBOXONE®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0188-13	2 mg / 0.5 mg	Bottle of 30	54 122	Speckled-peach to peach, flat faced beveled edge tablet	100	
0054-0189-13	8 mg / 2 mg	Bottle of 30	54 375	Speckled-peach to peach, flat faced beveled edge tablet	100	

BUPRENORPHINE Sublingual Tablets, CIII

COMPARABLE TO
SUBUTEX®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0176-13	2 mg	Bottle of 30	54 775	White, flat faced, beveled-edge tablet	100 
0054-0177-13	8 mg	Bottle of 30	54 411	White, flat faced, beveled-edge tablet	100 

BUTALBITAL, ACETAMINOPHEN, CAFFEINE with CODEINE Capsules, CIII

COMPARABLE TO
FIORICET® WITH CODEINE

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0650-25	50 mg/ 300 mg/ 40 mg/30 mg	Bottle of 100	54 640	Hard gelatin, opaque deep blue cap and an opaque white body, containing a white to off white powder	60
0054-3000-01	50 mg/ 325 mg/ 40 mg/30 mg	Bottle of 100	54 066	Hard gelatin, opaque blue cap and an opaque gray to grayish pink body, containing a white to off white powder	60

BUTORPHANOL TARTRATE Nasal Spray USP, CIV

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3090-36	10 mg / mL	2.5 mL Bottle	Clear, colorless solution	48

CALCITRIOL Oral Solution

COMPARABLE TO
ROCALTROL®

THERAPEUTIC CATEGORY
Alimentary Tract and Metabolism

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3120-41	1 mcg / mL	15 mL per bottle	Clear, pale yellow solution	20

CALCIUM ACETATE Capsules, USP

COMPARABLE TO
PHOSLO®

THERAPEUTIC CATEGORY
Various

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0088-13	667 mg	Bottle of 30	54 215	White opaque/blue opaque capsule	100
0054-0088-26	667 mg	Bottle of 200	54 215		10



CAPTOPRIL Tablets, USP

COMPARABLE TO
CAPOTEN®

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0143-1171-01	12.5 mg	Bottle of 100	W-7	White, round tablet, scored on one side	24
0143-1171-10	12.5 mg	Bottle of 1000	W-7		35
0143-1172-01	25 mg	Bottle of 100	WW 172	White, round tablet, quadrisection scored on one side	24
0143-1172-10	25 mg	Bottle of 1000	WW 172		12
0143-1173-01	50 mg	Bottle of 100	WW 173	White, oblong, tablet, scored on one side	24
0143-1173-10	50 mg	Bottle of 1000	WW 173		12
0143-1174-01	100 mg	Bottle of 100	WW 174	White, oblong, tablet, scored on one side	35



CEVIMELINE HYDROCHLORIDE Capsules

COMPARABLE TO
EVOXAC®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0334-25	30 mg	Bottle of 100	54 190	White opaque cap and white opaque body, containing a white powder	100



CITALOPRAM Oral Solution, USP

COMPARABLE TO
CELEXA®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0062-58	10 mg / 5 mL	240 mL Bottle	Clear, colorless solution (Peppermint flavored)	20

CLOTRIMAZOLE Troche (Lozenges), USP

COMPARABLE TO
MYCELEX®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-4146-22	10 mg	Bottle of 70	54 552	White, round, flat face	100
0054-4146-23	10 mg	Bottle of 140	54 552	beveled edge troche	30



CODEINE SULFATE Tablets USP, CII

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0243-24	15 mg	10 cards of 10 blisters (100)	15 54 613	White to off-white biconvex tablets, scored one side	20	
0054-0244-25	30 mg	Bottle of 100	30	White to off-white biconvex tablets, scored one side	100	
0054-0244-24	30 mg	10 cards of 10 blisters (100)	54 783		20	
0054-0245-25	60 mg	Bottle of 100	60 54 412	White to off-white biconvex tablets, scored one side	100	

COLCHICINE Capsules

COMPARABLE TO
MITIGARE®

THERAPEUTIC CATEGORY
Musculo-Skeletal System

FDA RATING
Not BE rated

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-3018-30	0.6 mg	Bottle of 30	West-ward 118	No. 4 dark blue/light blue hard gelatin capsules	100	
0143-3018-01	0.6 mg	Bottle of 100	West-ward 118		100	
0143-3018-10	0.6 mg	Bottle of 1000	West-ward 118		10	

CYCLOPHOSPHAMIDE Capsules

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Antineoplastic and Immunomodulating Agent

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0382-25	25 mg	Bottle of 100	54 006	Blue/blue opaque capsule, containing a white to off-white powder	100	
0054-0383-25	50 mg	Bottle of 100	54 881	Blue/blue opaque capsule, containing a white to off-white powder	100	



