Institutional Products

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Amneal offers multi-source injectables, specialty and generic pharmaceuticals in almost every dosage form. Our institutional selections are featured here.

STRENGTH	PACK SIZE	NDC	IMAGES (NOT TO SCALE)
Arsenic Trioxide Injection† Generic equivalent for Trisenox®. For intravenous use only. **LF/PF**			
10 mg/10 mL (1 mg/mL)	10 x 10 mL Single-Dose Vials	70121-1483-07	
12 mg/6 mL (2 mg/mL)	1 x 6 mL Single-Dose Vial	70121-1658-06	
Atropine Sulfate Injection, USP For intravenous use. **LF/PF**			
0.5 mg/5 mL (0.1 mg/mL)	10 x 5 mL Prefilled Single-Dose Syringes	70121-1705-07	
Azacitidine for Injection Generic equivalent for Vidaza®. For subcutaneous and intravenous use only. **LF/PF**			
100 mg/vial	1 x 100 mg Single-Dose Vial	70121-1237-01	
Carboprost Tromethamine Injection, USP Generic equivalent for Hemabate®. For intramuscular use only. **LF**			
250 mcg/mL	10 x 1 mL Singe-Dose Vials	70121-1680-07	
Carmustine for Injection† Generic equivalent for BiCNU®. For intravenous infusion after reconstitution. **LF/PF**			
100 mg/vial	1 Combi Kit	70121-1482-02	
Clofarabine Injection Generic equivalent for Clolar®. For intravenous use. **LF/PF**			
20 mg/20 mL (1 mg/mL)	1 x 20 mL Single-Dose Vial	70121-1236-01	
Cyclophosphamide for Injection, USP Generic equivalent for Cytoxan®. For intravenous infusion or direct injection use. **LF/PF**			
500 mg per vial	1 Single-Dose Vial	70121-1238-01	
1 g per vial	1 Single-Dose Vial	70121-1239-01	
2 g per vial	1 Single-Dose Vial	70121-1240-01	

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IMAGES (NOT TO SCALE)	STRENGTH	PACK SIZE	NDC
	**Decitabine for Injection** Generic equivalent for Dacogen®. For intravenous infusion use only. **LF/PF**		
	50 mg per vial	1 x 20 mL Single-Dose Vial	70121-1644-01
	**Dexamethasone Sodium Phosphate Injection, USP** Generic equivalent for Dexamethasone Sodium Phosphate Injection. For intramuscular or intravenous use only. **LF/PF**		
	10 mg/mL	25 x 1 mL Single-Dose Vials	70121-1399-05
	**Dexmedetomidine Hydrochloride in 0.9% Sodium Chloride Injection** Generic equivalent for Precedex®. For intravenous infusion use only. Includes vial label hangers. **LF/PF**		
	200 mcg/50 mL (4 mcg/1 mL)	20 x 50 mL Single-Dose Bottles	70121-1388-08
	400 mcg/100 mL (4 mcg/1 mL)	10 x 100 mL Single-Dose Bottles	70121-1389-07
	**Ephedrine Sulfate Inejction, USP** Generic equivalent for Akovaz®. For intravenous use. Must be diluted. **LF/PF**		
	50 mg/mL	10 x 1 mL Single-Dose Vials	70121-1637-07
	**Fulvestrant Injection** Generic equivalent for Faslodex®. For intramuscular use only. **LF/PF**		
	250 mg/5 mL (50 mg/mL)	2 Single-Dose Prefilled Syringes	70121-1463-02
	**Glycopyrrolate Injection, USP** Generic equivalent for Robinul®. For intramuscular or intravenous use. **LF**		
	0.2 mg/mL	25 x 1 mL Single-Dose Vials	70121-1394-05
	0.4 mg/2 mL (0.2mg/mL)	25 x 2 mL Single-Dose Vials	70121-1395-05
	1 mg/5 mL (0.2mg/mL)	25 x 5 mL Multi-Dose Vials	70121-1396-05
	4 mg/20 mL (0.2mg/mL)	10 x 20 mL Multi-Dose Vials	70121-1397-07
	**Isoproterenol Hydrochloride Injection, USP** Generic equivalent for Isuprel®. For intravenous, subcutaneous, intramuscular or intracardiac use only. **LF/PF**		
	0.2 mg/mL	10 x 1 mL Single-Dose Vials	70121-1604-07
	1 mg/5 mL (0.2 mg/mL)	10 x 5 mL Single-Dose Vials	70121-1605-07
	**Lioresal® Intrathecal (baclofen injection)** For intrathecal injection. **LF/PF**		
	0.05 mg/1 mL (50 mcg/mL)	5 x 1 mL Single Use Ampules	70257-0562-55
	10 mg/20 mL (500 mcg/mL)	1 x 20 mL Single Use Ampule	70257-0560-01
		2 x 20 mL Single Use Ampules	70257-0560-02
	10 mg/5 mL (2000 mcg/mL)	2 x 5 mL Single Use Ampules	70257-0561-02
	40 mg/20 mL (2000 mcg/mL)	1 x 20 mL Single Use Ampule	70257-0563-01
		2 x 20 mL Single Use Ampules	70257-0563-02

