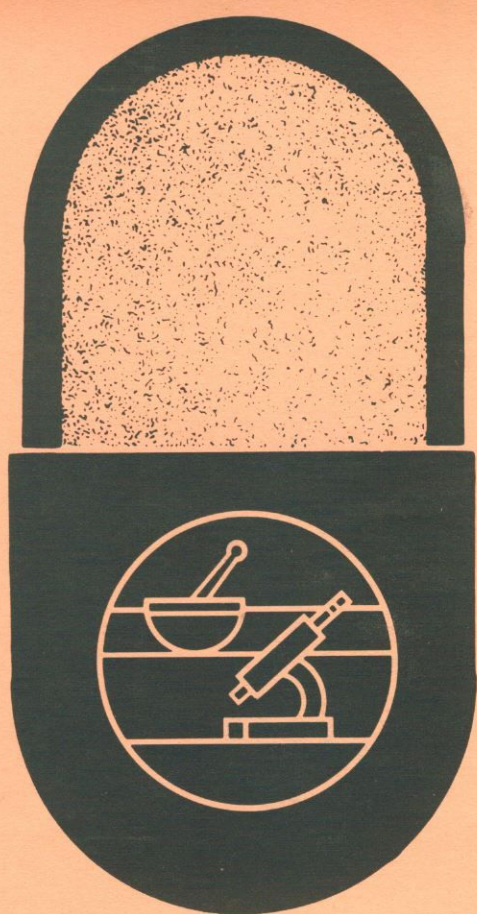


CUMULATIVE
SUPPLEMENT 2
JAN'90-FEB'90



APPROVED DRUG PRODUCTS

WITH
THERAPEUTIC EQUIVALENCE EVALUATIONS

10TH EDITION

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

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APPROVED DRUG PRODUCTS

**WITH
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**10TH EDITION
1990**

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APPROVED DRUG PRODUCTS
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CUMULATIVE SUPPLEMENT 2
FEBRUARY 1990

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APPROVED DRUG PRODUCTS
with
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10th EDITION
CUMULATIVE SUPPLEMENT 2
FEBRUARY 1990

1.0 INTRODUCTION

1.1 HOW TO USE THE CUMULATIVE SUPPLEMENT

This Cumulative Supplement is one of a series of monthly updates to the Approved Drug Products with Therapeutic Equivalence Evaluations, 10th Edition (the List). The List is composed of four parts: approved prescription drug products with therapeutic equivalence evaluations, over-the-counter (OTC) drug products that require approved applications as a condition of marketing, drug products with Approval under Section 505 of the Act administered by the Division of Blood and Blood Products and products discontinued from marketing or products which have had their approval withdrawn for other than safety or efficacy reasons.

The Cumulative Supplement provides, among other things, information on newly approved drugs and, if necessary, revised therapeutic equivalence evaluations and updated patent and exclusivity data. The Addendum contains appropriate drug patent and exclusivity information required of the Agency by the "Drug Price Competition and Patent Term Restoration Act of 1984" for the Prescription, OTC, and Drug Products with Approval under Section 505 of the Act Administered by the Division of Blood and Blood Products lists.

The Patent and Exclusivity Lists are arranged in alphabetical order by active ingredient name. For those products with multiple active ingredients, only the first active ingredient (in alphabetical sort) will appear. In addition, the trade name will be displayed to the right of the active ingredient name for each product, along with the application number and product number (FDA's internal file number). All patents with their expiration dates are displayed for each application number. Use patents are indicated with the symbol "U" followed by a number representing a specific use. Exclusivity information for a specific drug is indicated by an abbreviation followed by the date upon which the exclusivity expires. Refer to the Exclusivity Terms section in the Patent and Exclusivity Information Addendum for an explanation of all codes and abbreviations.

Because all parts of the publication are subject to changes, additions, or deletions, the List must be used in conjunction with the most current Cumulative Supplement. Users may wish to place an asterisk (*) to the left of the ingredient(s) in the List to indicate that changes to that entry appear in the Cumulative Supplement.

Drug product information is provided in each Cumulative Supplement for completeness to assist in locating the proper place in the List for the revision. [Strength(s) which already exist in the List will not be repeated for context.] The effective date for the approved drug product (the earliest date a product may be marketed) appears, when appropriate, to the left of the approval date.