DEFERIPRONE Tablets

COMPARABLE TO
FERRIPROX®

THERAPEUTIC CATEGORY
Various

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0576-25	500 mg	Bottle of 100	54 422	White to off-white, modified capsule shaped, biconvex, film coated tablets	100	
0054-0711-19	1000 mg	Bottle of 50	54 23	White to off-white, modified capsule shaped, biconvex, film coated tablets	100	

DESVENLAFAXINE Extended-Release Tablets

COMPARABLE TO
PRISTIQ®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0603-13	25 mg	Bottle of 30	54 427	Beige film-coated, standard biconvex tablet	100	
0054-0400-13	50 mg	Bottle of 30	54 716	Peach, film-coated, standard biconvex tablet	100	
0054-0400-22	50 mg	Bottle of 90	54 716		100	
0054-0401-13	100 mg	Bottle of 30	54 341	Orange film-coated, standard biconvex tablet	100	
0054-0401-22	100 mg	Bottle of 90	54 341		100	

DEXAMETHASONE Oral Solution, USP Intensol™ (Concentrate)

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Systemic Hormonal Preparation, EXCL. Sex Hormones and Insulin

FDA RATING
Not BE rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3176-44	1 mg per mL	30 mL bottle	Clear colorless solution	120

DEXAMETHASONE Oral Solution, USP

COMPARABLE TO
DECADRON®

THERAPEUTIC CATEGORY
Systemic Hormonal Preparation, EXCL. Sex Hormones and Insulin

FDA RATING
Not BE rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3177-57	0.5 mg / 5 mL	240 mL per bottle	Cherry brandy flavored clear	30
0054-3177-63	0.5 mg / 5 mL	500 mL per bottle	colorless solution	10

DEXAMETHASONE Tablets, USP

COMPARABLE TO
DECADRON®

THERAPEUTIC CATEGORY
Systemic Hormonal Preparation, EXCL. Sex Hormones and Insulin

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-4182-25	1.5 mg	Bottle of 100	54 943	Pink, flat tablet with beveled edges, scored on one side	100	
0054-4183-25	2 mg	Bottle of 100	54 662	White, flat tablet with beveled edges, scored on one side	100	
0054-8176-25	2 mg	10 Cards of 10 Blisters (100)	54 662	White, flat tablet with beveled edges, scored on one side	40	
0054-4184-25	4 mg	Bottle of 100	54 892	Green, flat tablet with beveled edges, scored on one side	100	
0054-8175-25	4 mg	10 Cards of 10 Blisters (100)	54 892	Green, flat tablet with beveled edges, scored on one side	40	
0054-4186-25	6 mg	Bottle of 100	54 769	Aqua, flat tablet with beveled edges, scored on one side	100	
0054-8183-25	6 mg	10 Cards of 10 Blisters (100)	54 769	Aqua, flat tablet with beveled edges, scored on one side	40	

DEXAMETHASONE Tablets, USP

COMPARABLE TO
DECADRON®

THERAPEUTIC CATEGORY
Systemic Hormonal Preparation, EXCL. Sex Hormones and Insulin

FDA RATING
BP

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-4179-25	0.5 mg	Bottle of 100	54 299	Light yellow, flat tablet with beveled edges, scored on one side	100	
0054-4180-25	0.75 mg	Bottle of 100	54 960	Pale blue, flat tablet with beveled edges, scored on one side	100	
0054-4181-25	1 mg	Bottle of 100	54 489	Yellow, flat tablet with beveled edges, scored on one side	100	



DIAZEPAM INTENSOL™ Oral Solution (Concentrate), CIV

COMPARABLE TO
VALIUM®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3185-44	5 mg per mL	30 mL per bottle	Clear, yellow solution	120

DIAZEPAM Oral Solution, CIV

COMPARABLE TO
VALIUM®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3188-63	5 mg per 5 mL	500 mL per bottle	(Wintergreen-spice flavored) Clear, orange-colored solution	10

DICYCLOMINE HYDROCHLORIDE Oral Solution, USP

COMPARABLE TO
BENTYL®

THERAPEUTIC CATEGORY
Various

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0622-63	10 mg per 5 mL	473 mL per bottle	Light pink to reddish pink clear solution with a cherry brandy flavor	10



DICYCLOMINE HYDROCHLORIDE Capsules, USP

COMPARABLE TO
BENTYL®

THERAPEUTIC CATEGORY
Various

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0748-25	10 mg	Bottle of 100	West-ward 3126	Blue/blue capsule	100
0054-0748-31	10 mg	Bottle of 1000	West-ward 3126		10



