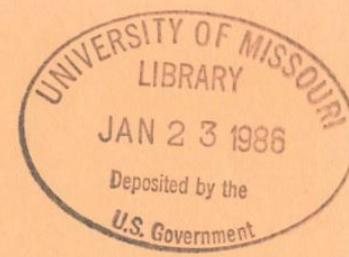
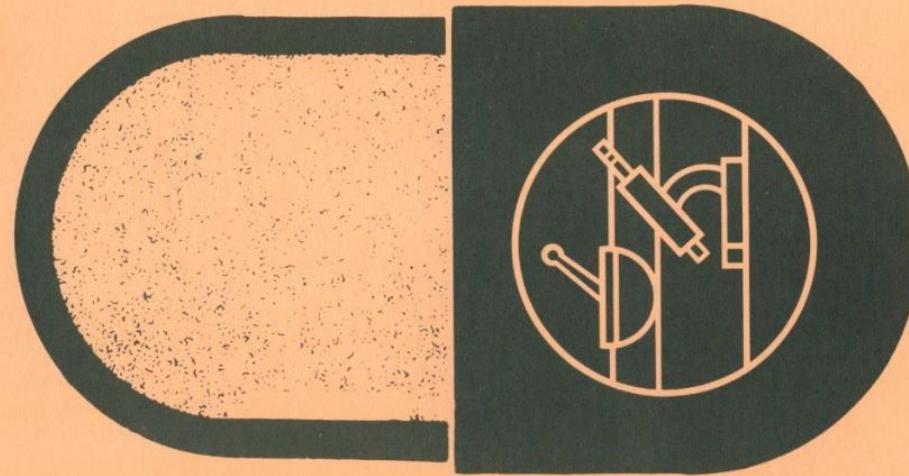


353.8
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985/suppl.3

CUMULATIVE
SUPPLEMENT
AUG'85-NOV'85

APPROVED
DRUG PRODUCTS
WITH
THERAPEUTIC EQUIVALENCE EVALUATIONS
6TH EDITION



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
U.S. FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUGS AND BIOLOGICS

APPROVED DRUG PRODUCTS
with
THERAPEUTIC EQUIVALENCE EVALUATIONS
6TH EDITION

CUMULATIVE SUPPLEMENT
NOVEMBER 1985

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A. INTRODUCTION

1. How to Use the Cumulative Supplement
2. Applicant Name Changes
3. Prednisone Bioequivalence
4. OTC Drug Products
5. Products Requiring Revised Labeling for Full Approval
6. Report of Counts for the Prescription Drug Product List

APPROVED DRUG PRODUCTS

with

THERAPEUTIC EQUIVALENCE EVALUATIONS

6th EDITION

CUMULATIVE SUPPLEMENT

NOVEMBER 1985

A. INTRODUCTION

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, 6th Edition (the List). The List is comprised of three drug product lists: The Prescription Drug Product List, the OTC Drug Product List, and the Drug Products Approved Under Section 505 of the Act by the Division of Blood and Blood Products List. 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.

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 drug product lists to indicate that changes to that entry appear in the Cumulative Supplement.

Information in the Cumulative Supplement follows the format of the drug product lists. 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.)

Drug product information is provided in each Cumulative Supplement for completeness to assist in locating the proper place in the drug product lists for the revision. [Strength(s) which already exist in the publication will not be repeated for context.] A page number in parentheses, located to the right of the ingredient(s), refers to the related page in the drug product lists. The effective (marketing) date (the date a product may be marketed), when appropriate, will appear to the left of the approval date.

Additions to the drug product lists and the Appendices are indicated by new information in the Cumulative Supplement. Additions new to the current Cumulative Supplement are indicated by the symbol >ADD> to the left of the line on which new information exists. The >ADD> symbol is dropped in subsequent Cumulative Supplements for that item.

A newly approved product is identified by the lozenge (*) to the right of its strength. This identifier remains throughout all Cumulative Supplements for this edition.

Deletions from the drug product lists and the Appendices are indicated by overstruck print in the Cumulative Supplement. Deletions new to the current Cumulative Supplement are indicated by the symbol >DLT> (DELETE) to the left of the line containing the overstruck print. The symbol is dropped in subsequent Cumulative Supplements for that item.

Products discontinued from marketing will be flagged in this Cumulative Supplement with the "◊" symbol to designate their non-marketed status until such time that the Agency is notified that they are being marketed.

The Appendices of the Cumulative Supplement provide, among other things, updated information required of the Agency by the "Drug Price Competition and Patent Term Restoration Act of 1984."

2. 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 Special Notes 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. The current list of applicant holder changes follows.

APPLICANT (NAME) CHANGES

| <u>Former Applicant (Name)</u> | <u>New Applicant (Name)</u> | <u>New Abbreviated Name</u> |
|--------------------------------|-----------------------------------|-----------------------------|
| VITARINE/PHOENIX | VITARINE PHARMACEUTICALS, INC. | VITARINE PHARMS |
| DRUMMER/PHOENIX | VITARINE PHARMACEUTICALS, INC. | VITARINE PHARMS |
| INVENEX LABS/LIFE | LYPHOMED, INC. | LYPHOMED |

3. PREDNISONE BIOEQUIVALENCE

The Agency has determined that in vitro data are sufficient to demonstrate bioequivalence of prednisone products. This decision is based on past bioavailability studies on a variety of prednisone products sponsored under FDA contract which established an in vitro and in vivo correlation with a variety of in vitro apparatus and media. The studies demonstrated that the dissolution rate using apparatus such as the spin filter, USP basket, and paddle correlated with the rate of drug absorption. The initial paddle used in the above studies was a tilting blade paddle. When the USP adopted a fixed blade paddle method, it raised the issue of whether the same correlation existed for the tilting blade paddle. Following the October 15, 1977, effective date of the new USP prednisone tablet dissolution specification, the Agency initiated an extensive voluntary dissolution certification program for all marketed prednisone tablet products. This program continued until each firm demonstrated that every prednisone product could consistently meet the new USP standard. Firms failing to meet the new standard were required to remove their product from the market or reformulate to an acceptable product.

As a result of this program, when marketed prednisone table products were resurveyed in 1980, all met the USP standard.

A selected sample of the products in an Agency bioavailability study conducted in 1982 on marketed prednisone tablets revealed no statistically significant differences in the key bioavailability parameters (AUC, Cmax, Tmax) for prednisone tablets.

Therefore, FDA will change the therapeutic equivalence code from BX to AB on any approved prednisone tablets if the application is supplemented with an acceptable comparative in vitro dissolution study. (See Appendix 3 of this Supplement for available guidance from the Division of Bioequivalence.)

4. OTC DRUG PRODUCTS

The following drug products identified in the "OTC Drug Product List" of this publication as requiring approved applications may be marketed on the firm's own responsibility without an application under the Agency's existing OTC drug marketing policies so long as applicable proposed or tentative final monographs are followed (see 21 CFR 330.13).

| | |
|---|------------------------|
| Dexbrompheniramine Maleate Pseudoephedrine Sulfate Tablet; Oral | 2mg 60mg |
| Pseudoephedrine HCl Triprolidine HCl Tablet or Capsule; Oral | 60mg 2.5mg |
| Pseudoephedrine HCl Triprolidine HCl Syrup; Oral | 30mg/5ml 1.25mg/5ml |
| Triprolidine HCl Syrup; Oral | 1.25mg/5ml |
| Triprolidine HCl Tablet; Oral | 2.5mg |

5. 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> |
|--|-----------------------------------|
| isosorbide dinitrate | AUG 3, 1984 (49 FR 31151) |
| nandrolone decanoate | JUL 15, 1983 (48 FR 32395) |
| neomycin sulfate with either: dexamethasone sodium phosphate, fluocinolone acetonide, flurandrenolide, hydrocortisone, or methylprednisolone acetate [topical anti-infectives for dermatologic use] | MAR 26, 1984 (49 FR 11888) |
| neomycin sulfate, polymyxin B sulfate, bacitracin zinc, and hydrocortisone [topical ointment] | MAY 4, 1984 (49 FR 19147) |
| nitroglycerin (capsule, controlled release; oral) | SEP 7, 1984 (49 FR 35428) |
| nitroglycerin (tablet, controlled release; oral) | SEP 7, 1984 (49 FR 35428) |
| parenteral multivitamin products | SEP 17, 1984 (49 FR 36446) |
| phenazopyridine hydrochloride and sulfamethoxazole | JUL 29, 1983 (48 FR 34516) |
| sulfanilamide and aminacrine | AUG 22, 1983 (48 FR 38097) |
| tranylcypromine sulfate | MAR 22, 1984 (49 FR 10708) |

6. 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. Thus, 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 those approved drug products marketed by distributors; those marketed solely abroad; and products now regarded as medical devices, biologics or foods.

The counts appear in two sections. Section A. provides baseline and quarterly data. The baseline column refers to the products in the List. For each three-month period following July '85, a column of quarterly data is added which incorporates counts of product activity from the previous quarter(s) with those in the baseline count. Section B. refers to products in the Cumulative Supplements and provides monthly activity with a cumulative count for the current quarter.

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 part of a combination.

USE OF REPORT

From the data presented under Section B., users should be able to observe such things as (1) newly approved and remarketed drug products which are added to the List; (2) products that are being removed from the List as the result of withdrawal of approval and changes from prescription to over-the-counter status; and, (3) trends in approval of products as either multisource or single source during each month within the quarter. The report does not reflect category changes from multisource to single source and vice versa. However, the net gain that results from all additions, deletions and category changes is reflected in the quarterly counts for multisource and single source products.

REPORT OF COUNTS FOR THE DRUG PRODUCT LIST

A. COUNTS CUMULATIVE BY QUARTERS

| <u>CATEGORIES COUNTED</u> | <u>JULY '85 (BASELINE)</u> | <u>OCT '85</u> |
|---------------------------------|----------------------------|----------------|
| DRUG PRODUCTS LISTED | 8048 | 8230 |
| SINGLE SOURCE | 2096 (26.0%) | 2100 (25.5%) |
| MULTISOURCE ⁽¹⁾ | 5952 (74.0%) | 6130 (74.5%) |
| THERAPEUTICALLY EQUIVALENT | 4864 (60.5%) | 5034 (61.3%) |
| NOT THERAPEUTICALLY EQUIVALENT | 1054 (13.2%) | 1058 (12.9%) |
| EXCEPTIONS ⁽²⁾ | 25 (0.3%) | 29 (0.3%) |
| NEW MOLECULAR ENTITIES APPROVED | - | 3 |
| NUMBER OF APPLICANTS | 306 | 313 |

B. ACTIVITY FOR SUPPLEMENT NUMBER 3

| | <u>NOV '85</u> | <u>CUMULATIVE</u> |
|------------------------------------|----------------|-------------------|
| DRUG PRODUCTS ADDED: | | |
| NEWLY APPROVED | 57 | 57 |
| DESI EFFECTIVE | 50 | 50 |
| REMARKETED | 5 | 5 |
| 2 | 2 | 2 |
| DRUG PRODUCTS REMOVED: | 0 | 0 |
| WITHDRAWN APPROVAL | 0 | 0 |
| RX TO OTC SWITCH | 0 | 0 |
| NET GAIN IN DRUG PRODUCTS | 55 | 55 |
| SINGLE SOURCE PRODUCTS APPROVED | 6 | 6 |
| MULTISOURCE DRUG PRODUCTS APPROVED | 51 | 51 |
| NEW MOLECULAR ENTITIES APPROVED: | 3 | 3 |
| AS THE ENTITY | 0 | 0 |
| AS A SALT, ESTER OR DERIVATIVE | 3 | 3 |
| OF THE ENTITY | | |

(1) THERAPEUTIC EQUIVALENCE EVALUATIONS PROVIDED ONLY FOR MULTISOURCE PRODUCTS (i.e., AVAILABLE FROM MORE THAN ONE APPLICANT)

(2) AMINO ACID-CONTAINING PRODUCTS OF VARYING COMPOSITION (SEE PAGE I-8 OF THE LIST)

B. DRUG PRODUCT LISTS

1. Prescription Drug Product List
2. OTC Drug Product List
3. Drug Products Approved Under Section 505 of the Act
by the Division of Blood and Blood Products List