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Meropenem for Injection, USP (I.V.)
Generic equivalent for Merrem® I.V. For intravenous use only. **LF/PF**

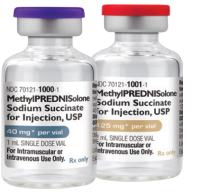
500 mg* per vial	10 x 20 mL Sterile Vials	70121-1454-07
1 g* per vial	10 x 30 mL Sterile Vials	70121-1453-07

*meropenem equivalent

Methylprednisolone Acetate Injectable Suspension, USP
Generic equivalent for Depo-Medrol® For intramuscular, intrasynovial and soft tissue injection only. **LF/PF**

40 mg/mL	1 mL Single-Dose Vial	70121-1573-01
	25 x 1 mL Single-Dose Vials	70121-1573-05
80 mg/mL	1 mL Single-Dose Vial	70121-1574-01
	25 x 1 mL Single-Dose Vials	70121-1574-05

Methylprednisolone Sodium Succinate for Injection, USP
Generic equivalent for Solu-Medrol®. For intramuscular or intravenous use only. **LF**



40 mg* per vial	25 x 1 mL Single-Dose Vials	70121-1000-05
125 mg* per vial	25 x 2 mL Single-Dose Vials	70121-1001-05

*equivalent in each mL when mixed

Neostigmine Methylsulfate Injection, USP
Generic equivalent for Bloxiverz®. For intravenous infusion only. **LF**

5 mg/10 mL (0.5 mg/mL)	10 x 10 mL Muliple-Dose Vials	70121-1478-07
10 mg/10 mL (1 mg/mL)	10 x 10 mL Multiple-Dose Vials	70121-1479-07

Norepinephrine Bitartrate Injection, USP
Generic equivalent for Levophed®. For intravenous infusion only. **LF/PF**

4 mg/4 mL* (1 mg/mL)	10 x 4 mL Single-Dose Vials	70121-1576-07

*Each mL contains norpinephrine bitartrate USP, equivalent to 1 mg norepinephrine base, sodium chloride for isotonicity with not more than 0.2 mg sodium metabisulfite as antioxidant.

Phenylephrine Hydrochloride Injection, USP
Generic equivalent for Vazculep®. For intravenous use. Must be diluted. **LF/PF**

10 mg/mL (1 mL)	25 x 1 mL Single-Dose Vials	70121-1577-05
50 mg/5 mL (10 mg/mL)	10 x 5 mL Pharmacy Bulk Package	70121-1578-07
100 mg/10 mL (10 mg/mL)	1 x 10 mL Pharmacy Bulk Package	70121-1579-01

Sirolimus Oral Solution†
Generic equivalent for Rapamune®. For oral use only. Also includes an adaptor, carrying case and 30 syringes with caps.

1 mg/mL	60 mL Bottle*	69238-1594-03

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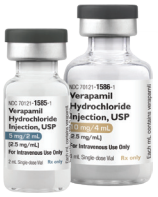
	**Sodium Nitroprusside Injection†** Generic equivalent for Nitropress®. For Intravenous infusion only. Must be diluted. **LF/PF**		
	50 mg/2 mL (25 mg/mL)	1 x 50 mg Single-Dose Vial	70121-1189-01
	**Succinylcholine Chloride Injection, USP†** Generic equivalent for Quelicin®. For intravenous or intramuscular use. **LF**		
	200 mg/10 mL (20 mg/1 mL)	25 x 10 mL Multiple-Dose Vial	70121-1581-05
	**TEPADINA® (thiotepa) for Injection†** Branded equivalent to thiotepa. For intravenous, intracavitary, or intravesical use. **LF/PF**		
	15 mg per vial	1 x 15 mg Single-Dose Vial	70121-1630-01
	100 mg per vial	1 x 100 mg Single-Dose Vial	70121-1631-01
	**Tigecycline for Injection, USP†** Therapeutic equivalent for Tygacil®. For intravenous infusion only. Must be reconstituted. **LF/PF**		
	50 mg per vial	10 x 5 mL Single-Dose Vial	70121-1647-07
	**Triamcinolone Acetonide Injectable Suspension, USP** Generic equivalent for Kenalog®-40. For intramuscular or intra-articular use. **LF**		
	40 mg per 1 mL	1 x 1 mL Single-Dose Vial	70121-1049-02
		25 x 1 mL Single-Dose Vials	70121-1049-05
	200 mg per 5 mL (40 mg per mL)	1 x 5 mL Multiple-Dose Vial	70121-1168-01
	400 mg per 10 mL (40 mg per mL)	1 x 10 mL Multiple-Dose Vial	70121-1169-01
	**Verapamil Hydrochloride Injection, USP** Generic equivalent for Isoptin®. For intravenous use only. **LF/PF**		
	5 mg/2 mL (2.5 mg/mL)	25 x 2 mL Single-Dose Vial	70121-1585-05
	10 mg/4 mL (2.5 mg/mL)	5 x 4 mL Single-Dose Vial	70121-1586-03

LF Not made with natural rubber latex **PF** Preservative free

†This product carries a boxed warning. Please see full prescribing information.

^Prescribing and dispensing this product is subject to an FDA-approved Risk Evaluation and Mitigation Strategy (REMS).

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