DICYCLOMINE HYDROCHLORIDE Tablets, USP

COMPARABLE TO
BENTYL®

THERAPEUTIC CATEGORY
Various

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-1227-01	20 mg	Bottle of 100	WW 27	Blue, round, unscored tablet	100	
0143-1227-10	20 mg	Bottle of 1000	WW 27		30	

DIGOXIN Oral Solution, USP

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0057-46	50 mcg / mL	60 mL per bottle	A (lime-flavored) clear, colorless solution	60

DIGOXIN Tablets, USP

COMPARABLE TO
LANOXIN®

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-1240-01	125 mcg	Bottle of 100	W 40	Yellow, round, scored tablet	100	
0143-1240-10	125 mcg	Bottle of 1000	W 40		60	
0143-1241-01	250 mcg	Bottle of 100	WW 41	White, round, scored tablet	100	
0143-1241-10	250 mcg	Bottle of 1000	WW 41		60	

DIHYDROERGOTAMINE MESYLATE Nasal Spray

COMPARABLE TO
MIGRANAL®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
24201-463-08	4 mg per mL	8 x 1 mL per bottle	Clear, colorless to light yellow aqueous solution in 3.5 mL amber glass vials	16

DIPHENOXYLATE HYDROCHLORIDE and ATROPINE SULFATE Oral Solution, USP, CV

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Alimentary Tract and Metabolism

FDA RATING
Not BE Rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3194-46	2.5 mg/0.025 mg per 5 mL	60 mL per bottle	Cherry-flavored clear, orange-colored solution	30



DISKETTS® Dispersible Tablets (METHADONE HYDROCHLORIDE Tablets for Oral Suspension, USP), CII

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-4538-25	40 mg	Bottle of 100	54 883	Light pinkish orange, pillow shaped, compressed dispersible tablet, cross scored on one side	10



DOXYCYCLINE HYCLATE Capsules, USP

COMPARABLE TO
VIBRAMYCIN®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-9802-50	50 mg	Bottle of 50	West-ward 3141	No. 2 blue/white opaque hard gelatin capsule	35	
0143-9803-50	100 mg	Bottle of 50	West-ward 3142	No. 0 blue/blue opaque hard gelatin capsule	35	
0143-9803-05	100 mg	Bottle of 500	West-ward 3142		6	

DOXYCYCLINE HYCLATE Tablets, USP

COMPARABLE TO
VIBRA-TABS®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-2112-50	100 mg	Bottle of 50	WW 112	Orange coated, round, unscored tablet	100	
0143-2112-05	100 mg	Bottle of 500	WW 112		60	

EVEROLIMUS Tablets

COMPARABLE TO
ZORTRESS®

THERAPEUTIC CATEGORY
Antineoplastic and Immunomodulating Agent

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0470-21	0.25 mg	Bottle of 60	54 414	White to off white, round standard convex tablets	100	
0054-0471-21	0.5 mg	Bottle of 60	54 761	White to off white, round standard convex tablet	100	
0054-0472-21	0.75 mg	Bottle of 60	54 044	White to off white, round standard convex tablet	100	
0054-0604-21	1 mg	Bottle of 60	54 206	White to off white, round, flat faced beveled edge tablet	100	



EVEROLIMUS Tablets

COMPARABLE TO
AFINITOR®

THERAPEUTIC CATEGORY
Antineoplastic and Immunomodulating Agent

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0480-13	2.5 mg	Bottle of 30	54 391	White to off white, uniform to lightly speckled, capsule-shaped, flat-face, beveled edge tablet	100	
0054-0481-13	5 mg	Bottle of 30	54 451	White to off white, uniform to lightly speckled, capsule-shaped, flat-face, beveled edge tablet	100	
0054-0497-13	7.5 mg	Bottle of 30	54 627	White to off white, uniform to lightly speckled, capsule-shaped, flat-face, beveled edge tablet	100	

EVEROLIMUS Tablets

COMPARABLE TO
AFINITOR®

THERAPEUTIC CATEGORY
Antineoplastic and Immunomodulating Agent

FDA RATING
NA

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0482-13	10 mg	Bottle of 30	54 701	White to off white, uniform to lightly speckled, capsule-shaped, flat-face, beveled edge table	100	

FEBUXOSTAT Tablets

COMPARABLE TO
ULORIC®

THERAPEUTIC CATEGORY
Musculo-Skeletal System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0413-13	40 mg	Bottle of 30	54 554	Round, light green to green, biconvex tablet	100	
0054-0414-13	80 mg	Bottle of 30	54 244	Round, light green to green, biconvex tablet	100	