PREScription DRUG PRODUCT LIST
6TH EDITION
CUMULATIVE SUPPLEMENT NUMBER 3 / AUG'85 - NOV'85

1

ACETAMINOPHEN; BUTALBITAL (PAGE 3-1)

TABLET; ORAL
SEDAPAP-10
MAYRAND 650MG;50MG*

N88944 001
OCT 17, 1985

ACETAMINOPHEN; CODEINE PHOSPHATE (PAGE 3-1)

TABLET; ORAL
ACETAMINOPHEN AND CODEINE

| | | | |
|------|---|--------------|----------------------------|
| AA | VITARINE | 300MG;15MG | N87433 001 |
| AA | | 300MG;30MG | N85917 001 |
| AA | | 300MG;60MG | N87423 001 |
| AA | <u>ACETAMINOPHEN AND CODEINE PHOSPHATE #2</u> | | |
| AA | SUPERPHARM | 300MG;15MG* | N89183 001 OCT 18, 1985 |
| AA | <u>ACETAMINOPHEN AND CODEINE PHOSPHATE #3</u> | | |
| AA | SUPERPHARM | 300MG;30MG* | N89184 001 OCT 18, 1985 |
| AA | <u>ACETAMINOPHEN AND CODEINE PHOSPHATE #4</u> | | |
| AA | SUPERPHARM | 300MG;60MG* | N89185 001 OCT 18, 1985 |
| /AA/ | <u>ACETAMINOPHEN W/ CODEINE</u> | | |
| /AA/ | /VITARINE/ | /300MG;30MG/ | /N85917.001/ |
| /AA/ | <u>ACETAMINOPHEN W/ CODEINE #4</u> | | |
| /AA/ | /VITARINE | /300MG;60MG/ | /N87423.001/ |
| /AA/ | <u>ACETAMINOPHEN W/ CODEINE #2</u> | | |
| /AA/ | /VITARINE/ | /300MG;15MG/ | /N87433.001/ |

ACETAMINOPHEN; HYDROCODONE BITARTRATE (PAGE 3-3)

CAPSULE; ORAL
ACETAMINOPHEN AND HYDROCODONE BITARTRATE

| | | | |
|------|-----------------------|-------------|--|
| AA | DM GRAHAM LABS | 500MG;5MG* | N89006 001 AUG 09, 1985 |
| AA | <u>BANCAP HC</u> | | |
| AA | FOREST PHARM/FOREST | 500MG;5MG | N87961 001 MAR 17, 1983 /N87961.001/ /MAR 17, 1983/ |
| /AA/ | /ONEAL JONES/FELDMAN/ | /500MG;5MG/ | |

TABLET; ORAL
DURADYNE DHC

| | | | |
|----|---------------------|-----------|----------------------------|
| AA | FOREST PHARM/FOREST | 500MG;5MG | N87809 001 MAR 17, 1983 |
|----|---------------------|-----------|----------------------------|

ACETAMINOPHEN; PROPOXYPHENE NAPSYLATE (PAGE 3-3)

TABLET; ORAL
PROPOXYPHENE NAPSYLATE AND ACETAMINOPHEN

AB ZENITH LABORATORIES 650MG;100MG*

N70146 001
AUG 02, 1985

ACETAZOLAMIDE (PAGE 3-4)

TABLET; ORAL
ACETAZOLAMIDE

AB DANBURY PHARMACAL 250MG*

N88882 001
OCT 22, 1985

ACETIC ACID, GLACIAL (PAGE 3-4)

SOLUTION/DROPS; OTIC
BOROFAIR

AT PHARMAFAIR 2%*

N88606 001
AUG 21, 1985

AMINO ACIDS (PAGE 3-7)

INJECTABLE; INJECTION
AMINOSYN-PF 7%
ABBOTT LABORATORIES 7%*

N19398 001
SEP 06, 1985

AMINOPHYLLINE (PAGE 3-10)

TABLET; ORAL
AMINOPHYLLINE

AB CORD LABORATORIES 100MG/
/BC/ /CORD LABORATORIES/ 100MG/

N85262 002
/N85262.002/

AMOXICILLIN (PAGE 3-15)

CAPSULE; ORAL
AMOXICILLIN

AB LABORATORIOS ATRAL 250MG*

N62528 001

AUG 07, 1985

AB 500MG*

N62528 002

AUG 07, 1985

> ADD > ASCORBIC ACID; BIOTIN; CYANOCOBALAMIN; DEXPANTHENOL;
 > ADD > ERGOCALCIFEROL; FOLIC ACID; NIACINAMIDE; PYRIDOXINE;
 > ADD > RIBOFLAVIN PHOSPHATE SODIUM; THIAMINE;
 > ADD > VITAMIN A; VITAMINE E (PAGE 3-19)

> ADD > INJECTABLE; INJECTION
 > ADD > M.V.I.-12 LYOPHILIZED
 > ADD > USV PHARMACEUTICAL 100MG/VIAL;0.06MG/VIAL;0.005MG/VIAL
 > ADD > 15MG/VIAL;200 IU/VIAL;0.4MG/VIAL;
 > ADD > 40MG/VIAL;4MG/VIAL;3.6MG/VIAL;
 > ADD > 3MG/VIAL;3,300 IU/VIAL;10 IU/VIAL
 > ADD > N18933 002
 > ADD > AUG 08, 1985

> ADD > ASCORBIC ACID; BIOTIN; CYANOCOBALAMIN; DEXPANTHENOL;
 > ADD > ERGOCALCIFEROL; FOLIC ACID; NIACINAMIDE; PYRIDOXINE
 > ADD > HYDROCHLORIDE; RIBOFLAVIN PHOSPHATE SODIUM; THIAMINE
 > ADD > HYDROCHLORIDE; VITAMIN A; VITAMIN E (PAGE 3-19)

> ADD > INJECTABLE; INJECTION
 > ADD > M.V.C. 9+3
 > ADD > AP LYPHOMED 10MG/ML;0.006MG/ML;0.5UGM/ML;
 > ADD > 1.5MG/ML;20 IU/ML;0.04MG/ML;4MG/ML;
 > ADD > 0.4MG/ML;0.36MG/ML;0.3MG/ML;
 > ADD > 330 IU/ML;1 IU/ML N18440 002
 > ADD > AUG 08, 1985

> ADD > MVC PLUS
 > ADD > AP ASCOT HOSP PHARMS 10MG/ML;0.006MG/ML;0.5UGM/ML;
 > ADD > 1.5MG/ML;20 IU/ML;0.04MG/ML;4MG/ML;
 > ADD > 0.4MG/ML;0.36MG/ML;0.3MG/ML;
 > ADD > 330 IU/ML;1 IU/ML N18439 002
 > ADD > AUG 08, 1985

> ADD > M.V.I.-12
 > ADD > AP USV PHARMACEUTICAL 10MG/ML;0.006MG/ML;0.5UGM/ML;
 > ADD > 1.5MG/ML;20 IU/ML;0.04MG/ML;4MG/ML;
 > ADD > 0.4MG/ML;0.36MG/ML;0.3MG/ML;
 > ADD > 330 IU/ML;1 IU/ML N08809 004
 > ADD > AUG 08, 1985

> ADD > ASCORBIC ACID; BIOTIN; CYANOCOBALAMIN; DEXPANTHENOL;
 > ADD > ERGOCALCIFEROL; FOLIC ACID; NIACINAMIDE; PYRIDOXINE
 > ADD > HYDROCHLORIDE; RIBOFLAVIN PHOSPHATE SODIUM; THIAMINE
 > ADD > HYDROCHLORIDE; VITAMIN A PALMITATE; VITAMIN E (PAGE 3-19)

> ADD > INJECTABLE; INJECTION
 > ADD > BEROCCA PN
 > ADD > HOFFMANN-LA ROCHE 50MG/ML;0.03MG/ML;0.0025MG/ML;
 > ADD > 7.5MG/ML;100 IU/ML;0.2MG/ML;20MG/ML;
 > ADD > 2MG/ML;1.8MG/ML;1.5MG/ML;1,650 IU/ML;
 > ADD > 5 IU/ML N06071 004
 > ADD > OCT 10, 1985

ASPIRIN; BUTALBITAL; CAFFEINE (PAGE 3-19)

CAPSULE; ORAL
LANORINAL
 AB LANNETT 325MG;50MG;40MG*

N86996 002
 OCT 11, 1985

ASPIRIN; CARISOPRODOL (PAGE 3-20)

TABLET; ORAL
CARISOPRODOL COMPOUND
 AB BOLAR PHARMACEUTICAL 325MG;200MG*

N88809 001
 OCT 03, 1985

SOMA COMPOUND
 AB WALLACE PHARMS/C-W 325MG;200MG

N12365 005
 JUL 11, 1983

BACITRACIN ZINC; HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE (PAGE 3-23)

OINTMENT; TOPICAL
CORTISPORIN
 AT BURROUGHS WELLCOME 400 UNITS/GM;1%;EQ 3.5MG BASE/GM;
 5,000 UNITS/GM N50168 001
 MAY 04, 1985

NEOMYCIN & POLYMYXIN B SULFATES & BACITRACIN ZINC & HYDROCORTISONE
 AT PHARMAFAIR 400 UNITS/GM;1%;EQ 3.5MG BASE/GM;
 5,000 UNITS/GM* N62381 001
 SEP 06, 1985

BETAMETHASONE DIPROPIONATE (PAGE 3-25)

LOTION; TOPICAL
ALPHATREX
 AB SAVAGE LABS/ALTANA EQ 0.05% BASE*

N70273 001
 AUG 12, 1985

BETAMETHASONE DIPROPIONATE
 AB E FOUGERA/ALTANA EQ 0.05% BASE*
 AB PHARMADERM/ALTANA EQ 0.05% BASE*

N70275 001
 AUG 12, 1985
 N70274 001
 AUG 12, 1985

BETAXOLOL HYDROCHLORIDE (PAGE 3-27)

SOLUTION/DROPS; OPHTHALMIC
BETOPTIC
 ALCON LABORATORIES EQ 0.5% BASE*

N19270 001
 AUG 30, 1985

RX DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 3 / AUG '85 - NOV '85

3

BUPIVACAINE HYDROCHLORIDE; DEXTROSE (PAGE 3-29)INJECTABLE; INJECTION
MARCAINE SPINAL

> ADD > @ WINTHROP-BREON/STERL 0.75%;8.25%

N18692 001
MAY 04, 1984BUTOCONAZOLE NITRATE (PAGE 3-31)CREAM; VAGINAL
FEMSTAT

> ADD > SYNTEX LABS/SYNTEX 2%*

N19215 001
NOV 25, 1985SUPPOSITORY; VAGINAL
FEMSTAT

> ADD > SYNTEX LABS/SYNTEX 100MG*

N19359 001
NOV 25, 1985CALCIUM CHLORIDE; POTASSIUM CHLORIDE; SODIUM CHLORIDE; SODIUM LACTATE (PAGE 3-35)

INJECTABLE; INJECTION

LACTATED RINGER'S IN PLASTIC CONTAINER

AP ABBOTT LABORATORIES 20MG/100ML;30MG/100ML;600MG/100ML;
310MG/100ML* N19485 001
OCT 24, 1985CEFAMANDOLE NAFATE (PAGE 3-37)INJECTABLE; INJECTION
MANDOL

ELI LILLY

EQ 1GM BASE/VIAL*

N62560 001

EQ 2GM BASE/VIAL*

N62560 002

SEP 10, 1985

SEP 10, 1985

CEFAZOLIN SODIUM (PAGE 3-38)