The presence of any therapeutic equivalence code indicates that the drug product is multisource; the deletion of a therapeutic equivalence code indicates that the drug product has become single source. (An infrequent exception exists when a therapeutic equivalence code is revised. In that case the deletion of the therapeutic equivalence code is followed immediately by the addition of the revised one.)

Additions new to the Prescription Drug Product List, OTC Drug Product List, Drug Products with Approval under Section 505 of the Act Administered by the Division of Blood and Blood Products List and the Patent and Exclusivity Data are indicated by the symbol >ADD> to the left of the line on which new information exists. The >ADD> symbol is then dropped in subsequent Cumulative Supplements for that item. A newly approved product is also identified by a lozenge (◊) to the right of its strength which remains throughout all Cumulative Supplements for this edition.

Deletions new to the Prescription Drug Product List, OTC Drug Product List, Drug Products with Approval under Section 505 of the Act Administered by the Division of Blood and Blood Products List and the Patent and Exclusivity Data are indicated by the symbol >DLT> (DELETE) to the left of the line containing overstruck print. The >DLT> symbol is dropped in subsequent Cumulative Supplements for that item. The overstruck print will remain in the Prescription Drug Product List and OTC Drug Product Lists in all Cumulative Supplements for this edition. However, the overstruck print in the Drug Products with Approval under Section 505 of the Act Administered by the Division of Blood and Blood Products List and the Patent and Exclusivity Data will be dropped in subsequent Cumulative Supplements.

Products discontinued from marketing or products which have had their approval withdrawn for other than safety or effectiveness reasons, will be flagged in this Cumulative Supplement with the "a" symbol to designate their non-marketed status. All products having a "a" symbol in the 12th Cumulative Supplement of the 10th Edition List will then be added to the "Discontinued Drug Product List" appearing in the 11th Edition.

1.2 PRODUCTS REQUIRING REVISED LABELING FOR FULL APPROVAL

Drug products in this category (1) initially received approval only on the basis of safety before effectiveness studies were required, or (2) were conditionally approved under the temporary exemption that allowed these products to be marketed while effectiveness studies were being conducted. Listed below are those drugs which are now required to revise their labeling and provide additional information necessary for full approval on the basis of requirements listed in the Federal Register. As approval is granted by the Agency for a specific product, based on additional information submitted by the applicant, the product will be included in the appropriate Drug Product List.

<u>Products</u>	<u>Federal Register Reference</u>
Nitroglycerin (capsule, controlled release;oral)	SEP 7, 1984 (49 FR 35428)
Nitroglycerin (tablet, controlled release;oral)	SEP 7, 1984 (49 FR 35428)
Nitroglycerin (tablet, controlled release;buccal)	JUL 5, 1985 (50 FR 27688)
Tranylcypromine Sulfate	MAR 22, 1984 (49 FR 10708)

1.3 APPLICANT (NAME) CHANGES

Because it is not practical to identify in the Cumulative Supplement each and every product involved when an applicant transfers its entire line of approved drug products to another applicant, or when an applicant changes its name, the cumulation of these transfers and name changes will be identified in this section only. Where only partial approved product lines are transferred between applicants, each approved product involved will appear as an applicant name change in the Cumulative Supplement.

APPLICANT (NAME) CHANGES

<u>FORMER APPLICANT (NAME)</u>	<u>NEW APPLICANT (NAME)</u>	<u>NEW ABBREVIATED NAME</u>
MARION LABORATORIES	MARION MERRELL DOW INC	MARION MERRELL DOW

1.4 REPORT OF COUNTS FOR THE PRESCRIPTION DRUG PRODUCT LIST

DESCRIPTION OF REPORT

This report provides summary counts derived from the product information in the Prescription Drug Product List and the current Cumulative Supplement. Products included in the counts are domestically marketed drug products approved for both safety and effectiveness under sections 505 and 507 of the Federal Food, Drug, and Cosmetic Act. Excluded are approved drug products marketed by distributors; those marketed solely abroad; and those now regarded as medical devices, biologics or foods.

The baseline column (Dec 1989) refers to the products in the Prescription Drug Product List. For each three-month period, a column of quarterly data is added which incorporates counts of product activity from the previous quarter(s) with those in the baseline count.