FLECAINIDE ACETATE Tablets, USP

COMPARABLE TO
TAMBOCOR®

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0010-21	50 mg	Bottle of 60	54 024	White, round, biconvex tablet	100
0054-0010-25	50 mg	Bottle of 100	54 024		100
0054-0010-20	50 mg	10 cards of 10 blisters (100)	54 024		20
0054-0011-21	100 mg	Bottle of 60	54 070	White, round, biconvex tablet, deep bisect on one side	100
0054-0011-25	100 mg	Bottle of 100	54 070		100
0054-0011-20	100 mg	10 cards of 10 blisters (100)	54 070		20
0054-0012-21	150 mg	Bottle of 60	54 150	White, capsule shaped, biconvex tablet, scored on one side	100
0054-0012-25	150 mg	Bottle of 100	54 150		100



FLUTICASONE PROPIONATE and SALMETEROL Inhalation Powder, USP

COMPARABLE TO
ADVAIR DISKUS®

THERAPEUTIC CATEGORY
Respiratory System

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0326-56	100 mcg / 50 mcg	60 dose inhalation device	Disposable gray plastic inhaler containing a foil blister strip with 60 blisters	24
0054-0327-56	250 mcg / 50 mcg	60 dose inhalation device	Disposable gray plastic inhaler containing a foil blister strip with 60 blisters	24
0054-0328-56	500 mcg / 50 mcg	60 dose inhalation device	Disposable gray plastic inhaler containing a foil blister strip with 60 blisters	24



FLUTICASONE PROPIONATE Nasal Spray, USP

COMPARABLE TO
FLONASE®

THERAPEUTIC CATEGORY
Respiratory System

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3270-99	50 mcg per spray	120 sprays per bottle (16 g)	White to off-white suspension	144



FUROSEMIDE Oral Solution, USP

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
Not BE rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3294-46	10 mg per mL	60 mL per bottle	Orange-flavored clear, orange-colored solution	60
0054-3294-50	10 mg per mL	120 mL per bottle		30
0054-3298-63	40 mg per 5 mL	500 mL per bottle	Pineapple-peach flavored clear, orange-colored solution	10

FUROSEMIDE Tablets, USP

COMPARABLE TO
LASIX®

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-4297-25	20 mg	Bottle of 100	54 840	White, flat tablet with beveled edge	100
0054-4297-31	20 mg	Bottle of 1000	54 840		50
0054-8297-25	20 mg	10 cards of 10 blisters (100)	54 840		40
0054-4299-25	40 mg	Bottle of 100	54 583	White, flat tablet with beveled edge, scored on one side	100
0054-4299-31	40 mg	Bottle of 1000	54 583		30
0054-8299-25	40 mg	10 cards of 10 blisters (100)	54 583		40
0054-4301-25	80 mg	Bottle of 100	54 533	White, flat tablet with beveled edge, scored on one side	100
0054-4301-29	80 mg	Bottle of 500	54 533		30
0054-8301-25	80 mg	10 cards of 10 blisters (100)	54 533		40



GALANTAMINE Oral Solution, USP

COMPARABLE TO
RAZADYNE®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
Not BE rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0137-49	4 mg per mL	100 mL per bottle	Clear, colorless to pale yellow solution	20

HYDROMORPHONE HCl Oral Solution, USP, CII

COMPARABLE TO
DILAUDID®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0386-63	1 mg per mL	473 mL per bottle	Clear, red solution	10

ICOSAPENT ETHYL Capsules

COMPARABLE TO
VASCEPA®

THERAPEUTIC CATEGORY
Severe Hypertriglyceridemia

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0621-27	0.5 gm	Bottle of 240	109	Clear, oval capsule filled with colorless to pale yellow oily liquid	30	
0054-0508-23	1 G	Bottle of 120	54 648	Clear, oblong capsule filled with colorless to pale yellow oily liquid	30	

IMIPRAMINE PAMOATE Capsules

COMPARABLE TO
TOFRANIL-PM®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0273-13	75 mg	Bottle of 30	54 591	Light caramel opaque cap and light caramel opaque body, containing a light yellow to yellow powder	100 
0054-0274-13	100 mg	Bottle of 30	54 758	Light caramel opaque cap and rich yellow opaque body, containing a light yellow to yellow powder	100 
0054-0275-13	125 mg	Bottle of 30	54 466	Light caramel opaque cap and ivory opaque body, containing a light yellow to yellow powder	100 
0054-0276-13	150 mg	Bottle of 30	54 161	Light caramel opaque cap and light caramel opaque body, containing a light yellow to yellow powder	100 