INJECTABLE; INJECTION

KEFZOL

AP ELI LILLY EQ 500MG BASE/VIAL* N62557 001
AP EQ 1GM BASE/VIAL* SEP 10, 1985

N62557 002

SEP 10, 1985

CEFTAZIDIME (PAGE 3-39)INJECTABLE; INJECTION
FORTAZ

> ADD > AP GLAXO 500MG/VIAL

N50578 001

JUL 19, 1985

> ADD > AP 1GM/VIAL

N50578 002

JUL 19, 1985

> ADD > AP 2GM/VIAL

N50578 003

JUL 19, 1985

> ADD > TAZIDIME ELI LILLY 500MG/VIAL*

N62640 001

NOV 20, 1985

> ADD > AP 1GM/VIAL*

N62640 002

NOV 20, 1985

> ADD > AP 1GM/VIAL*

N62655 001

NOV 20, 1985

> ADD > AP 2GM/VIAL*

N62655 002

NOV 20, 1985

> ADD > AP 2GM/VIAL*

N62640 003

NOV 20, 1985

CEPHALOTHIN SODIUM (PAGE 3-40)INJECTABLE; INJECTION
CEPHALOTHIN SODIUM

AP ABBOTT LABORATORIES EQ 1GM BASE/VIAL*

N62547 001

SEP 11, 1985

AP EQ 1GM BASE/VIAL*

N62548 001

SEP 11, 1985

AP EQ 2GM BASE/VIAL*

N62547 002

SEP 11, 1985

AP EQ 2GM BASE/VIAL*

N62548 002

SEP 11, 1985

KEFLIN IN PLASTIC CONTAINER

AP ELI LILLY EQ 1GM BASE/VIAL*

N62549 001

SEP 10, 1985

AP EQ 2GM BASE/VIAL*

N62549 002

SEP 10, 1985

CHLORAMPHENICOL (PAGE 3-42)

SOLUTION/DROPS; OPHTHALMIC

CHLORAMPHENICOL

AT CARTER-GLOGAU LABS 0.5%*

N62628 001

SEP 25, 1985

CHLORTHALIDONE (PAGE 3-49)

TABLET; ORAL

CHLORTHALIDONE

AB SIDMAK LABORATORIES 25MG#
AB 50MG#

N88902 001
SEP 19, 1985
N88903 001
SEP 19, 1985

> ADD > CILASTATIN SODIUM; IMIPENEM (PAGE 3-50)

> ADD > INJECTABLE; INJECTION
> ADD > PRIMAXIN
> ADD > MS&D RES LABS/MERCK EQ 250MG BASE/VIAL;
> ADD > 250MG/VIAL#
> ADD > EQ 500MG BASE/VIAL;
> ADD > 500MG/VIAL#
> ADD >

N50587 001
NOV 26, 1985
N50587 002
NOV 26, 1985

CIMETIDINE HYDROCHLORIDE; SODIUM CHLORIDE (PAGE 3-50)

INJECTABLE; INJECTION

TAGAMET IN SODIUM CHLORIDE 0.9% IN PLASTIC CONTAINER
SK&F LAB EQ 6MG BASE/ML; 9MG/ML# N19434 001
OCT 31, 1985

CLONIDINE HYDROCHLORIDE (PAGE 3-52)

TABLET; ORAL

> ADD > AB CATAPRES
BOEHRINGER INGELHEIM 0.1MG N17407 001
> ADD > AB 0.2MG N17407 002
> ADD > AB 0.3MG N17407 003
> ADD > AB CLONIDINE HCL
PAR PHARMACEUTICAL 0.1MG# N70461 001
> ADD > AB 0.2MG# JUL 08, 1986 : NOV 22, 1985 N70460 001
> ADD > AB 0.3MG# JUL 08, 1986 : NOV 22, 1985 N70459 001
> ADD >

CODEINE PHOSPHATE; PHENYLEPHRINE HYDROCHLORIDE; PROMETHAZINE HYDROCHLORIDE (PAGE 3-53)

SYRUP; ORAL

> ADD > AA PROMETHAZINE VC W/ CODEINE
HR CENCI LABS 10MGS/5ML; 5MG/5ML;
> ADD > 6.25MGS/5ML# N38816 001
> ADD >

NOV 22, 1985

CODEINE PHOSPHATE; PROMETHAZINE HYDROCHLORIDE (PAGE 3-53)SYRUP; ORAL
PROMETHAZINE W/ CODEINE

> ADD > AA HR CENCI LABS 10MGS/5ML; 6.25MGS/5ML#
> ADD >

N88814 001
NOV 22, 1985

DEXTROSE (PAGE 3-64)INJECTABLE; INJECTION
DEXTROSE 5% IN PLASTIC CONTAINER

AP ABBOTT LABORATORIES 5GM/100ML#

N19479 001
SEP 17, 1985

DEXTROSE; SODIUM CHLORIDE (PAGE 3-70)INJECTABLE; INJECTION
DEXTROSE 5% AND SODIUM CHLORIDE 0.225% IN PLASTIC CONTAINER

AP ABBOTT LABORATORIES 5GM/100ML; 225MG/100ML N17606 001
AP 5GM/100ML; 225MG/100ML# N19482 001

OCT 04, 1985

DEXTROSE 5% AND SODIUM CHLORIDE 0.3% IN PLASTIC CONTAINER

AP ABBOTT LABORATORIES 5GM/100ML; 300MG/100ML# N19486 001

OCT 04, 1985

DEXTROSE 5% AND SODIUM CHLORIDE 0.45% IN PLASTIC CONTAINER

AP ABBOTT LABORATORIES 5GM/100ML; 450MG/100ML# N19484 001

OCT 04, 1985

DEXTROSE 5% AND SODIUM CHLORIDE 0.9% IN PLASTIC CONTAINER

AP ABBOTT LABORATORIES 5GM/100ML; 900MG/100ML# N19483 001

OCT 04, 1985

DIAZEPAM (PAGE 3-72)

TABLET; ORAL

> ADD > AB DIAZEPAM
BARR LABORATORIES 2MG# N70152 001
> ADD > AB 5MG# NOV 01, 1985
> ADD > AB 10MG# N70153 001
> ADD > AB 10MG# NOV 01, 1985
> ADD > AB CHELSEA LABORATORIES 2MG# N70154 001
> ADD > AB 5MG# NOV 01, 1985
> ADD > AB 10MG# N70456 001
> ADD > AB LEDERLE LABS/AM CYAN 2MG# N70457 001
> ADD > AB 5MG# NOV 01, 1985
> ADD > AB 10MG# N70458 001
> ADD > AB 10MG# NOV 01, 1985
> ADD > AB 2MG# N70226 001
> ADD > AB 5MG# SEP 26, 1985
> ADD > AB 10MG# N70227 001
> ADD > AB 5MG# SEP 26, 1985
> ADD > AB 10MG# N70228 001
> ADD > AB 10MG# SEP 26, 1985

DIAZEPAM (PAGE 3-72)TABLET; ORAL
DIAZEPAM

| | | |
|-------------------|---------------------|-------------|
| AB | MYLAN PHARMS | <u>2MG</u> |
| AB | | <u>5MG</u> |
| AB | | <u>10MG</u> |
| AB | PARKE-DAVIS/W-L | <u>2MG</u> |
| AB | | <u>5MG</u> |
| AB | | <u>10MG</u> |
| AB | ZENITH LABORATORIES | <u>2MG</u> |
| AB | | <u>5MG</u> |
| AB | | <u>10MG</u> |
| <u>VALTUM</u> | | |
| AB | HOFFMANN-LA ROCHE | <u>2MG</u> |
| AB | | <u>5MG</u> |
| AB | | <u>10MG</u> |

DIFLORASONE DIACETATE (PAGE 3-74)

| | | |
|-----------------------|--------|--------|
| CREAM; TOPICAL | | |
| DIFLORASONE DIACETATE | | |
| BX | UPJOHN | 0.05%* |
| FLORONE | | |
| BX | UPJOHN | 0.05% |
| OINTMENT; TOPICAL | | |
| DIFLORASONE DIACETATE | | |
| BX | UPJOHN | 0.05%* |
| FLORONE | | |
| BX | UPJOHN | 0.05% |

DISOPYRAMIDE PHOSPHATE (PAGE 3-77)

CAPSULE; ORAL

| | | |
|-------------------------------|---------------------|-----------------------|
| <u>DISOPYRAMIDE PHOSPHATE</u> | | |
| > ADD > AB | ZENITH LABORATORIES | <u>EQ 100MG BASE*</u> |
| > ADD > | | |
| > ADD > AB | | <u>EQ 150MG BASE*</u> |
| > ADD > | | |

DOPAMINE HYDROCHLORIDE (PAGE 3-78)INJECTABLE; INJECTION
DOPAMINE HCL

| | | | |
|----|-------------------|------------------|--------------|
| AP | ASTRA PHARM PRODS | <u>40MG/ML*</u> | N70087 001 |
| AP | | <u>80MG/ML*</u> | OCT 23, 1985 |
| AP | | <u>80MG/ML*</u> | N70089 001 |
| AP | | <u>80MG/ML*</u> | OCT 23, 1985 |
| AP | | <u>80MG/ML*</u> | N70090 001 |
| AP | | <u>80MG/ML*</u> | OCT 23, 1985 |
| AP | | <u>80MG/ML*</u> | N70091 001 |
| AP | | <u>160MG/ML*</u> | OCT 23, 1985 |
| AP | | <u>160MG/ML*</u> | N70092 001 |
| AP | | <u>160MG/ML*</u> | OCT 23, 1985 |
| AP | | <u>160MG/ML*</u> | N70093 001 |
| AP | | <u>160MG/ML*</u> | OCT 23, 1985 |
| AP | | <u>160MG/ML*</u> | N70094 001 |
| AP | | <u>40MG/ML*</u> | OCT 23, 1985 |
| AP | | <u>40MG/ML*</u> | N70046 001 |
| AP | | <u>80MG/ML*</u> | OCT 29, 1985 |
| AP | | <u>80MG/ML*</u> | N70047 001 |
| AP | | <u>40MG/ML*</u> | N70558 001 |
| AP | | <u>80MG/ML*</u> | SEP 20, 1985 |
| AP | | <u>80MG/ML*</u> | N70559 001 |
| AP | | <u>160MG/ML</u> | SEP 20, 1985 |

INTROPHIN
AP AM CRITICAL CARE/AHS 160MG/ML

N17395 003

DOXYCYCLINE HYCLATE (PAGE 3-79)CAPSULE; ORAL
DORYX

| | | | |
|----|-----------------|-----------------------|--------------|
| AB | PARKE-DAVIS/W-L | <u>EQ 100MG BASE*</u> | N62653 001 |
| AB | PARKE-DAVIS/W-L | <u>EQ 100MG BASE*</u> | OCT 30, 1985 |
| AB | PARKE-DAVIS/W-L | <u>EQ 100MG BASE*</u> | N62593 001 |
| AB | PARKE-DAVIS/W-L | <u>EQ 100MG BASE*</u> | AUG 28, 1985 |

TABLET; ORAL
DOXYCYCLINE HYCLATE

| | | | |
|----|-----------------|-----------------------|--------------|
| AB | PARKE-DAVIS/W-L | <u>EQ 100MG BASE*</u> | N62593 001 |
| AB | PARKE-DAVIS/W-L | <u>EQ 100MG BASE*</u> | AUG 28, 1985 |

DOXYLAMINE SUCCINATE (PAGE 3-80)TABLET; ORAL
DOXYLAMINE SUCCINATE

| | | | |
|----|--------------|--------------|--------------|
| AA | COPLEY PHARM | <u>25MG*</u> | N88900 001 |
| AA | | | OCT 08, 1985 |

EDROPHONIUM CHLORIDE (PAGE 3-81)

INJECTABLE; INJECTION

ENLOX
AP ANAQUEST/BOC

10MG/ML

N88873 001
AUG 06, 1985

TENSILON
AP HOFFMANN-LA ROCHE

10MG/ML

N07959 001

EPINEPHRINE; LIDOCAINE HYDROCHLORIDE (PAGE 3-83)

INJECTABLE; INJECTION

LIDOCAINE HCL AND EPINEPHRINE
AP ABBOTT LABORATORIES 0.005MG/ML;1.5%

N88571 001
SEP 13, 1985

XYLOCAINE N/ EPINEPHRINE
AP ASTRA PHARM PRODS 0.005MG/ML;1.5%

N10418 010

ERGOLOID MESYLATES (PAGE 3-82)

TABLET; ORAL

ERGOLOID MESYLATES
> ADD > AB BARR LABORATORIES 1MG#

N88891 001
NOV 01, 1985

ERYTHROMYCIN (PAGE 3-83)

CAPSULE, ENTERIC-COATED PELLETS; ORAL

ERYC
PARKE-DAVIS/W-L 250MG#

N62618 001
SEP 25, 1985

ERYC 125
PARKE-DAVIS/W-L 125MG#

N62648 001
OCT 24, 1985

ETHINYL ESTRADIOL; NORETHINDRONE (PAGE 3-89)