DEFINITIONS

Drug Product

For this report, a drug product is the representation in the Prescription Drug Product List of an active moiety (molecular entity and its salts, esters and derivatives) either as a single ingredient or as a combination product, provided in a specific dosage form and strength for a given route of administration with approval for marketing by a firm under a particular generic or trade name.

New Molecular Entity

A new molecular entity is considered an active moiety that has not previously been approved (either as the parent compound or as a salt, ester or derivative of the parent compound) in the United States for use in a drug product either as a single ingredient or as part of a combination.

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REPORT OF COUNTS FOR THE PRESCRIPTION DRUG PRODUCT LIST

COUNTS CUMULATIVE BY QUARTER

<u>CATEGORIES COUNTED</u>	<u>DEC 1989</u>	<u>MAR 1990</u>	<u>JUN 1990</u>	<u>SEP 1990</u>
DRUG PRODUCTS LISTED	10123			
SINGLE SOURCE	2030 (20.1%)			
MULTISOURCE	8093 (79.9%)			
THERAPEUTICALLY EQUIVALENT	7222 (71.3%)			
NOT THERAPEUTICALLY EQUIVALENT	752 (7.4%)			
EXCEPTIONS ¹	119 (1.2%)			
NEW MOLECULAR ENTITIES APPROVED	--			
NUMBER OF APPLICANTS	400			

¹Amino acid-containing products of varying composition (see Introduction, page 1-8 of the List).

PREScription DRUG PRODUCT LIST
10TH EDITION
CUMULATIVE SUPPLEMENT NUMBER 2 / JAN'90 - FEB'90

1

ACETAMINOPHEN; HYDROCODONE BITARTRATE

TABLET; ORAL
HYDROCODONE BITARTRATE AND ACETAMINOPHEN
> DLT > /AA/ /PBI/ /500MG;5MG/ /N89290/001/
> DLT > /MAY/29./1987/
> ADD > @ PBI 500MG;5MG N89290 001
> ADD > MAY 29, 1987

ALBUTEROL SULFATE

TABLET; ORAL
ALBUTEROL SULFATE
AB WARNER CHILCOTT EQ 2MG BASEM N72817 001
JAN 09, 1990
AB EQ 4MG BASEM N72818 001
JAN 09, 1990

AMITRIPTYLINE HYDROCHLORIDE; PERPHENAZINE

TABLET; ORAL
PERPHENAZINE AND AMITRIPTYLINE HCL
/AB/ /CHELSEA/LABS/ /50MG;4MG/ /N71558/001/
/MAR/02./1987/
BX CHELSEA LABS 50MG;4MG N71558 001
MAR 02, 1987

ASPIRIN; CAFFEINE; ORPHENADRINE CITRATE

TABLET; ORAL
ORPHENADRINE/COMPOUND/
/BX/ /VITARINE/ /385MG;30MG;25MG/ /N71564/001/
/JUN/23./1988/
@ VITARINE 385MG;30MG;25MG N71564 001
JUN 23, 1988

ASPIRIN; CAFFEINE; ORPHENADRINE CITRATE

TABLET; ORAL
ORPHENADRINE/COMPOUND/DOUBLE/STRENGTH/
/BX/ /VITARINE/ /770MG;60MG;50MG/ /N71565/001/
/JUN/23./1988/
@ VITARINE 770MG;60MG;50MG N71565 001
JUN 23, 1988

BACLOFEN

TABLET; ORAL
BACLOFEN
/BX/ /VITARINE/ /10MG/ /N71901/001/
/APR/13./1988/
/BX/ /20MG/ /N71902/001/
/APR/13./1988/
@ VITARINE 10MG N71901 001
APR 13, 1988
@ 20MG N71902 001
APR 13, 1988

BETAMETHASONE DIPROPIONATE

CREAM; TOPICAL
BETAMETHASONE DIPROPIONATE
AB CLAY PARK LABS EQ 0.05% BASEM N72536 001
JAN 31, 1990

LOTION; TOPICAL
BETAMETHASONE DIPROPIONATE
AB CLAY PARK LABS EQ 0.05% BASEM N72538 001
JAN 31, 1990

OINTMENT; TOPICAL
BETAMETHASONE DIPROPIONATE
AB CLAY PARK LABS EQ 0.05% BASEM N72526 001
JAN 31, 1990

CEPHALEXIN

CAPSULE; ORAL
CEPHALEXIN MONOHYDRATE
/BX/ /VITARINE/ /EQ/250MG/BASE/ /N62159/001/
/BX/ /EQ/500MG/BASE/ /N62159/002/
@ VITARINE EQ 250MG BASE N62159 001
@ EQ 500MG BASE N62159 002