INDOMETHACIN Suppositories, USP

COMPARABLE TO
INDOCIN®

THERAPEUTIC CATEGORY
Musculo-Skeletal System

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-1950-30	50 mg	30 suppositories	Yellowish to white, opaque, rectal suppositories	48 

IPRATROPIUM BROMIDE Nasal Solution/Nasal Spray

COMPARABLE TO
ATROVENT®

THERAPEUTIC CATEGORY
Respiratory System

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0045-44	0.03% (21 mcg per spray)	345 sprays per bottle (30 mL)	Clear, colorless solution in a white high density polyethylene (HDPE) bottle fitted with a white and clear metered nasal spray pump, a green safety clip to prevent accidental discharge of the spray, and a clear plastic dust cap	120
0054-0046-41	0.06% (42 mcg per spray)	165 sprays per bottle (15 mL)	Clear, colorless solution in a white high density polyethylene (HDPE) bottle fitted with a white and clear metered nasal spray pump, a green safety clip to prevent accidental discharge of the spray, and a clear plastic dust cap	72



ISOSORBIDE DINITRATE Tablets, USP

COMPARABLE TO
ISORDIL®

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-1769-01	5 mg	Bottle of 100	West-ward 769	White, round, scored tablet	24	
0143-1769-10	5 mg	Bottle of 1000	West-ward 769	White, round, scored tablet	6	
0143-1771-01	10 mg	Bottle of 100	WW 771	White, round, scored tablet	24	
0143-1771-10	10 mg	Bottle of 1000	WW 771	White, round, scored tablet	6	
0143-1772-01	20 mg	Bottle of 100	WW 772	Green, round, scored tablet	24	
0143-1772-10	20 mg	Bottle of 1000	WW 772	Green, round, scored tablet	6	

KLOXXADO® (NALOXONE HYDROCHLORIDE) Nasal Spray

COMPARABLE TO
NARCAN®

THERAPEUTIC CATEGORY
Various

FDA RATING
NA

NDC Number	Strength	Pack Size	Product Description	Case Qty	
59467-679-01	8 mg per spray	2 x 8 mg nasal spray devices	Clear, colorless to yellow solution supplied in a single-dose spray device that consists of a stoppered glass vial encased in a container holder fitted with a spray actuator, cannula, and spray pin	12	

LEVORPHANOL TARTRATE Tablets, USP, CII

COMPARABLE TO
LEVO DROMORAN®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0438-25	2 mg	Bottle of 100	54 410	White, round tablet, scored on one side	100

LIDOCAINE HYDROCHLORIDE Topical Solution, USP

COMPARABLE TO
XYLOCAINE®

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
AT

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3505-47	4%	50 mL per bottle	Clear, colorless solution	60

LIDOCAINE VISCOUS (Lidocaine Hydrochloride Oral Topical Solution, USP)

COMPARABLE TO
XYLOCAINE VISCOUS®

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
AT

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3500-49	2%	100 mL per bottle	Clear, colorless, viscous solution	60



LINEZOLID for Oral Suspension

COMPARABLE TO
ZYVOX®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0319-50	100 mg per 5 mL	150 mL per bottle	Dry, white to tan, orange-flavored powder	60

LISDEXAMFETAMINE DIMESYLATE Capsules, CII

COMPARABLE TO
VYVANSE®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0660-25	10 mg	Bottle of 100	54 566	Pink opaque body/ pink opaque cap	100	
0054-0370-25	20 mg	Bottle of 100	54 990	Ivory body/ivory cap	100	
0054-0371-25	30 mg	Bottle of 100	54 682	White body/orange cap	100	
0054-0372-25	40 mg	Bottle of 100	54 098	White body/light green cap	100	
0054-0373-25	50 mg	Bottle of 100	54 296	White body/blue cap	100	
0054-0374-25	60 mg	Bottle of 100	54 338	Blue body/blue cap	100	
0054-0375-25	70 mg	Bottle of 100	54 818	Orange body/blue cap	100	

LITHIUM CARBONATE Capsules, USP

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-2526-25	150 mg	Bottle of 100	54 213	Opaque white capsules and containing a white powder	100	
0054-8526-25	150 mg	10 cards of 10 blisters (100)	54 213		20	
0054-2527-25	300 mg	Bottle of 100	54 463	Opaque, light pink-colored capsules and containing a white powder	100	
0054-2527-31	300 mg	Bottle of 1000	54 463		10	
0054-8527-25	300 mg	10 cards of 10 blisters (100)	54 463		20	
0054-2531-25	600 mg	Bottle of 100	54 702	Opaque, light pink-colored caps with white bodies, and containing a white powder	60	