TABLET; ORAL-21

ORTHO-NOVUM 7/14-21

> ADD > 3 ORTHO PHARMACEUTICAL 0.035MG;0.5MG AND 1MG N19004 001

APR 04, 1984

TABLET; ORAL-28

ORTHO-NOVUM 7/14-28

> ADD > 3 ORTHO PHARMACEUTICAL 0.35MG;0.5MG AND 1MG N19004 002

APR 04, 1984

ETHOXZOLAMIDE (PAGE 3-90)

TABLET; ORAL

ETHAMIDE

> ADD > 3 ALLERGAN PHARMS 125MG N16144 001

FLECAINIDE ACETATE (PAGE 3-92)

TABLET; ORAL
TAMBOCOR
RIKER LABS/3M 100MG#

200MG#

N18830 001
OCT 31, 1985
N18830 002
OCT 31, 1985

FLUOCINOLONE ACETONIDE (PAGE 3-92)

SOLUTION; TOPICAL
FLUOCINOLONE ACETONIDE
AT THAMES PHARMACAL 0.01%

N89124 001
SEP 11, 1985

FLUOROMETHOLONE (PAGE 3-93)

OINTMENT; OPHTHALMIC
FML
ALLERGAN PHARMS 0.1%

N17760 001
SEP 04, 1985

FLUPHENAZINE HYDROCHLORIDE (PAGE 3-94)

CONCENTRATE; ORAL
PERMITIL
> ADD > AA SCHERING 5MG/ML
> ADD > PROLIXIN
> ADD > AA ER SQUIBB AND SONS 5MG/ML

N16008 001
N70533 001
NOV 07, 1985

FLURAZEPAM HYDROCHLORIDE (PAGE 3-95)

CAPSULE; ORAL
DALMANE
> ADD > AB ROCHE PRODUCTS 15MG
> ADD > AB 30MG
FLURAZEPAM HCL
> ADD > AB MYLAN PHARMS 15MG#
> ADD > AB 30MG#

N16721 001
N16721 002
N70344 001
NOV 27, 1985
N70345 001
NOV 27, 1985

FOLIC ACID (PAGE 3-95)

TABLET; ORAL
FOLIC ACID
AA PIONEER PHARMS 1MG#

N88949 001
SEP 13, 1985

EUROSEMIDE (PAGE 3-96)

INJECTABLE; INJECTION

EUROSEMIDE

| | | | |
|--------------|---------------------|-------------------|----------------------------|
| AP | ASTRA PHARM PRODS | <u>10MG/ML</u> | N70014 001 SEP 09, 1985 |
| AP | | <u>10MG/ML</u> | N70095 001 SEP 09, 1985 |
| AP | | <u>10MG/ML</u> | N70096 001 SEP 09, 1985 |
| TABLET; ORAL | | | |
| | | <u>EUROSEMIDE</u> | |
| AB | BARR LABORATORIES | <u>20MG#</u> | N70043 001 SEP 26, 1985 |
| > ADD > AB | WATSON LABORATORIES | <u>20MG#</u> | N70449 001 NOV 22, 1985 |
| > ADD > AB | | <u>40MG#</u> | N70450 001 NOV 22, 1985 |
| > ADD > | | | |

GENTAMICIN SULFATE (PAGE 3-97)

INJECTABLE; INJECTION

GENTAFAIR

| | | | |
|----------------------------|--------------------|---------------------------|----------------------------|
| AP | PHARMAFAIR | <u>EQ 40MG BASE/ML</u> | N62493 001 AUG 28, 1985 |
| SOLUTION/DROPS; OPHTHALMIC | | | |
| | | <u>GENTAMICIN SULFATE</u> | |
| > ADD > AT | CARTER-GLOGAU LABS | <u>EQ 3MG BASE/ML</u> | N62523 001 NOV 25, 1985 |
| > ADD > | | | |

GLYCINE (PAGE 3-100)

SOLUTION; IRRIGATION

| | | | |
|---|----------------|--------------------|-------------------------------|
| <u>AMINOACETIC ACID 1.5% IN PLASTIC CONTAINER</u> | | | |
| /At/ | TRAIVENOL LABS | <u>1.5GM/100ML</u> | N18522 '661/ /FEB/13/1982/ |
| <u>GLYCINE 1.5% IN PLASTIC CONTAINER</u> | | | |
| AT | TRAIVENOL LABS | <u>1.5GM/100ML</u> | N18522 001 FEB 19, 1982 |

GUANABENZ ACETATE (PAGE 3-102)

TABLET; ORAL

WYTENSIN

| | | | |
|---------|-----------------|---------------------|----------------------------|
| > ADD > | WYETH LABS/AMHO | <u>EQ 16MG BASE</u> | N18587 003 SEP 07, 1982 |
| > ADD > | | | |

HEPARIN SODIUM (PAGE 3-103)

INJECTABLE; INJECTION

HEP-LOCK PF

| | | | |
|---------------------------|-----------------------------------|--------------------------------|--------------|
| > DLT > | /ELKINS-SINN/AHROBINS/10 UNITS/ML | N17037 '616/ /JUN 10, 1983/ | |
| > DLT >/AP/ | /ELKINS-SINN/AHROBINS/10 UNITS/ML | N17037 '611/ /JUN 10, 1983/ | |
| > DLT >/AP/ | /100 UNITS/ML | JUN 10, 1983 | |
| > DLT > | | | |
| > ADD > | <u>HEP-LOCK U/P</u> | N17037 010 | |
| > ADD > AP | ELKINS-SINN/AHROBINS 10 UNITS/ML | JUN 10, 1983 | |
| > ADD > | 100 UNITS/ML | N17037 011 | |
| > ADD > | | JUN 10, 1983 | |
| <u>HEPARIN LOCK FLUSH</u> | | | |
| AP | LUITPOLD PHARMS | <u>10 UNITS/ML</u> | N89063 001 |
| AP | | <u>100 UNITS/ML</u> | OCT 09, 1985 |
| AP | | | N89064 001 |
| AP | | | OCT 09, 1985 |

HYDRALAZINE HYDROCHLORIDE (PAGE 3-107)

INJECTABLE; INJECTION

HYDRALAZINE HYDROCHLORIDE

| | | | |
|----|----------------------|----------------|--------------|
| AP | SOLOPAK LABORATORIES | <u>20MG/ML</u> | N88517 001 |
| | | | AUG 22, 1985 |

HYDRALAZINE HYDROCHLORIDE; HYDROCHLORTHIAZIDE (PAGE 3-108)

CAPSULE; ORAL

HYDRA-ZIDE

| | | | |
|----|--------------------|-------------------|--------------|
| AB | PAR PHARMACEUTICAL | <u>25MG;25MG</u> | N88957 001 |
| AB | | <u>50MG;50MG</u> | OCT 21, 1985 |
| AB | | <u>100MG;50MG</u> | N88946 001 |
| AB | | | OCT 21, 1985 |
| AB | | | N88961 001 |
| AB | | | OCT 21, 1985 |

HYDROCHLORTHIAZIDE; SPIRONOLACTONE (PAGE 3-111)

TABLET; ORAL

SPIRONOLACTONE AND HYDROCHLORTHIAZIDE

| | | | |
|------------|--------------------|------------------|--------------|
| > ADD > AB | PUREPAC/KALIPHARMA | <u>25MG;25MG</u> | N87999 001 |
| > ADD > | | | NOV 06, 1985 |
| AB | SUPERPHARM | <u>25MG;25MG</u> | N89137 001 |
| AB | | | AUG 26, 1985 |

/HYDROCHLORTHIAZIDE; SPIRONOLACTONE (PAGE 3-111)/

| | | |
|---------------------------|--|---------------------------|
| <u>/SUSPENSION; ORAL/</u> | | |
| <u>/TUSSIONEX/</u> | | |
| <u>/PENNVALT PHARM/</u> | | |
| | | <u>/EQ.5MG BASE/5ML/</u> |
| | | <u>/EQ.10MG BASE/5ML/</u> |
| | | N10768 '006/ |

HYDROCORTISONE (PAGE 3-112)

LOTION; TOPICAL
 > ADD > STIE-CORT
 > ADD > AT STIEFEL LABORATORIES 1/2%
 > ADD >
 > ADD > AT 2.5%*
 > ADD >

N89066 001
 NOV 25, 1985
 N89074 001
 NOV 26, 1985

OINTMENT; TOPICAL
HYDROCORTISONE IN ABSORBASE
 AT CAROLINA MED PRODS 1/2%

N88138 001
 SEP 06, 1985

HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE (PAGE 3-115)

SUSPENSION; OTIC
 > ADD > NEOMYCIN AND POLYMYXIN B SULFATES AND HYDROCORTISONE
 > ADD > AT CARTER-GLOGAU LABS 1/2:EQ 3.5MG BASE/ML;
 > ADD > 10,000 UNITS/ML*
 > ADD >

N62488 001
 NOV 06, 1985

HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE (PAGE 3-115)

SUSPENSION; OTIC
NEOMYCIN SULFATE, POLYMYXIN B SULFATE & HYDROCORTISONE
 AT PHARMAFAIR 1/2:EQ 3.5MG BASE/ML;
10,000 UNITS/ML*

N62617 001
 SEP 18, 1985

SUSPENSION/DROPS; OPHTHALMIC
CORTISPORIN
 AT BURROUGHS WELLCOME 1/2:EQ 3.5MG BASE/ML;
10,000 UNITS/ML N50169 001
NEOMYCIN SULFATE-POLYMYXIN B SULFATE-HYDROCORTISONE
 AT PHARMAFAIR 1/2:EQ 3.5MG BASE/ML;
10,000 UNITS/ML* N62623 001

SEP 24, 1985

HYDROCORTISONE ACETATE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE (PAGE 3-116)

CREAM; TOPICAL
CORTISPORIN
 BURROUGHS WELLCOME 0.5%:EQ 3.5MG BASE/GM;
10,000 UNITS/GM* N50218 001

AUG 09, 1985

HYDROCORTISONE BUTYRATE (PAGE 3-116)

CREAM; TOPICAL
 HYDROCORTISONE BUTYRATE
 BX 2 GIST-BROCADES 0.1%

N18514 001
 MAY 31, 1982

LOCOID
 BX OWEN LABS/DERM PRODS 0.1%

N18795 001
 JAN 07, 1983

OINTMENT; TOPICAL
 HYDROCORTISONE BUTYRATE
 BX 2 GIST-BROCADES 0.1%

N18652 001
 OCT 29, 1982

LOCOID
 BX OWEN LABS/DERM PRODS 0.1%

N19106 001
 JUL 03, 1984

HYDROFLUMETHIAZIDE; RESERPINE (PAGE 3-117)

TABLET; ORAL
 HYDROFLUMETHIAZIDE AND RESERPINE
 BP PAR PHARMACEUTICAL 50MG;0.125MG*

N88907 001
 SEP 20, 1985

HYDROXYZINE HYDROCHLORIDE (PAGE 3-118)

INJECTABLE; INJECTION
HYDROXYZINE
 AP ELKINS-SINN/AHROBINS 50MG/ML
HYDROXYZINE HCL
 /AP/ /ELKINS-SINN/AHROBINS/50MG/ML

N85551 002
 /N85551.002/

TABLET; ORAL
HYDROXYZINE HCL
 AB QUANTUM PHARMICS 10MG*
25MG*
50MG*

N88540 001
 OCT 22, 1985
 N88551 001
 OCT 22, 1985
 N88529 001
 OCT 22, 1985

IBUPROFEN (PAGE 3-120)

TABLET; ORAL
IBUPROFEN
AB CHELSEA LABORATORIES 400MG# N70038 001 SEP 06, 1985
AB 600MG# N70041 001 SEP 06, 1985
AB DANBURY PHARMACAL 400MG# N70436 001 AUG 21, 1985
AB 600MG# N70437 001 AUG 21, 1985
AB MYLAN PHARMS 400MG# N70045 001 SEP 24, 1985
AB 600MG# N70057 001 SEP 24, 1985
AB @ PAR PHARMACEUTICALS 300MG# N70328 001 AUG 06, 1985
AB 400MG# N70329 001 AUG 06, 1985
AB 600MG# N70330 001 AUG 06, 1985
IBUPROFHM
AB OHM LABORATORIES 400MG# N70469 001 AUG 29, 1985
MOTRIN
AB @ UPJOHN 300MG N17463 003
AB 800MG# N17463 005 MAY 22, 1985