FEB 03, 1988
 N72254 001
 OCT 05, 1987
 N71766 001
 OCT 05, 1987
 N71602 001
 JUN 05, 1987
 N71588 001
 JUN 05, 1987
 N71601 001
 FEB 03, 1988
 N72167 001
 /FEB/03./1988/
 /N72554/001/
 /OCT/05./1987/
 /N71666/001/
 /OCT/05./1987/
 /N71602/001/
 /JUN/05./1987/
 /N71588/001/
 /JUN/05./1987/
 /N71601/001/
 /FEB/03./1988/
 /N72167/001/
 N19966 001
 FEB 22, 1990
 JUL 05, 1988
 N62910 002
 JUL 05, 1988
 N62910 001
 /JUL/05./1988/
 /N62910/002/
 /JUL/05./1988/
 /N62916/001/

0661 19949 JAN 29, 1960
0003 19949 JAN 29, 1960
0002 19949 JAN 29, 1960
0001 19949 JAN 29, 1960

NO FEBRUARY 1990 APPROVALS

DRUG PRODUCTS WITH APPROVAL UNDER SECTION 505 OF THE ACT ADMINISTERED BY THE DIVISION OF BLOOD AND BLOOD PRODUCTS LIST
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NO FEBRUARY 1990 APPROVALS

ORPHAN DRUG PRODUCT DESIGNATIONS

SECTION 526 OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT CONTAINS PROVISIONS WHEREBY FDA MAY DESIGNATE A SPONSOR'S DRUG, ANTIBIOTIC, OR BIOLOGICAL PRODUCT AS A "DESIGNATED ORPHAN DRUG." SECTION 527 OF THE ACT ESTABLISHES A PROCESS WHEREBY A SPONSOR MAY RECEIVE SEVEN YEARS OF EXCLUSIVE APPROVAL STATUS IF THAT SPONSOR IS THE FIRST TO ACHIEVE NEW DRUG, ANTIBIOTIC, OR BIOLOGICAL PRODUCT APPROVAL FOR A DESIGNATED ORPHAN DRUG FOR THE DESIGNATED INDICATION(S). THE EXCLUSIVE APPROVAL MAY BE REVOKED BY WRITTEN CONSENT OF THE SPONSOR OR BY FDA ACTION AFTER FINDING THAT THE SPONSOR HOLDING EXCLUSIVE APPROVAL CANNOT ASSURE THE AVAILABILITY OF SUFFICIENT QUANTITIES OF THE DRUG TO MEET THE NEEDS OF PATIENTS WITH THE DESIGNATED ORPHAN INDICATION(S).

WHEN A PRODUCT IS GRANTED ORPHAN DRUG DESIGNATION, IT WILL APPEAR IN THIS SECTION. ONCE A BIOLOGICAL OR DRUG PRODUCT IS LICENSED/APPROVED FOR MARKETING, IT WILL BE LISTED IN THIS SECTION AND ASTERISKED, AS APPROPRIATE, TO DENOTE MARKETING/EXCLUSIVE APPROVAL STATUS. IN ADDITION, THE EXCLUSIVITY EXPIRATION DATE WILL BE DISPLAYED FOLLOWING THE APPROVED DESIGNATED INDICATION(S).

THE FOLLOWING DRUGS AND BIOLOGICALS HAVE BEEN GRANTED ORPHAN DRUG DESIGNATION PURSUANT TO SECTION 526 OF THE FOOD, DRUG, AND COSMETIC ACT AS AMENDED BY THE ORPHAN DRUG ACT [PUBLIC LAW 97-414].