LITHIUM CARBONATE Extended-Release Tablets, USP

COMPARABLE TO
LITHOBID®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0021-25	300 mg	Bottle of 100	54 107	Beige coated, round biconvex tablet	100	
0054-0021-29	300 mg	Bottle of 500	54 107		30	
0054-0020-25	450 mg	Bottle of 100	54 346	Speckled, off-white to yellow, round biconvex tablet, scored one side	100	

LITHIUM CARBONATE Tablets, USP

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-4527-25	300 mg	Bottle of 100	54 452	White to off-white, biconvex tablet, scored on one side	100	
0054-4527-31	300 mg	Bottle of 1000	54 452		10	
0054-8528-25	300 mg	10 cards of 10 blisters (100)	54 452		20	

LORAZEPAM INTENSOL™ Oral Concentrate, USP, CIV

COMPARABLE TO
ATIVAN®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3532-44	2 mg per mL	30 mL per bottle	Clear colorless solution	120

MEPERIDINE HYDROCHLORIDE Oral Solution, USP, CII

COMPARABLE TO
DEMEROL®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
Not BE rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3545-63	50 mg per 5 mL	500 mL per bottle	Clear, colorless, slightly viscous (unflavored) solution	10

MERCAPTOPURINE Oral Suspension

COMPARABLE TO
PURIXAN®

THERAPEUTIC CATEGORY
Antineoplastic and Immunomodulating Agent

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-4582-49	20 mg / mL	100 mL bottle	Pink to brown viscous suspension	30



MERCAPTOPURINE Tablets, USP

COMPARABLE TO
PURINETHOL®

THERAPEUTIC CATEGORY
Antineoplastic and Immunomodulating Agent

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-4581-11	50 mg	Bottle of 25	54 420	Pale yellow, biconvex tablets, scored on one side	100
0054-4581-27	50 mg	Bottle of 250	54 420		100



METHADONE HYDROCHLORIDE INTENSOL™ (Oral Concentrate), USP, CII

COMPARABLE TO
DOLOPHINE®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3553-44	10 mg per mL	30 mL per bottle	Clear, colorless solution	120



METHADONE HYDROCHLORIDE Oral Concentrate, USP, CII

COMPARABLE TO
METHADOSE®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty	
0054-0391-68	10 mg per mL	1000 mL per bottle	Clear, colorless, dye-free, sugar-free, unflavored solution	10	
0054-0392-68	10 mg per mL	1000 mL per bottle	Clear, red, cherry-flavored solution	10	

METHADONE HYDROCHLORIDE Oral Solution, USP, CII

COMPARABLE TO
DOLOPHINE®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty	
0054-3555-63	5 mg per 5 mL	500 mL per bottle	Clear or nearly clear, orange-colored, citrus-flavored solution	10	
0054-3556-63	10 mg per 5 mL	500 mL per bottle	Clear or nearly clear, orange-colored, citrus-flavored solution	10	

METHADONE HYDROCHLORIDE Tablets, USP, CII

COMPARABLE TO
DOLOPHINE®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0709-25	5 mg	Bottle of 100	54 25	White, biconvex tablet, scored on one side	100	
0054-0709-20	5 mg	10 cards of 10 blisters (100)	54 25	White, biconvex tablet, scored on one side	20	
0054-0710-25	10 mg	Bottle of 100	54 24	White, biconvex tablet, scored on one side	100	
0054-0710-20	10 mg	10 cards of 10 blisters (100)	54 24	White, biconvex tablet, scored on one side	20	

METHAMPHETAMINE HYDROCHLORIDE Tablets, USP, CII

COMPARABLE TO
DESOXYN®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0389-25	5 mg	Bottle of 100	54 681	Round, white to off-white, biconvex, debossed tablet	100	

METHOTREXATE Tablets, USP

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Antineoplastic and Immunomodulating Agent

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-4550-25	2.5 mg	Bottle of 100	54 323	Yellow, round slightly biconvex tablet, scored on one side	100	

MIDAZOLAM HYDROCHLORIDE Syrup, CIV

COMPARABLE TO
VERSED®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3566-99	2 mg per mL	118 mL per bottle	Clear, red to purplish-red, cherry-brandy flavored syrup	10

MITIGARE® (COLCHICINE) Capsules

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Musculo-Skeletal System

FDA RATING
NA

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
59467-318-30	0.6 mg	Bottle of 30	West-ward 118	No. 4 dark blue/light blue hard gelatin capsules	100	
59467-318-01	0.6 mg	Bottle of 100	West-ward 118		100	
59467-318-10	0.6 mg	Bottle of 1000	West-ward 118		10	