INDOMETHACIN (PAGE 3-122)

CAPSULE; ORAL
INDO-LEMMON
> ADD > AB LEMMON 25MG# N70266 001 NOV 07, 1985
> ADD > AB 50MG# N70267 001 NOV 07, 1985
> ADD > **INDOMETHACIN**
AB DURAMED PHARMS 25MG# N70326 001 OCT 18, 1985
AB 50MG# N70327 001 OCT 18, 1985
AB MYLAN PHARMS 50MG# N70624 001 SEP 04, 1985
AB WATSON LABORATORIES 25MG# N70529 001 OCT 18, 1985
AB 50MG# N70530 001 OCT 18, 1985

SUSPENSION; ORAL
INDOCIN
MS&D RES LABS/MERCK 25MG/5ML#

LORAZEPAM (PAGE 3-132)

TABLET; ORAL
ATIVAN
AB WYETH LABS/AMHO 0.5MG N17794 001
AB 1MG N17794 002
AB 2MG N17794 003
LORAZEPAM
AB QUANTUM PHARMICS 0.5MG# N70200 001
AB 1MG# N70201 001
AB 2MG# N70202 001
AUG 09, 1985
AUG 09, 1985
AUG 09, 1985

LOXAPINE SUCCINATE (PAGE 3-132)

TABLET; ORAL
LOXITANE
@ LEDERLE LABS/AM CYAN EQ 10MG BASE N17525 006
@ EQ 25MG BASE N17525 007
@ EQ 50MG BASE N17525 008

MANNITOL (PAGE 3-134)

SOLUTION; IRRIGATION
RESECTISOL IN PLASTIC CONTAINER
AM MCGAW/AM HOSP 5GM/100ML N16772 002
RESECTISOL
/AM MCGAW/AM HOSP/ 1/5GM/100ML/ /N16772/002/

MECLIZINE HYDROCHLORIDE (PAGE 3-135)

TABLET; ORAL
MECLIZINE HCL
AA SUPERPHARM 12.5MG# N89113 001
AA 25MG# N89114 001
AUG 20, 1985
AUG 20, 1985

MEDROXYPROGESTERONE ACETATE (PAGE 3-136)

TABLET; ORAL
PROVERA
UPJOHN 5MG N11839 003

> ADD >

N18332 001
OCT 10, 1985

METHOTREXATE SODIUM (PAGE 3-143)

INJECTABLE; INJECTION

FOLEX

AP ADRIA LABS/ERBAMONT EQ 250MG BASE/VIAL N88954 001
OCT 24, 1985

AP METHOTREXATE SODIUM
LYPHOMED EQ 20MG BASE/VIAL N88935 001
OCT 11, 1985

AP EQ 50MG BASE/VIAL N88936 001
OCT 11, 1985

AP EQ 100MG BASE/VIAL N89937 001
OCT 11, 1985

AP MEXATE
BRISTOL LABS/B-M EQ 250MG BASE/VIAL N86358 004

METHYLDOPA (PAGE 3-144)TABLET; ORAL
METHYLDOPA

AB LEDERLE LABS/AM CYAN 125MG N70070 003
OCT 15, 1985

AB 250MG N70084 001
OCT 15, 1985

AB 500MG N70085 001
OCT 15, 1985

METOCLOPRAMIDE HYDROCHLORIDE (PAGE 3-147)TABLET; ORAL
CLOPRA-"YELLOW"

AB QUANTUM PHARMICS EQ 10MG BASEM N70632 001
OCT 28, 1985

AB METOCLOPRAMIDE HCL
PUREPAC/KALIPHARMA EQ 10MG BASEM N70581 001
OCT 17, 1985

METRONIDAZOLE (PAGE 3-148)TABLET; ORAL
METRONIDAZOLE

AB VITARINE 250MG N18620 001
MAR 04, 1982

AB 500MG N18620 001
JUN 02, 1983

/AB/ METRYL /VITARINE/ 250MG /N18620 001/
/MAR 04, 1982/

/AB/ METRYL 500 /VITARINE/ 500MG /N18620 002/
/JUN 02, 1983/

METRONIDAZOLE HYDROCHLORIDE (PAGE 3-148)

INJECTABLE; INJECTION

FLAGYL I.V.

AP SEARLE PHARMS EQ 500MG BASE/VIAL N18353 001

AP METRONIDAZOLE HCL
LYPHOMED EQ 500MG BASE/VIAL N70295 001
OCT 15, 1985

MONOOCOTANOIN (PAGE 3-150)

LIQUID; PERfusion, BILIARY
MOCTANIN
ASCOT HOSP PHARMS 100%
N19368 001
OCT 29, 1985

NALOXONE HYDROCHLORIDE (PAGE 3-151)

INJECTABLE; INJECTION

AP NALOXONE
ELKINS-SINN/AHROBINS 0.4MG/ML N70298 001
SEP 24, 1986 : OCT 22, 1985

AP 0.4MG/ML N70299 001
SEP 24, 1986 : OCT 22, 1985

AP 0.4MG/ML N70496 001
SEP 24, 1986 : OCT 22, 1985

> ADD > AP INTL MEDICATION SYS 0.4MG/ML N70417 001
> ADD > AP WYETH LABS/AMHO 0.02MG/ML N70188 001
SEP 24, 1986 : OCT 02, 1985

AP 0.02MG/ML N70189 001
SEP 24, 1986 : OCT 02, 1985

AP 0.4MG/ML N70190 001
SEP 24, 1986 : OCT 02, 1985

AP 0.4MG/ML N70191 001
SEP 24, 1986 : OCT 02, 1985

AP NARCAN
DUPONT PHARMS/DUPONT 0.02MG/ML N16636 001
0.4MG/ML N16636 002
1MG/ML N16636 003
/p/ JUN 14, 1982

NIFEDIPINE (PAGE 3-154)

CAPSULE; ORAL

PROCARDIA

> ADD > AB PFIZER LABS/PFIZER 10MG N18482 001

> ADD > ADALAT MILES PHARM/MILES 10MG N19478 001
NOV 27, 1985

NITROGLYCERIN (PAGE 3-154)

| | | |
|---|-------------------|----------------------------|
| AEROSOL; ORAL NITROLINGUAL G POHL-BOSKAMP | 0.4MG/SPRAY* | N18705 001 OCT 31, 1985 |
| INJECTABLE; INJECTION NITROGLYCERIN AP INTL MEDICATION SYS | 5MG/ML* | N70026 001 SEP 10, 1985 |
| NYSTATIN (PAGE 3-156) | | |
| POWDER; ORAL NYSTATIN > ADD > AA LEDERLE LABS/AM CYAN 100% | | N50576 001 DEC 22, 1983 |
| > ADD > AA NYSTATIN > ADD > AA PADDOK LABORATORIES 100%* | | N62613 001 NOV 26, 1985 |
| > ADD > | | |
| SUSPENSION; ORAL NYSTATIN AA NASKA PHARMACAL | 100,000 UNITS/ML* | N62571 001 OCT 29, 1985 |
| TABLET; ORAL NYSTATIN | | |
| > ADD > AA LEMMON | 500,000 UNITS | N62506 001 JAN 16, 1984 |
| > ADD > | | N62524 001 |
| > ADD > AA PHARM BASICS | 500,000 UNITS* | NOV 26, 1985 |
| > ADD > | | |
| TABLET; VAGINAL NYSTATIN AT SIDMAK LABORATORIES | 100,000 UNITS* | N62615 001 OCT 17, 1985 |

NYSTATIN; TRIAMCINOLONE ACETONIDE (PAGE 3-157)

| | | |
|--|-------------------------|----------------------------|
| CREAM; TOPICAL MYCO-TRIACET II AT LEMMON | 100,000 UNITS/GM; 0.1%* | N61954 002 SEP 20, 1985 |
| AT MYTREX F SAVAGE LABS/ALTANA | 100,000 UNITS/GM; 0.1%* | N62597 001 OCT 08, 1985 |
| AT NYSTATIN-TRIAMCINOLONE ACETONIDE E FOUGERA/ALTANA | 100,000 UNITS/GM; 0.1%* | N62599 001 OCT 08, 1985 |
| AT PHARMADERM/ALTANA | 100,000 UNITS/GM; 0.1%* | N62596 001 OCT 08, 1985 |

NYSTATIN; TRIAMCINOLONE ACETONIDE (PAGE 3-157)

| | | |
|--|-------------------------|----------------------------|
| OINTMENT; TOPICAL MYCOLOG-II | | |
| AT ER SQUIBB AND SONS | 100,000 UNITS/GM; 0.1%* | N60572 001 JUN 28, 1985 |
| > ADD > AT MYCO-TRIACET II LEMMON | 100,000 UNITS/GM; 0.1%* | N62045 002 NOV 26, 1985 |
| > ADD > AT MYTREX F SAVAGE LABS/ALTANA | 100,000 UNITS/GM; 0.1%* | N62601 001 OCT 09, 1985 |
| AT NYSTATIN AND TRIAMCINOLONE ACETONIDE CLAY-PARK LABS | 100,000 UNITS/GM; 0.1%* | N62280 002 OCT 10, 1985 |
| AT NYSTATIN-TRIAMCINOLONE ACETONIDE E FOUGERA/ALTANA | 100,000 UNITS/GM; 0.1%* | N62602 001 OCT 09, 1985 |
| AT PHARMADERM/ALTANA | 100,000 UNITS/GM; 0.1%* | N62603 001 OCT 09, 1985 |

PENICILLIN G POTASSIUM (PAGE 3-161)

| | | |
|--|-------------------|------------|
| POWDER FOR RECONSTITUTION; ORAL PENICILLIN G POTASSIUM | | |
| > ADD > AA 2 MYLAN PHARMS | 200,000 UNITS/5ML | N60752 003 |
| > ADD > AA 2 | 250,000 UNITS/5ML | N60752 002 |
| > ADD > AA 2 | 400,000 UNITS/5ML | N60752 001 |

PHENTERMINE HYDROCHLORIDE (PAGE 3-167)

| | | |
|---|-------|----------------------------|
| CAPSULE; ORAL PHENTERMINE HCL | | |
| > ADD > AA LEMMON | 30MG* | N87777 001 NOV 01, 1985 |
| > ADD > | | |

PHENYLEPHRINE HYDROCHLORIDE; PROMETHAZINE HYDROCHLORIDE (PAGE 3-168)

| | | |
|---|----------------------|----------------------------|
| SYRUP; ORAL PROMETHAZINE VC PLAIN | | |
| > ADD > AA HR CENCI LABS | 5MG/5ML; 6.25MG/5ML* | N88815 001 NOV 22, 1985 |
| > ADD > | | |

PHENYTOIN SODIUM, EXTENDED (PAGE 3-169)

| | | |
|---|-------|---|
| CAPSULE; ORAL /EXTENDED/ PHENYTOIN SODIUM/ /AB/ /BOLAR PHARMACEUTICAL/ 100MG/ | | |
| AB SETROL BOLAR PHARMACEUTICAL | 100MG | /N88711.001/ /DEC. 21, 1984/ N88711 001 DEC 21, 1984 |

PHENYTOIN SODIUM, PROMPT (PAGE 3-169)

CAPSULE; ORAL
PHENYTOIN SODIUM
> DLT > BX / DANBURY PHARMACAL / 100MG/
> DLT > BX / ZENITH LABORATORIES / 100MG/
PROMPT PHENYTOIN SODIUM
> ADD > BX DANBURY PHARMACAL 100MG
> ADD > BX ZENITH LABORATORIES 100MG

/N86905 001/
/N80259 001/
N80905 001
N80259 001

POTASSIUM CHLORIDE (PAGE 3-171)

INJECTABLE; INJECTION
POTASSIUM CHLORIDE
AP MAURRY BIOLOGICAL 2MEQ/ML*

N88286 001
SEP 05, 1985

POTASSIUM CITRATE (PAGE 3-173)

TABLET; ORAL
POTASSIUM CITRATE
UNIV TX HLTH SCI CTR 5MEQ*

N19071 001
AUG 30, 1985

PRALIDOXIME CHLORIDE (PAGE 3-174)

INJECTABLE; INJECTION
PRALIDOXIME CHLORIDE
> ADD > AP SURVIVAL TECHNOLOGY 300MG/ML
> ADD >
> DLT > /PROTOPAM/
> DLT > AP / / SURVIVAL TECHNOLOGY / 300MG/ML/
> DLT >