ORPHAN DRUG PRODUCT DESIGNATIONS

BIOLOGICAL DESIGNATIONS

NAME OF BIOLOGICAL	DESIGNATED USE [EXCLUSIVITY EXPIRATION DATE]	SPONSOR NAME AND ADDRESS
GENERIC: BOTULINUM A TOXIN TRADE: OCULINUM*/**	TREATMENT OF STRABISMUS ASSOCIATED WITH DYSTONIA IN ADULTS (PATIENTS 12 YEARS OF AGE AND ABOVE). TREATMENT OF BLEPHAROSPASM ASSOCIATED WITH DYSTONIA IN ADULTS (PATIENTS 12 YEARS OF AGE AND ABOVE)*/**. [DEC 29, 1996]	ALAN B. SCOTT, M.D. 2232 WEBSTER ST. SAN FRANCISCO, CA 94115
GENERIC: [INDIUM 111 MURINE ANTI-CEA MONOCLONAL ANTIBODY TYPE ZCE 025 (IN 111 MUROMONAB-CEA)] TRADE: CEAKER	FOR THE DETECTION OF SUSPECTED AND PREVIOUSLY UNIDENTIFIED TUMOR FOCI OF RECURRENT COLORECTAL CARCINOMA.	HYBRITECH, INC. 11095 TORREYANNA RD. SAN DIEGO, CA 92121
GENERIC: INTERLEUKIN-2 POLYETHYLENE CONJUGATE; RECOMBINANT E. COLI TRADE: PEG-IL2	TREATMENT OF PRIMARY IMMUNODEFICIENCY DISEASE ASSOCIATED WITH T-CELL DEFECTS.	CETUS CORP. 1400 FIFTY-THIRD ST. EMERYVILLE, CA 94608
GENERIC: RICIN (BLOCKED) CONJUGATED MURINE MONOCLONAL ANTIBODY (ANTI-MY ⁹) TO MYELOID CELLS (CD-33) TRADE: ANTI-MY ⁹ -BR	FOR USE IN THE EX VIVO TREATMENT OF AUTOLOGOUS BONE MARROW AND SUBSEQUENT REINFUSION IN PATIENTS WITH ACUTE MYELOGENOUS LEUKEMIA.	IMMUNOGEN, INC. 148 SIDNEY ST. CAMBRIDGE, MA 02139
GENERIC: TECELEUKIN TRADE: NOT ESTABLISHED	TREATMENT OF METASTATIC MALIGNANT MELANOMA.	HOFFMANN-LA ROCHE, INC. 340 KINGSLAND ST. NUTLEY, NJ 07110
GENERIC: TECELEUKIN TRADE: NOT ESTABLISHED	TREATMENT OF METASTATIC RENAL CELL CARCINOMA.	HOFFMANN-LA ROCHE, INC. 340 KINGSLAND ST. NUTLEY, NJ 07110

ORPHAN DRUG PRODUCT DESIGNATIONS

DRUG DESIGNATIONS

NAME OF DRUG	DESIGNATED USE [EXCLUSIVITY EXPIRATION DATE]	SPONSOR NAME AND ADDRESS
GENERIC: CROMOLYN SODIUM TRADE: GASTROCRON**	MASTOCYTOSIS. [DECEMBER 22, 1996]	FISONS CORP. 2 PRESTON CT. BEDFORD, MA 01730
GENERIC: DYNAMINE TRADE: NOT ESTABLISHED	TREATMENT OF LAMBERT-EATON MYASTHENIC SYNDROME.	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH MAYO CLINIC AND FOUNDATION 200 S.W. 1ST AVE. ROCHESTER, MN 55905
GENERIC: GLYCEROL, 10% TRADE: NOT ESTABLISHED	TO DECREASE INTRACRANIAL HYPERTENSION AND/OR ALLEVIATE CEREBRAL EDEMA IN PATIENTS WHO MAY BENEFIT FROM OSMOTHERAPY.	CHUGAI PHARMACEUTICAL CO., LTD. 1-9, KYOBASHI 2-CHOME CHUO-KU, TOKYO 104, JAPAN
GENERIC: GONADORELIN ACETATE TRADE: LUTREPULSE**	TREATMENT OF PRIMARY HYPOTHALAMIC AMENORRHEA. [OCT 10, 1996]	R.W. JOHNSON PHARMACEUTICAL RESEARCH INSTITUTE ROUTE 202, P.O. BOX 300 RARITAN, NJ 08869
GENERIC: RHEOTHRX TRADE: NOT ESTABLISHED	TREATMENT OF SEVERE BURNS IN HOSPITALIZED PATIENTS.	CYTRX CORP. 150 TECHNOLOGY PKWY. TECHNOLOGY PARK/ ATLANTA NORCROSS, GA 30092
GENERIC: SERMORELIN ACETATE [GRF(1-29)NH ₂] TRADE: GERE	AS AN ADJUNT TO GONADOTROPIN THERAPY IN THE INDUCTION OF OVULATION IN WOMEN WITH ANOVULATORY OR OLIGO-OVULATORY INFERTILITY WHO FAIL TO OVULATE IN RESPONSE TO ADEQUATE TREATMENT WITH CLOMIPHENE CITRATE ALONE AND GONADOTROPIN THERAPY ALONE.	SERONO LABS. 100 LONGWATER CIRCLE NORWELL, MA 02061

