



We make
healthy
possible®

Amneal Biosciences

Amneal's ever-expanding portfolio includes over 250 multi-source products — many of them vertically integrated — including complex injectables and biosimilars featured here.

At Amneal, we take pride in delivering vital medicines you can rely on. Our goal is to get quality products in to the hands of those who need them most, when they need them most. This is how ***We make healthy possible.***

For our complete product catalog, visit amneal.com



Biosimilars

STRENGTH	PACK SIZE	NDC	IMAGES (NOT TO SCALE)
Alymsys® (bevacizumab-maly) Biosimilar to Avastin®. For intravenous infusion.			
100 mg/4 mL (25 mg/mL)	1 x 4 mL Single-Dose Vial	70121-1754-01	
400 mg/16 mL (25 mg/mL)	1 x 16 mL Single-Dose Vial	70121-1755-01	
Fylnetra® (pegfilgrastim-pbbk) Biosimilar to Neulasta®. For subcutaneous use only. PF			
6 mg/0.6 mL	1 x 0.6 mL Prefilled Syringe	70121-1627-01	
Releuko® (filgrastim-ayow) Biosimilar to Neupogen®. For subcutaneous use only. PF			
300 mcg/0.5 mL	10 x 0.5 mL Prefilled Syringes	70121-1568-07	
480 mcg/0.8 mL	10 x 0.8 mL Prefilled Syringes	70121-1570-07	

Branded Injectables

STRENGTH	PACK SIZE	NDC	IMAGES (NOT TO SCALE)
Lioresal® Intrathecal (baclofen injection)[†] For intrathecal injection.			
0.05 mg/mL (50 mcg/mL)	5 x 1 mL Single Use Ampules	70121-2496-05	
10 mg/20 mL (500 mcg/mL)	1 x 20 mL Single Use Ampule	70121-2501-01	
	2 x 20 mL Single Use Ampules	70121-2504-02	
10 mg/5 mL (2000 mcg/mL)	2 x 5 mL Single Use Ampules	70121-2502-02	
40 mg/20 mL (2000 mcg/mL)	1 x 20 mL Single Use Ampule	70121-2503-01	
	2 x 20 mL Single Use Ampules	70121-2505-02	
PEMRYDI RTU™ (pemetrexed injection) For intravenous infusion only.			COMING SOON
100 mg/10 mL (10 mg/mL)	1 x 10 mL Single-Dose Vial	70121-2453-01	
500 mg/50 mL (10 mg/mL)	1 x 50 mL Single-Dose Vial	70121-2461-01	

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).

Prefilled Bags

STRENGTH	PACK SIZE	NDC	IMAGES (NOT TO SCALE)
Calcium Gluconate in Sodium Chloride Injection For intravenous use only. LF/PF			
1,000 mg/50 mL (20 mg/mL)	24 Single-Dose Bags	80830-2362-09	
2,000 mg/100 mL (20 mg/mL)	24 Single-Dose Bags	80830-2363-09	
Dexmedetomidine Hydrochloride in 0.9% Sodium Chloride Injection For intravenous infusion. LF/PF			
200 mcg/50 mL (4 mcg/mL)	24 Single-Dose Bags	70121-1711-09	
400 mcg/100 mL (4 mcg/mL)	12 Single-Dose Bags	70121-1712-03	
Esmolol Hydrochloride in Sodium Chloride Injection Generic equivalent for Brevibloc®. Single intravenous use only. PF			
2,500 mg/250 mL (10 mg/mL)	10 Single-Dose Bags	70121-1716-07	
2,000 mg/100 mL (20 mg/mL)	10 Single-Dose Bags	70121-1717-07	
Magnesium Sulfate in Water for Injection For intravenous use. LF/PF			
2 g/50 mL (40 mg/mL)	24 Single-Dose Bags	70121-1719-09	
4 g/100 mL (40 mg/mL)	24 Single-Dose Bags	70121-1720-09	
Ropivacaine HCl Injection, USP For infiltration, nerve block and epidural administration only. LF/PF			
200 mg/100 mL (2 mg/mL)	24 Single-Dose Bags	70121-1732-09	
400 mg/200 mL (2 mg/mL)	24 Single-Dose Bags	70121-1733-09	
Tranexamic Acid in Sodium Chloride Injection Generic equivalent for Cyklokapron®. For intravenous infusion only. LF/PF			
1,000 mg/100 mL (10 mg/mL)	10 Single-Dose Bags	80830-2329-02	