N18986 001
APR 26, 1983
/N18986 001/
/APR 26, 1983/

PROCAINAMIDE HYDROCHLORIDE (PAGE 3-178)

INJECTABLE; INJECTION
PROCAINAMIDE HCL
> ADD > AP PHARMAFAIR 100MG/ML*
> ADD >
> ADD > AP 500MG/ML*
> ADD >

N88824 001
NOV 20, 1985
N88830 001
NOV 20, 1985

TABLET, CONTROLLED RELEASE; ORAL
PROCAINAMIDE HCL

AB DANBURY PHARMACAL 250MG*
AB 500MG*
AB 750MG*

N89026 001
OCT 22, 1985
N89027 001
OCT 22, 1985
N89042 001
OCT 22, 1985

PROMETHAZINE HYDROCHLORIDE (PAGE 3-181)

SYRUP; ORAL
PROMETHAZINE
AA LIFE LABORATORIES 6.25MG/5ML*
N89013 001
SEP 20, 1985

TABLET; ORAL
PROMETHAZINE HCL
BP LEMMON 25MG*
N89109 001
SEP 10, 1985

PROPRANOLOL HYDROCHLORIDE (PAGE 3-183)

| | |
|---|----------------------------|
| TABLET; ORAL <u>PROPRANOLOL</u> > ADD > AB MYLAN PHARMS 10MG* | N70211 001 NOV 19, 1985 |
| > ADD > AB 20MG* | N70212 001 NOV 19, 1985 |
| > ADD > AB 40MG* | N70213 001 NOV 19, 1985 |
| > ADD > AB 80MG* | N70214 001 NOV 19, 1985 |
| PROPRANOLOL HCL AB BARR LABORATORIES 10MG* | N70319 001 OCT 22, 1985 |
| AB 20MG* | N70320 001 OCT 22, 1985 |
| AB 40MG* | N70103 001 OCT 22, 1985 |
| AB DURAMED PHARMS 10MG* | N70306 001 SEP 09, 1985 |
| AB 20MG* | N70307 001 SEP 09, 1985 |
| AB 40MG* | N70308 001 SEP 09, 1985 |
| AB 80MG* | N70310 001 SEP 09, 1985 |
| AB MARTEC PHARMS 10MG* | N70120 001 AUG 06, 1985 |
| AB 20MG* | N70121 001 AUG 06, 1985 |
| AB 40MG* | N70122 001 AUG 06, 1985 |
| AB 80MG* | N70124 001 AUG 06, 1985 |

QUINIDINE GLUCONATE (PAGE 3-186)TABLET, CONTROLLED RELEASE; ORAL
QUINIDINE GLUCONATE> ADD > AB SUPERPHARM 324MG# N89164 001
> ADD >

NOV 21, 1985

SODIUM BICARBONATE; TARTARIC ACID (PAGE 3-191)GRANULE, EFFERVESCENT; ORAL
BAROS
MALLINCKRODT 460MG/GM;420MG/GM#N18509 001
AUG 07, 1985SODIUM CHLORIDE (PAGE 3-191)INJECTABLE; INJECTION
SODIUM CHLORIDE 0.9% IN PLASTIC CONTAINER
AP ABBOTT LABORATORIES 900MG/100ML#N19480 001
SEP 17, 1985SODIUM IODIDE, I-123 (PAGE 3-193)CAPSULE; ORAL
SODIUM IODIDE I-123
a BENEDICT NUCLR PHARM 400 UCIN18671 003
MAY 27, 1982SOMATREM (PAGE 3-195)INJECTABLE; INJECTION
PROTROPIN
GENENTECH 5MG/VIAL#N19107 001
OCT 17, 1985SOMATROPIN (PAGE 3-195)INJECTABLE; INJECTION
ASELLACRIN 10
a SERONO LABS 10 IU/VIAL
ASELLACRIN 2
a SERONO LABS 2 IU/VIAL
CRESORMON
a KABIVITRUM 4 IU/VIALN17726 001
N17726 002
JUL 21, 1983
N17992 001SULCONAZOLE NITRATE (PAGE 3-197)SOLUTION; TOPICAL
SULCOSYN
SYNTEX LABS/SYNTEX 12#N18738 001
AUG 30, 1985SULFAMETHOXAZOLE; TRIMETHOPRIM (PAGE 3-198)SUSPENSION; ORAL
SULFAMETHOXAZOLE AND TRIMETHOPRIM
AB PLANTEX/IKAPHARM 200MG/5ML;40MG/5ML# N70028 001
JUN 02, 1987 : OCT 29, 1985TABLET; ORALSULFAMETHOXAZOLE AND TRIMETHOPRIM
PHARM BASICS 400MG;80MG# N70203 001
JUN 02, 1987 : NOV 08, 1985
> ADD > AB 800MG;160MG# N70204 001
JUN 02, 1987 NOV 08, 1985
> ADD > AB SIDMAK LABORATORIES 400MG;80MG# N70215 001
JUN 02, 1987 : SEP 10, 1985
> ADD > AB 800MG;160MG# N70216 001
JUN 02, 1987 : SEP 10, 1985
SULFAMETHOXAZOLE AND TRIMETHOPRIM DOUBLE STRENGTH
AB PLANTEX/IKAPHARM 800MG;160MG# N70037 001
JUN 02, 1987 : SEP 19, 1985
SULFAMETHOXAZOLE AND TRIMETHOPRIM SINGLE STRENGTH
AB PLANTEX/IKAPHARM 400MG;80MG# N70030 001
JUN 02, 1987 : SEP 19, 1985SULFANILAMIDE (PAGE 3-199)CREAM; VAGINAL
VAGITROL
LEMMON 15%#N88718 001
SEP 19, 1985SULFINPYRAZONE (PAGE 3-200)CAPSULE; ORAL
SULFINPYRAZONE
AB PAR PHARMACEUTICAL 200MG# N88934 001
SEP 06, 1985
TABLET; ORAL
SULFINPYRAZONE
AB PAR PHARMACEUTICAL 100MG# N88933 001
SEP 06, 1985

TECHNETIUM, TC-99M, SULFUR COLLOID KIT (PAGE 3-203)

INJECTABLE; INJECTION
TECHNECOLL
/AP/ MALLINCKRODT/ N/A/

N17059/001

> ADD > TRIENTINE HYDROCHLORIDE (PAGE 3-216)

> ADD > CAPSULE; ORAL
> ADD > CUPRID
> ADD > MS&D RES LABS/MERCK 250MG#
> ADD >

N19194 001
NOV 08, 1985

SOLUTION; INJECTION, ORAL
TECHNECOLL
MALLINCKRODT N/A

N17059 001

TROPICAMIDE (PAGE 3-219)

SOLUTION/DROPS; OPHTHALMIC
TROPICAMIDE
AT MAURRY BIOLOGICAL 12#

N88447 001
AUG 28, 1985TEMAZEPAM (PAGE 3-203)

CAPSULE; ORAL
RESTORIL

AB SANDOZ PHARMS/SANDOZ 15MG
AB 30MG#
AB SOMAZ QUANTUM PHARMICS 15MG#
AB 30MG#

N18163 001
N18163 002N70564 001
OCT 15, 1985
N70547 001
OCT 15, 1985VERAPAMIL HYDROCHLORIDE (PAGE 3-220)

> ADD > INJECTABLE; INJECTION
VERAPAMIL HCL
> ADD > AP LUITPOLD PHARMS 2.5MG/ML#
> ADD >
> ADD > AP 2.5MG/ML#
> ADD >

N70225 001
NOV 12, 1985
N70617 001
NOV 12, 1985THEOPHYLLINE (PAGE 3-206)

CAPSULE, CONTROLLED RELEASE; ORAL
THEO-DUR SPRINKLE

BC KEY PHARMACEUTICALS 50MG#
BC 125MG#
BC 200MG#
BC 75MG#

N88022 001
SEP 10, 1985
N88016 001
SEP 10, 1985
N87995 001
SEP 10, 1985
N88015 001
SEP 10, 1985VINBLASTINE SULFATE (PAGE 3-221)

> DLT > INJECTABLE; INJECTION
VELBAN
/ELI LILLY/ 10MG/AMP/
> ADD > AP ELI LILLY 10MG/VIAL
> ADD > VINBLASTINE SULFATE
> ADD > LYPHOMED 10MG/VIAL#
> ADD >

/N12665.001/
N12665 001
N89011 001
NOV 18, 1985

SYRUP; ORAL
ACCURRON

> ADD > AA MERRELL DOW/DOW CHEM 150MG/15ML#
> ADD >
> ADD > THEOPHYLLINE
> ADD > AA NATL PHARM MFG/BARRE 150MG/15ML

N88746 001
NOV 22, 1985
N86545 001WARFARIN SODIUM (PAGE 3-221)

TABLET; ORAL
COUMADIN
/DP/ DUPONT PHARMS/DUPONT/2.5MG/
AB DUPONT PHARMS/DUPONT 2.5MG
WARFARIN SODIUM
AB COLMED LABORATORIES 2.5MG#

/N09218.018/
N09218 018
N88720 001
AUG 06, 1985

TABLET; ORAL
QUIRON-T
MEAD JOHNSON/B-M 300MG#

N88656 001
AUG 22, 1985

TABLET, CHEWABLE; ORAL
THEOPHYL
MCNEIL PHARM 100MG#

N86506 001
SEP 12, 1985

OTC DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 3 / AUG'85 - NOV'85

15

(ALL PRODUCTS - SEE INTRODUCTION)

DIPHENHYDRAMINE HCL (PAGE 3-225)

SYRUP; ORAL
DIPHEN
BAY LABORATORIES 12.5MG/5ML* N70118 001
OCT 01, 1985

IBUPROFEN (PAGE 3-225)

TABLET; ORAL
IBUPROFEN
PAR PHARMACEUTICAL 200MG* N70481 001
SEP 24, 1986 : OCT 18, 1985

INSULIN ZINC SUSPENSION BIOSYNTHETIC HUMAN (PAGE 3-226)

INJECTABLE; INJECTION
HUMULIN L
ELI LILLY 100 UNITS/ML* N19377 002
SEP 30, 1985

> ADD > POVIDONE-IODINE

> ADD > SPONGE; TOPICAL
> ADD > POVIDONE-IODINE
> ADD > PARKE-DAVIS/DESERET 20%* N19240 001
> ADD > NOV 29, 1985

PSEUDOEPHEDRINE HYDROCHLORIDE (PAGE 3-228)

CAPSULE, CONTROLLED RELEASE; ORAL
/SUDAFED S.A./
SUDAFED 12 HOUR

NO SEPTEMBER - NOVEMBER APPROVALS

C. APPENDICES

1. Orphan Drug Products with Exclusive Approval
2. List of Drug Products Which Must Demonstrate in vivo Bioavailability Only if Product Fails to Achieve Adequate Dissolution
3. Biopharmaceutic Guidance Availability List
4. ANDA Suitability Petitions Approved and Denied List
5. Exclusivity Terms
6. Prescription and OTC Drug Product Patent and Exclusivity Data

APPENDIX 1

ORPHAN DRUG PRODUCTS WITH EXCLUSIVE APPROVAL

The Orphan Drug Act amendments, which provide incentives to encourage the development of orphan drugs and biological products, became effective on January 4, 1983.

Section 526 of the 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 NDA or license approval for a designated orphan drug. The period of exclusivity may be revoked during the seven year period by written consent of the sponsor or by FDA action after finding that the sponsor holding exclusivity cannot assure the availability of sufficient quantities of the drug to meet the needs of patients with the designated orphan indication.

Orphan Drug exclusive approval status (coded ODE) applies only to the indication(s) for which orphan drug designation has been granted pursuant to Section 526, of the Act.

For the following drug products with orphan drug exclusive approval status, the sponsor has seven years of exclusivity for the approved indication beginning on the date of NDA or biological license approval for the drug. No subsequent sponsor may receive approval of an NDA, Biological License, paper NDA, or ANDA during the seven year period.

Biologics, Antibiotics or Drugs that have been approved under Section 505 of the Act for marketing and have been given orphan drug exclusive approval will be noted by the abbreviation ODE in the Patent and Exclusivity Data Appendix.