DRUG PRODUCTS WHICH MUST DEMONSTRATE IN VIVO BIOAVAILABILITY
ONLY IF PRODUCT FAILS TO ACHIEVE ADEQUATE DISSOLUTION

NO FEBRUARY 1990 ADDITIONS

BIOPHARMACEUTIC GUIDANCE AVAILABILITY

THE FOLLOWING IS A LIST OF GUIDANCES AVAILABLE FOR IN VIVO BIOEQUIVALENCE STUDIES AND IN VITRO DISSOLUTION TESTING AVAILABLE FROM THE DIVISION OF BIOEQUIVALENCE, HFD-650, ROOM 17B-06, 5600 FISHERS LANE, ROCKVILLE, MD 20857. COMMENTS AND SUGGESTIONS CONCERNING THESE GUIDANCES ARE ENCOURAGED AND SHOULD BE SENT TO THE DIVISION OF BIOEQUIVALENCE.

REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 10TH EDITION FOR A FULL LISTING OF BIOPHARMACEUTIC GUIDANCE AVAILABILITY DATA. ONLY NEW DATA WILL BE ADDED TO THE CUMULATIVE SUPPLEMENT.

NO FEBRUARY 1990 ADDITIONS

ANDA SUITABILITY PETITIONS

THE FOLLOWING ARE TWO LISTS OF PETITIONS FILED UNDER SECTION 505(j)(2)(C) OF THE ACT WHERE THE AGENCY HAS DETERMINED THAT THE REFERENCED PRODUCT: (1) IS SUITABLE FOR SUBMISSION AS AN ANDA (PETITIONS APPROVED) OR (2) IS NOT SUITABLE FOR SUBMISSION AS AN ANDA (PETITIONS DENIED). THE DETERMINATION THAT AN ANDA WILL BE APPROVED IS NOT MADE UNTIL THE ANDA ITSELF IS SUBMITTED AND REVIEWED BY THE AGENCY. A COPY OF EACH PETITION IS LISTED BY DOCKET NUMBER ON PUBLIC DISPLAY IN FDA'S DOCKETS MANAGEMENT BRANCH, HFA-305, ROOM 4-62, 5600 FISHERS LANE, ROCKVILLE, MD 20857.

REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 10TH EDITION FOR A FULL LISTING OF ANDA SUITABILITY PETITIONS DATA. ONLY NEW DATA WILL BE ADDED TO THE CUMULATIVE SUPPLEMENT.

PETITIONS APPROVED

DRUG NAME DOSAGE FORM; ROUTE	STRENGTH (CONTAINER SIZE)	DOCKET NUMBER	PETITIONER	REASON FOR PETITION	STATUS
HYDROCORTISONE SOLUTION; TOPICAL	2.5%	89 P-0175/CP	GENDERM	NEW STRENGTH	APPROVED JAN 11, 1990
PENTAMIDINE ISETHIONATE INJECTABLE; INJECTION	100MG/ML (3ML/VIAL)	89 P-0435/CP	ASTRA PHARM PRODS	NEW DOSAGE FORM	APPROVED JAN 18, 1990
VERAPAMIL HYDROCHLORIDE TABLET, EXTENDED-RELEASE; ORAL	120MG	89 P-0220/CP	LEDERLE LABS	NEW STRENGTH	APPROVED JAN 11, 1990