MORPHINE SULFATE Oral Solution, CII

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0237-49	10 mg per 5 mL	100 mL per bottle	Clear, blue-green solution	10
0054-0237-63	10 mg per 5 mL	500 mL per bottle	Clear, blue-green solution	10
0054-0238-49	20 mg per 5 mL	100 mL per bottle	Clear, blue-green solution	10
0054-0238-63	20 mg per 5 mL	500 mL per bottle	Clear, blue-green solution	10
0054-0517-41	100 mg per 5 mL	15 mL per bottle	Clear, pink solution	120
0054-0517-44	100 mg per 5 mL	30 mL per bottle	Clear, pink solution	120
0054-0517-50	100 mg per 5 mL	120 mL per bottle	Clear, pink solution	30

MORPHINE SULFATE Tablets, CII

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0235-25	15 mg	Bottle of 100	54 733	White, biconvex tablet, scored on one side	100
0054-0235-24	15 mg	10 cards of 10 blisters (100)	54 733		20
0054-0236-25	30 mg	Bottle of 100	54 262	White, biconvex tablet, scored on one side	100
0054-0236-24	30 mg	10 cards of 10 blisters (100)	54 262		20



NAPROXEN Oral Suspension, USP

COMPARABLE TO
NAPROSYN®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3630-63	125 mg per 5 mL	500 mL per bottle	Pineapple-orange-flavored, light-orange suspension which readily resuspends upon shaking	10



NARATRIPTAN Tablets, USP

COMPARABLE TO
AMERGE®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0278-03	1 mg	Bottle of 9	54 227	White to off-white round, biconvex tablet	100 
0054-0279-03	2.5 mg	Bottle of 9	54 351	White to off-white round, biconvex tablet	100 

ONDANSETRON Oral Solution, USP

COMPARABLE TO
ZOFTRAN®

THERAPEUTIC CATEGORY
Alimentary Tract and Metabolism

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0064-47	4 mg per 5 mL	50 mL per bottle	Strawberry-flavored, clear, colorless solution	20

OXYCODONE HYDROCHLORIDE Oral Solution, USP, CII

COMPARABLE TO
OXYCODONE HYDROCHLORIDE ORAL SOLUTION

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AA

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0390-63	5 mg per 5 mL	500 mL per bottle	Clear, red solution for oral administration	10

PENICILLIN V POTASSIUM Tablets, USP

COMPARABLE TO
PENICILLIN V POTASSIUM

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-9837-01	250 mg	Bottle of 100	W 111	White round film coated tablets bisected from one side	24	
0143-9837-10	250 mg	Bottle of 1000	W 111		6	
0143-9836-01	500 mg	Bottle of 100	W 112	White modified capsule shaped film coated tablets bisected from both sides	24	
0143-9836-10	500 mg	Bottle of 1000	W 112		6	

PHENOBARBITAL Tablets, USP, CIV

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
Not BE Rated

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0143-1495-01	15 mg	Bottle of 100	WW 445	White, round tablet	100	
0143-1495-05	15 mg	Bottle of 500	WW 445		100	
0143-1500-01	30 mg	Bottle of 100	WW 450	White, round, scored tablet	100	
0143-1500-05	30 mg	Bottle of 500	WW 450		100	
0143-1455-01	60 mg	Bottle of 100	WW 455	White, round tablet	100	
0143-1455-05	60 mg	Bottle of 500	WW 455		60	
0143-1458-01	100 mg	Bottle of 100	WW 458	White, round, scored tablet	100	
0143-1458-05	100 mg	Bottle of 500	WW 458		30	

POSACONAZOLE Oral Suspension

COMPARABLE TO
NOXAFIL®

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty	
0054-0449-49	200 mg per 5 mL	105 mL per bottle	White to off-white, cherry brandy flavored suspension in 4-ounce (120 mL) amber glass bottles	30	



PREDNISONE INTENSOL™ Oral Solution (Concentrate)

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Systemic Hormonal Preparation, EXCL. Sex Hormones and Insulin

FDA RATING
Not BE Rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3721-44	5 mg per mL	30 mL per bottle	Clear, colorless, slightly viscous solution	120

PREDNISONE Oral Solution, USP

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Systemic Hormonal Preparation, EXCL. Sex Hormones and Insulin

FDA RATING
Not BE Rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3722-50	5 mg per 5 mL	120 mL per bottle	Clear, colorless, slightly viscous solution	30
0054-3722-63	5 mg per 5 mL	500 mL per bottle		10

PREDNISONE Tablets, USP

COMPARABLE TO
DELTASONE®

THERAPEUTIC CATEGORY
Systemic Hormonal Preparation, EXCL. Sex Hormones and Insulin