BIOLOGICAL PRODUCTS

| <u>Active Ingred.(s)</u> <u>Strength</u> | <u>Trade Name</u> <u>Dosage Form; Route</u> | <u>Applicant</u> | <u>License Number</u> <u>Approval Date</u> | <u>Exclusivity</u> <u>Exp.Date</u> |
|---|--|------------------------|---|---------------------------------------|
| Hemin 313mg/amp | Panhematin Injectable; Injection | Abbott Laboratories | 43 Jul 20, 1983 | ODE Jul 20, 1990 |

APPENDIX 1

DRUG PRODUCTS

| <u>Active Ingred.(s)</u> <u>Strength(s)</u> | <u>Trade Name</u> <u>Dosage Form; Route</u> | <u>Applicant</u> | <u>Appl. Prod.</u> <u>Approval Date</u> | <u>Exclusivity</u> <u>Exp. Date</u> |
|--|--|----------------------------|--|--|
| Chenodiol 250mg | Chenix Tablet; Oral | Rowell Laboratories | 18513 002 Jul 28, 1983 | ODE Jul 28, 1990 |
| Pentamidine Isethionate 300mg/ml | Pentam 300 Injectable; Injection | LyphoMed | 19264 001 Oct 16, 1984 | ODE Oct 16, 1991 |
| Naltrexone Hydrochloride 50mg | Trexan Tablet; Oral | Dupont Pharm | 18932 001 Nov 20, 1984 | ODE Nov 20, 1991 |
| Potassium Citrate 5meq | Urocit-K Tablet; Oral | Univ of Tx Hlth Sci Ctr | 19071 001 Aug 30, 1985 | ODE Aug 30, 1992 |
| Monooctanooin 100% | Moctanin Liquid; Perfusion Biliary | Ascot Hosp Pharms | 19368 001 Oct 29, 1985 | ODE Oct 29, 1992 |

(continued)

APPENDIX 1

DRUG PRODUCTS

(continued)

| <u>Active Ingred.(s)</u> <u>Strength(s)</u> | <u>Trade Name</u> <u>Dosage Form; Route</u> | <u>Applicant</u> | <u>Appl. Prod.</u> <u>Approval Date</u> | <u>Exclusivity</u> <u>Exp. Date</u> |
|--|--|-----------------------------------|--|--|
| Somatrem 5mg/vial | Protropin Injectable; Injection | Genentech | 19107 001 Oct 17, 1985 | ODE Oct 17, 1992 |
| Trientine Hydrochloride 250mg | Cuprid Capsule; Oral | Merck Sharp and Dohme Res Labs | 19194 001 Nov 8, 1985 | ODE Nov 08, 1992 |

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

| | | |
|--|--|--|
| Acetaminophen; Aspirin; Butalbital Capsule or Tablet; Oral 160-165mg; 160-165mg; 50mg | Aminophylline Tablet; Oral 100mg 200mg | Aspirin; Carisoprodol; Codeine Phosphate 325mg; 200mg; 10mg |
| Acetaminophen; Aspirin; Butalbital Capsule or Tablet; Oral 325mg; 325mg; 50mg | Aspirin; Butalbital; Capsule or Tablet; Oral 325mg; 50mg 650mg; 50mg | Aspirin; Meprobamate Tablet; Oral 325mg; 200mg |
| Acetaminophen; Aspirin; Butalbital; Caffeine Capsule or Tablet; Oral 160-165mg; 160-165mg; 50mg; 40mg | Aspirin; Butalbital; Caffeine Capsule or Tablet; Oral 325mg; 50mg; 40mg; 650mg; 50mg; 40mg; | Aspirin; Methocarbamol Tablet; Oral 325mg; 200mg |
| Acetaminophen; Aspirin; Butalbital; Caffeine Capsule or Tablet; Oral 325mg; 325mg; 50mg; 40mg | Aspirin; Caffeine; Carisoprodol Tablet; Oral 160mg; 32mg; 200mg | Chlorothiazide Tablet; Oral 250mg |
| Acetaminophen; Butalbital Capsule or Tablet; Oral 325mg; 50mg 650mg; 50mg | Aspirin; Caffeine; Carisoprodol; Codeine Phosphate Tablet; Oral 160mg; 32mg; 200mg; 16mg | Estrogens, Conjugated; Meprobamate Tablet; Oral 0.4mg; 200mg 0.4mg; 400mg |
| Acetaminophen; Butalbital; Caffeine Capsule or Tablet; Oral 325mg; 50mg; 40mg 650mg; 50mg; 40mg | Aspirin; Carisoprodol Tablet; Oral 325mg; 200mg | Hydroxyzine Hydrochloride Tablet; Oral 10mg 25mg 50mg 100mg |

APPENDIX 3

BIOPHARMACEUTIC GUIDANCE AVAILABILITY LIST

The following is a list of guidances available for in vivo bioequivalence studies and in vitro dissolution testing available from the Division of Bioequivalence, HFN-250, Room T8B-31, 5600 Fishers Lane, Rockville, MD 20857.

| <u>Name of Drug</u> | <u>Date</u> |
|--|--------------|
| *Acetohexamide | Nov 15, 1985 |
| Allopurinol | Jul 15, 1985 |
| Amiloride Hydrochloride | Mar 29, 1985 |
| Aminophylline Suppositories | Jul 05, 1983 |
| Amitriptyline Hydrochloride | Jul 05, 1983 |
| Anticholinergic Drugs (Controlled Release) | Nov 07, 1980 |
| Carbamazepine | Dec 05, 1984 |
| Chlordiazepoxide Hydrochloride | Jul 05, 1983 |
| Chlorpropamide | Jul 05, 1983 |
| Chlorthalidone | Jul 05, 1983 |
| Clonidine Hydrochloride | Dec 05, 1984 |
| Diazepam (revised) | Jul 08, 1985 |
| Dicyclomine Hydrochloride | Aug 10, 1984 |
| Dipyridamole | Jul 05, 1983 |
| Disopyramide Phosphate | Jul 09, 1985 |
| Dissolution Testing (General) | Apr 19, 1983 |
| Doxepin Hydrochloride | Apr 02, 1985 |
| Erythromycin | Apr 05, 1977 |
| Flurazepam | Oct 15, 1985 |
| Hydrochlorothiazide | Jul 25, 1983 |

*New Addition

(continued)

APPENDIX 3

(continued)

| <u>Name of Drug</u> | <u>Date</u> |
|--|--------------|
| Hydroxyzine Hydrochloride (Dissolution Only) | Jan 27, 1981 |
| Hydroxyzine Pamoate | Jul 26, 1983 |
| Indomethacin | Apr 06, 1985 |
| Isosorbide Dinitrate | Jun 04, 1985 |
| *Isosorbide Dinitrate (Controlled Release Products) | Sep 19, 1985 |
| Lorazepam | Dec 03, 1984 |
| Methyltestosterone | Nov 16, 1979 |
| Metoclopramide | Dec 27, 1984 |
| Nitrofurantoin (Macrocrystalline) | Oct 29, 1985 |
| Phentermine Hydrochloride (Dissolution) | Nov 21, 1980 |
| Phentermine Hydrochloride (Slow Dissolving; Dissolution) | Nov 21, 1980 |
| Phenylbutazone & Oxyphenbutazone | Jul 26, 1983 |
| Prednisone (Dissolution Only) | Jul 10, 1985 |
| Prohenecid | Jul 26, 1983 |
| Procainamide | Jul 25, 1983 |
| Propranolol | May 19, 1984 |
| Quinidine Gluconate (Controlled Release) | Jun 15, 1981 |
| Spironolactone | Jul 25, 1983 |
| Sulfinpyrazone | Jul 15, 1983 |
| Temazepam | Aug 1985 |
| Theophylline (Controlled Release) | Apr 1984 |
| Theophylline (Immediate Release) | Nov 02, 1983 |
| Tolazamide | Aug 22, 1984 |
| Tolbutamide | Jan 1982 |
| *Trazodone | Nov 15, 1985 |
| Verapamil | Jul 1985 |

*New Addition

APPENDIX 4
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 (List I., Petitions Approved) and (2) is not suitable for submission as an ANDA (List II., 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.

I. Petitions Approved

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|---|------------------------|----------------------|-----------------------------------|--------------------------|
| Acetaminophen; Hydrocodone Bitartrate Solution; Oral | 500mg/15mL 5mg/15mL | 84 P-0391/CP | New Dosage Form | Approved Jul 2, 1985 |
| Acetaminophen; Oxycodone Hydrochloride Solution; Oral | 325mg/5mL 5mg/5mL | 85 P-0085/CP | New Dosage Form | Approved Aug 23, 1985 |
| Acetaminophen Suppository; Rectal | 80mg | 85 P-0403/CP | New Dosage Form (Pediatric) | Approved Oct 16, 1985 |
| Benztropine Mesylate Syrup; Oral | 0.5mg/5mL | 85 P-0423/CP | New Dosage Form | Approved Oct 16, 1985 |

(continued)

APPENDIX 4

I. Petitions Approved

(continued)

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|--|-----------------------------------|----------------------|--|--------------------------|
| Brompheniramine Maleate; Pseudoephedrine Hydrochloride Sustained Release Capsule; Oral | 12mg 120mg | 85 P-0095/CP | New Combination New Dosage Form | Approved Dec 13, 1985 |
| Chlorpheniramine Maleate; Phenylpropanolamine Hydrochloride Controlled-release Capsule; Oral | 10mg 75mg | 85 P-0149/CP | New Strength | Approved Dec 13, 1985 |
| Chlorhexidine Gluconate Solution; Topical | 1.5% | 84 P-0417/CP | New Strength | Approved Sep 18, 1985 |
| Codeine Phosphate; Dexbrompheniramine Maleate; Phenylpropanolamine Hydrochloride Syrup, Oral | 10mg/5ml 1mg/5ml 12.5mg/5ml | 85 P-0269/CP | New Combination | Approved Dec 6, 1985 |

(continued)

APPENDIX 4

I. Petitions Approved

(continued)

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|---|-----------------|----------------------|--|--------------------------|
| Dexbrompheniramine Maleate; Phenylpropanolamine Hydrochloride Time Release Capsule; Oral | 6mg 75mg | 85 P-0238/ CP0002 | New Combination | Approved Dec 13, 1985 |
| Dexbrompheniramine Maleate; Pseudoephedrine Hydrochloride Sustained Release Capsule; Oral | 6mg 120mg | 85 P-0140/CP | New Combination New Dosage Form | Approved Dec 13, 1985 |
| Diazepam Solution; Oral | 5mg/5ml | 85 P-0090/CP | New Dosage Form | Approved Sep 19, 1985 |
| Diphenhydramine Hydrochloride Concentrate; Oral | 50mg/ml | 84 P-0174/CP | New Strength | Approved Sep 11, 1985 |
| Disulfiram Suspension; Oral | 500mg/30ml | 85 P-0215/CP | New Dosage Form | Approved Oct 8, 1985 |
| Fluorouracil Injectable; Injection | 25mg/ml | 85 P-0208/CP | New Strength | Approved Oct 8, 1985 |

(continued)

APPENDIX 4

I. Petitions Approved

(continued)

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|---|-----------------|----------------------|--------------------------------|--------------------------|
| Flurazepam Concentrate; Oral | 30mg/ml | 85 P-0081/CP | New Dosage Form | Approved Jul 10, 1985 |
| Flurazepam Hydrochloride Solution; Oral | 15mg/5ml | 85 P-0091/CP | New Dosage Form | Approved Oct 25, 1985 |
| Furosemide Solution; Oral | 40mg/5ml | 85 P-0106/ CP0002 | New Strength | Approved Sep 19, 1985 |
| Furosemide Concentrate; Oral | 80mg/ml | 85 P-0106/CP | New Strength | Approved Sep 19, 1985 |
| Haloperidol Solution; Oral | 5mg/5ml | 85 P-0080/CP | New Strength | Approved Sep 19, 1985 |
| Hydralazine Hydrochloride Solution; Oral | 25mg/5ml | 85 P-0074/CP | New Dosage Form | Approved Jul 3, 1985 |
| Ibuprofen Capsule; Oral | 200mg | 84 P-0383/CP | New Dosage Form | Approved Jun 25, 1985 |
| Indomethacin Suspension; Oral | 25mg/5ml | 85 P-0077/ CP0002 | New Dosage Form | Approved Jul 19, 1985 |

(continued)