Generic Injectables

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	70121-1658-01	
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	
Carboprost Tromethamine Injection, USP Generic equivalent for Hemabate®. For intramuscular use only. LF			
250 mcg/mL	10 x 1 mL Single-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	
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/mL)	20 x 50 mL Single-Dose Bottles	70121-1388-08	
400 mcg/100 mL (4 mcg/mL)	10 x 100 mL Single-Dose Bottles	70121-1389-07	

STRENGTH	PACK SIZE	NDC	IMAGES (NOT TO SCALE)
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Docetaxel Injection

Generic equivalent for Taxotere®. For intravenous infusion only. **LF/PF**

20 mg/mL	1 x 1 mL Single-Dose Vial	70121-1221-01
80 mg/4 mL (20 mg/mL)	1 x 4 mL Single-Dose Vial	70121-1222-01
160mg/8 mL (20 mg/mL)	1 x 8 mL Single-Dose Vial	70121-1223-01



Ephedrine Sulfate Injection, USP

Generic equivalent for Akovaz®. For intravenous use only. Must be diluted. **LF/PF**

50 mg/mL	10 x 1 mL Single-Dose Vials	70121-1637-07
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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
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Glycopyrrolate Injection, USP

Generic equivalent for Robinul®. For intramuscular or intravenous use. **LF**

0.2 mg/mL	10 x 1 mL Prefilled Single-Dose Syringes	70121-1698-07
0.4 mg/2 mL (0.2 mg/mL)	10 x 2 mL Prefilled Single-Dose Syringes	70121-1699-07



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



Leuprolide Acetate Injection

Generic equivalent for Lupron®. For subcutaneous injection. **LF**

14 mg/2.8 mL (1 mg/0.2 mL)	14 Day Patient Administration Kit	70121-2537-06
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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

STRENGTH	PACK SIZE	NDC	IMAGES (NOT TO SCALE)
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Methylprednisolone Acetate Injectable Suspension, USP

Generic equivalent for Depo-Medrol®. For intramuscular, intrasynovial and soft tissue injection only. **LF**

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
400 mg/10 mL (40 mg/mL)	10 mL Multiple-Dose Vial	70121-1609-01
	25 x 10 mL Multiple-Dose Vials	70121-1609-05
400 mg/5 mL (80 mg/mL)	5 mL Multiple-Dose Vial	70121-1610-01
	25 x 5 mL Multiple-Dose Vials	70121-1610-05



Nelarabine Injection

Generic equivalent for Arranon®. For intravenous infusion only. **LF/PF**

250 mg/50 mL (5 mg/mL)	6 x 50 mL Single-Dose Vials	70121-1743-04
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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 Multiple-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
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*Each mL contains norepinephrine bitartrate USP, equivalent to 1 mg norepinephrine base, sodium chloride for isotonicity with no 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 Packages	70121-1578-07
100 mg/10 mL (10 mg/mL)	1 x 10 mL Pharmacy Bulk Packages	70121-1579-01



Plerixafor Injection

Generic equivalent for Mozobil®. For subcutaneous injection only. **LF/PF**

24 mg/1.2 mL (20 mg/mL)	1 x 1.2 mL Single-Dose Vial	70121-1694-02
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STRENGTH	PACK SIZE	NDC	IMAGES (NOT TO SCALE)
Potassium Phosphates Injection, USP For intravenous use only. LF			
15 mmol/5 mL	5 x 5 mL Single-Dose Vials*	80830-1693-03	
45 mmol/15 mL	10 x 15 mL Single-Dose Vials*	80830-1691-02	
150 mmol/50 mL	10 x 50 mL Pharmacy Bulk Package Vials*	80830-1692-02	
*polypropylene vials			
Succinylcholine Chloride Injection, USP† Generic equivalent for Quelicin®. For intravenous or intramuscular use. LF			
200 mg/10 mL (20 mg/mL)	25 x 10 mL Multiple-Dose Vials	70121-1581-05	
Tepadina® (thiotepa) for Injection† Branded equivalent for 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 Vials	70121-1647-07	
Triamcinolone Acetonide Injectable Suspension, USP Generic equivalent for Kenalog®-40. For intramuscular or intra-articular use. LF			
40 mg per 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	
Vasopressin Injection, USP Generic equivalent for Vasotrist®. For intravenous infusion. Must be reconstituted. LF			
20 Units per mL	10 x 1 mL Single-Dose Vials	70121-1642-07	
	25 x 1 mL Single-Dose Vials	70121-1642-05	

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PF Preservative free

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



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