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-9828-25	5 mg	Bottle of 100	54 612	White to off-white, round, biconvex tablet; scored on one side	35	
0054-9828-31	5 mg	Bottle of 1000	54 612		24	
0054-9817-25	10 mg	Bottle of 100	54 899	White to off-white, round, biconvex tablet; scored on one side	35	

PROPRANOLOL HYDROCHLORIDE Oral Solution

COMPARABLE TO
INDERAL®

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
Not BE Rated

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-3727-63	20mg/5mL	500 mL per bottle	Strawberry-mint flavor, clear, colorless to slightly colored viscous solution	10
0054-3730-63	40mg/5mL	500 mL per bottle	Strawberry-mint flavor, clear, colorless to slightly colored viscous solution	10

PYRAZINAMIDE Tablets, USP

COMPARABLE TO
PYRAZINAMIDE TABLETS

THERAPEUTIC CATEGORY
Anti-Infective

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0812-21	500 mg	Bottle of 60	VP/012	White, round scored tablets	192
0054-0812-22	500 mg	Bottle of 90	VP/012		144
0054-0812-25	500 mg	Bottle of 100	VP/012		24
0054-0812-29	500 mg	Bottle of 500	VP/012		12



RUFINAMIDE Oral Suspension

COMPARABLE TO
BANZEL®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	Product Description	Case Qty
0054-0528-63	40 mg per mL	460 mL per bottle	White to off-white, orange flavored liquid	10

RUFINAMIDE Tablets, USP

COMPARABLE TO
BANZEL®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty
0054-0425-23	200 mg	Bottle of 120	54 961	Oval, light pink to pink biconvex tablet, scored on both sides	100 
0054-0426-23	400 mg	Bottle of 120	54 457	Oval, light pink to pink biconvex tablet, scored on both sides	100 

RYALTRIS® (OLOPATADINE HYDROCHLORIDE & MOMETASONE FUROATE)

COMPARABLE TO
NA

THERAPEUTIC CATEGORY
Respiratory System

FDA RATING
NA

NDC Number	Strength	Pack Size	Product Description	Case Qty
59467-700-27	665 mcg/25 mcg	240 sprays per bottle	Supplied in a white plastic bottle fitted with a metered-dose spray pump unit	144 

SODIUM OXYBATE Oral Solution, CIII

COMPARABLE TO
XYREM®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
NA

NDC Number	Strength	Pack Size	Product Description
0054-9628-57	0.5 g/mL	180 mL per bottle	Clear to slightly opalescent oral solution 

TORSEMIDE Tablets, USP

COMPARABLE TO
DEMADEX®

THERAPEUTIC CATEGORY
Cardiovascular System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0077-25	20 mg	Bottle of 100	54 017	White to off-white, round, standard biconvex, beveled edge tablet, scored on one side	100	
0054-0077-29	20 mg	Bottle of 500	54 017		30	

TRIAZOLAM Tablets, USP, CIV

COMPARABLE TO
HALCION®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-4858-25	0.125 mg	Bottle of 100	54 519	White, oval-shaped tablet	100	
0054-4859-25	0.25 mg	Bottle of 100	54 620	Light blue, oval-shaped tablet, scored on one side	100	
0054-4859-29	0.25 mg	Bottle of 500	54 620		100	

VIGABATRIN TABLETS, USP

COMPARABLE TO
SABRIL®

THERAPEUTIC CATEGORY
Nervous System

FDA RATING
AB

NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0652-25	500 mg	Bottle of 100	54 444	White film coated, modified oval, bi-convex, scored on one side	100	





ZALEPLON Capsules, USP, CIV

COMPARABLE TO SONATA®			THERAPEUTIC CATEGORY Nervous System		FDA RATING AB	
NDC Number	Strength	Pack Size	ID#	Product Description	Case Qty	
0054-0084-25	5 mg	Bottle of 100	54 656	Light green opaque capsule, containing a white to an off-white powder	100	
0054-0085-25	10 mg	Bottle of 100	54 888	Green opaque capsule, containing a white to an off-white powder	100	

Rx only - Federal Law prohibits dispensing without a prescription.
For U.S. Health Care Professionals Only.

Hikma Pharmaceuticals uses a product identification system in which individual tablets or capsules are embossed or imprinted identifying Hikma Pharmaceuticals as the supplier.

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

Better Health. Within Reach. Every Day.® is a registered trademark of Hikma Pharmaceuticals PLC.
All trademarks listed herein are the property of their respective owners and are used for illustrative purposes only.
These trademark owners are not associated or affiliated with Hikma Pharmaceuticals.





Customer Service

Return Goods Policy

Effective January 1, 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.
- 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.
- 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.



Return Goods Policy

Effective January 1, 2025

- 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 LNIP 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.

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's 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.





Corporate Headquarters

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Customer Service Department

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