ANDA SUITABILITY PETITIONS

PETITIONS DENIED

DRUG NAME DOSAGE FORM; ROUTE	STRENGTH (CONTAINER SIZE)	DOCKET NUMBER	PETITIONER	REASON FOR PETITION	STATUS
CLONIDINE HYDROCHLORIDE CAPSULE, EXTENDED-RELEASE; ORAL	0.2MG	88 P-0365/CP	BOEHR INGEL	NEW DOSAGE FORM	DENIED JAN 11, 1990

EXCLUSIVITY TERMS

DUE TO SPACE LIMITATIONS IN THE EXCLUSIVITY COLUMN, ABBREVIATIONS AND REFERENCES HAVE BEEN DEVELOPED. REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 10TH EDITION FOR A FULL LISTING OF EXCLUSIVITY TERMS (ABBREVIATIONS, NEW DOSING SCHEDULE, NEW INDICATIONS AND PATENT USE CODES). ONLY NEW CODES WILL BE ADDED TO THE CUMULATIVE SUPPLEMENT.

NO ADDITIONS FOR FEBRUARY 1990

PRESCRIPTION AND OTC DRUG PRODUCT
PATENT AND EXCLUSIVITY DATA

APPL/PROD NUMBER	INGREDIENT NAME; TRADE NAME	PATENT NUMBER	PATENT EXPIRES	USE CODE	EXCLUS CODE	EXCLUS EXPIRES
19845 001	BETAXOLOL HYDROCHLORIDE; BETOPTIC S	4311708	JAN 19, 1999		NDF	DEC 29, 1992
19880 001	CARBOPLATIN; PARAPLATIN	4140707	AUG 25, 1998			
19880 002	CARBOPLATIN; PARAPLATIN	4140707	AUG 25, 1998			
19880 003	CARBOPLATIN; PARAPLATIN	4140707	AUG 25, 1998			
19966 001	CLOBETASOL PROPIONATE; TEMOVATE	3721687	MAR 20, 1992		NDF	FEB 22, 1993
>ADD>					NCE	DEC 27, 1990
>ADD>						
19949 001	FLUCONAZOLE; DIFLUCAN	4416682	NOV 22, 2000		NCE	JAN 29, 1995
19949 002	FLUCONAZOLE; DIFLUCAN	4404216	SEP 13, 2000		NCE	JAN 29, 1995
19949 003	FLUCONAZOLE; DIFLUCAN	4416682	NOV 22, 2000		NCE	JAN 29, 1995
19950 001	FLUCONAZOLE; DIFLUCAN	4404216	SEP 13, 2000		NCE	JAN 29, 1995
18554 001	FLUTAMIDE; EULEXIN	4404216	SEP 13, 2000		NCE	JAN 29, 1995
19693 001	INDECAINIDE HYDROCHLORIDE; DECABID	4329364	MAY 11, 2001			
19693 002	INDECAINIDE HYDROCHLORIDE; DECABID	4382093	MAY 03, 2000			
19693 003	INDECAINIDE HYDROCHLORIDE; DECABID	4382093	MAY 03, 2000			
18956 002	IOHEXOL; OMNIPAQUE 240	4382093	MAY 03, 2000			
19907 001	METIPRANLOL HYDROCHLORIDE; METIPRANLOL HCL	4021481	MAY 03, 1994			
19786 001	METOPROLOL FUMARATE; LOPRESSOR	3916899	NOV 04, 1992		NCE	DEC 29, 1994
19786 002	METOPROLOL FUMARATE; LOPRESSOR	3845770	NOV 05, 1991			
19786 003	METOPROLOL FUMARATE; LOPRESSOR	3916899	NOV 04, 1992			
19786 004	METOPROLOL FUMARATE; LOPRESSOR	3845770	NOV 05, 1991			
19886 001	NAFARELIN ACETATE; SYNAREL	4892739	JAN 09, 2007			
19951 001	ZIDOVUDINE; RETROVIR	3916899	NOV 04, 1992			
>ADD>		3845770	NOV 05, 1991		NCE	FEB 13, 1995
>ADD>		4234571	NOV 18, 1997		NCE	MAR 19, 1992
>ADD>					ODE	MAR 19, 1994

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WITH
THERAPEUTIC EQUIVALENCE EVALUATIONS

10TH EDITION

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