APPENDIX 4

I. Petitions Approved

(continued)

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|---|----------------------|----------------------|--------------------------------|--------------------------|
| Isoniazid Concentrate; Oral | 50mg/ml | 85 P-0468/CP | New Strength | Approved Dec 13, 1985 |
| Ketoconazole Suspension; Oral | 20mg/ml | 85 P-0147/CP | New Dosage Form | Approved Sep 27, 1985 |
| Meperidine Hydrochloride Concentrate; Oral | 100mg/ml | 84 P-0175/CP | New Strength | Approved Jun 7, 1985 |
| Methyldopate Hydrochloride Injectable; Injection | 50mg/ml 10ml/vial | 85 P-0404/CP | New Strength | Approved Oct 25, 1985 |
| Methyltestosterone Capsule; Oral | 25mg | 85 P-0067/CP | New Dosage Form | Approved Aug 23, 1985 |
| Nitroglycerin Injectable; Injection | 10mg/ml | 85 P-0134/CP | New Strength | Approved Sep 19, 1985 |
| Probuco1 Tablet; Oral | 500mg | 85 P-0337/CP | New Strength | Approved Oct 25, 1985 |
| Procainamide Hydrochloride Tablet; Oral | 375mg | 85 P-0125/CP | New Strength | Approved Sep 19, 1985 |

(continued)

APPENDIX 4

I. Petitions Approved

(continued)

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|---|------------------------|----------------------|--------------------------------|-----------------------|
| Propranolol Hydrochloride Solution; Oral | 40mg/5mL | 85 P-0073/CP | New Dosage Form | Approved Jul 8, 1985 |
| Propranolol Hydrochloride Concentrate; Oral | 80mg/mL | 85 P-0073/CP0002 | New Dosage Form | Approved Jul 19, 1985 |
| Propranolol Hydrochloride Solution; Oral | 20mg/5mL | 85 P-0073/CP0003 | New Dosage Form | Approved Sep 24, 1985 |
| Propranolol Hydrochloride Tablet, Constant-Release; Oral | 160mg | 85 P-0129/CP | New Dosage Form | Approved Sep 25, 1985 |
| Propranolol Hydrochloride Tablet, Controlled Release; Oral | 80mg 120mg 160mg | 85 P-0197/CP | New Dosage Form | Approved Sep 27, 1985 |
| Scopolamine Transdermal System/24 Hour Film, Controlled Release; Percutaneous | 1mg | 85 P-0168/CP | New Strength (Dosing Interval) | Approved Sep 27, 1985 |

(continued)

APPENDIX 4

I. Petitions Approved

(continued)

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|--|-----------------|----------------------|--------------------------------|-------------------------|
| Theophylline Capsule; Oral | 150mg 300mg | 85 P-0175/CP | New Strength | Approved Oct 8, 1985 |
| Vincristine Sulfate Injectable; Injection | 2mg/vial | 85 P-0016/CP | New Dosage Form | Approved Nov 8, 1985 |

APPENDIX 4

II. Petitions Denied

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|---|-----------------|----------------------|--------------------------------|------------------------|
| Acetaminophen; Hydrocodone Bitartrate Tablet; Oral | 650mg 10mg | 85 P-0015/CP | New Strength | Denied Nov 7, 1985 |
| Acetaminophen; Hydrocodone Bitartrate Tablet; Oral | 750mg 7.5mg | 85 P-0169/CP | New Strength | Denied Nov 7, 1985 |
| Aminocaproic Acid Injectable; Injection | 500mg/ml | 85 P-0064/CP | New Strength | Denied May 29, 1985 |
| Aminophylline Injectable; Injection | 10mg/ml | 85 P-0066/CP | New Strength | Denied May 3, 1985 |
| Aminophylline Injectable; Injection | 50mg/ml | 85 P-0066/CP | New Strength | Denied May 3, 1985 |
| Aspirin; Chlorzoxazone Tablet; Oral | 325mg 250mg | 85 P-0071/CP | New Combination | Denied Sep 3, 1985 |

(continued)

APPENDIX 4

II. Petitions Denied

(continued)

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|--|--------------------------------|----------------------|--------------------------------|------------------------|
| Aspirin; Butalbital; Caffeine; Codeine Phosphate Capsule; Oral | 325mg 50mg 40mg 7.5mg | 85 P-0101/CP | New Combination | Denied Sep 11, 1985 |
| Aspirin; Butalbital; Caffeine; Codeine Phosphate Capsule; Oral | 325mg 50mg 40mg 15mg | 85 P-0101/CP | New Combination | Denied Sep 11, 1985 |
| Aspirin; Butalbital; Caffeine; Codeine Phosphate Capsule; Oral | 325mg 50mg 40mg 30mg | 85 P-0101/CP | New Combination | Denied Sep 11, 1985 |
| Aspirin; Butalbital; Caffeine; Codeine Phosphate Capsule; Oral | 325mg 50mg 40mg 60mg | 85 P-0101/ CP0002 | New Combination | Denied Sep 11, 1985 |

(continued)

APPENDIX 4

II. Petitions Denied

(continued)

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|---|----------------------|----------------------|--------------------------------|------------------------|
| Bretylium Tosylate Injectable; Injection | 2mg/ml | 85 P-0063/CP | New Strength | Denied May 29, 1985 |
| Bretylium Tosylate Injectable; Injection | 4mg/ml | 85 P-0063/ CP0002 | New Strength | Denied May 29, 1985 |
| Bretylium Tosylate Injectable; Injection | 8mg/ml | 85 P-0063/ CP0003 | New Strength | Denied May 29, 1985 |
| Bretylium Tosylate Injectable; Injection | 10mg/ml | 85 P-0063/ CP0004 | New Strength | Denied May 29, 1985 |
| Caffeine; Ergotamine Tartrate; Pentobarbital Tablet; Oral | 100mg 1mg 30mg | 85 P-0433/CP | New Combination | Denied Nov 8, 1985 |
| Caffeine; Ergotamine Tartrate; Pentobarbital Sodium Suppository; Rectal | 200mg 2mg 60mg | 85 P-0433/ CP0002 | New Combination | Denied Nov 8, 1985 |

(continued)

APPENDIX 4

II. Petitions Denied

(continued)

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|--|-----------------|----------------------|--------------------------------|------------------------|
| Codeine Phosphate; Ibuprofen Capsule; Oral | 30mg 200mg | 84 P-0388/CP | New Combination | Denied Sep 16, 1985 |
| Codeine Phosphate; Ibuprofen Capsule; Oral | 60mg 200mg | 84 P-0388/CP | New Combination | Denied Sep 16, 1985 |
| Codeine Phosphate; Ibuprofen Tablet; Oral | 30mg 200mg | 84 P-0388/CP | New Combination | Denied Sep 16, 1985 |
| Codeine Phosphate; Ibuprofen Tablet; Oral | 60mg 200mg | 84 P-0388/CP | New Combination | Denied Sep 16, 1985 |
| Diatrizoate Meglumine; Lidocaine Hydrochloride Injectable; Injection | 60% 1.5mg/ml | 84 P-0325/CP | New Combination | Denied Sep 3, 1985 |
| Diazepam Intensol Concentrate; Oral | 10mg/ml | 85 P-0075/CP | New Dosage Form | Denied Sep 24, 1985 |

(continued)

APPENDIX 4

II. Petitions Denied

(continued)

| <u>Drug Name</u> | <u>Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|--|---------------------------|------------------|----------------------|---------------------------------|------------------------|
| Tri-Phasic Contraceptive Tablet; Oral(21 and 28 days) | | | 84 P-0443/CP | New Strength (Dose Schedule) | Denied Sep 3, 1985 |
| Ethinyl Estradiol Norethindrone | | 0.05mg 0.5mg | | | |
| Ethinyl Estradiol Norethindrone | | 0.05mg 0.75mg | | | |
| Ethinyl Estradiol Norethindrone | | 0.05mg 1.0mg | | | |
| Fluphenazine Hydrochloride Injectable; Injection | | 5mg/ml | 85 P-0019/CP | New Strength | Denied Oct 25, 1985 |
| Heparin Sodium Injectable; Injection | | 2000 Units/ml | 85 P-0065/CP | New Strength | Denied May 29, 1985 |
| Heparin Sodium Injectable; Injection | | 4000 Units/ml | 85 P-0065/CP | New Strength | Denied May 29, 1985 |
| Ibuprofen; Oxycodone Hydrochloride Capsule; Oral | | 200mg 5mg | 85 P-0141/CP | New Combination | Denied Sep 27, 1985 |

(continued)

APPENDIX 4

II. Petitions Denied

(continued)

| <u>Drug Name Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|---|---------------------|----------------------|------------------------------------|------------------------|
| Ibuprofen; Oxycodone Hydrochloride Tablet; Oral | 200mg 5mg | 85 P-0141/CP | New Combination | Denied Sep 27, 1985 |
| Indomethacin Tablet, Constant Release; Oral | 75mg | 85 P-0026/CP | New Dosage Form | Denied Sep 16, 1985 |
| Metoclopramide Hydrochloride Injectable; Injection | 10mg/ml | 85 P-0062/CP | New Strength | Denied May 29, 1985 |
| Metoclopramide Hydrochloride Injectable; Injection | 20mg/ml | 85 P-0062/ CP0002 | New Strength | Denied May 29, 1985 |
| Metronidazole Sponge; Vaginal | 50-125mg/ Sponge | 85 P-0117/CP | New Dosage Form | Denied Oct 8, 1985 |
| Nitroglycerin Transdermal System | None Given | 84 P-0302/CP | New Dosage Form (New Matrix) | Denied Jul 29, 1985 |

(continued)

APPENDIX 4

II. Petitions Denied

(continued)

| <u>Drug Name</u> <u>Dosage Form, Route</u> | <u>Strength</u> | <u>Docket Number</u> | <u>Reason for Petition</u> | <u>Status</u> |
|---|-----------------|----------------------|--|------------------------|
| Phenylephrine Hydrochloride; Sulfathiazole Nasal Suspension; Topical | 0.5% 5% | 85 P-0205/CP | New Dosage Form New Combination | Denied Nov 14, 1985 |
| Triamcinolone Acetonide Suspension; Injection | 2.5mg/ml | 85 P-0001/CP | New Strength | Denied Mar 4, 1985 |
| Triamcinolone Acetonide Suspension; Injection | 3mg/ml | 84 P-0240/CP | New Strength | Denied Mar 4, 1985 |

APPENDIX 5
EXCLUSIVITY TERMS

DUE TO SPACE LIMITATIONS IN THE EXCLUSIVITY COLUMN, THE FOLLOWING ABBREVIATIONS HAVE BEEN DEVELOPED. PLEASE REFER BACK TO THIS PAGE FOR AN EXPLANATION OF THE EXCLUSIVITY ABBREVIATIONS FOUND IN THE ADDENDUM.

ABBREVIATIONS

| | |
|-----|--|
| NC | NEW COMBINATION |
| NCE | NEW CHEMICAL ENTITY |
| NDF | NEW DOSAGE FORM |
| NE | NEW ESTER OR SALT OF AN ACTIVE INGREDIENT |
| NP | NEW PRODUCT |
| NR | NEW ROUTE |
| PP | PARENTERAL IN PLASTIC CONTAINER |
| RTO | PRESCRIPTION TO OTC STATUS CHANGE |
| NS | NEW STRENGTH |
| D | NEW DOSING SCHEDULE (SEE REFERENCE, BELOW) |
| I | NEW INDICATION (SEE REFERENCE, BELOW) |
| ODE | ORPHAN DRUG EXCLUSIVITY |

REFERENCES

NEW DOSING SCHEDULE

| | |
|------|--|
| D-1 | ONCE A DAY APPLICATION |
| D-2 | ONCE DAILY DOSING |
| D-3 | SEVEN DAYS/SEVEN DAYS/SEVEN DAYS DOSING SCHEDULE |
| D-4 | SEVEN DAYS/FOURTEEN DAYS DOSING SCHEDULE |
| D-5 | TEN DAYS/ELEVEN DAYS DOSING SCHEDULE |
| D-6 | SEVEN DAYS/NINE DAYS/FIVE DAYS DOSING SCHEDULE |
| D-7 | BID DOSING |
| D-8 | INTRAVENOUS, EPIDURAL AND INTRATHECAL DOSING |
| D-9 | NARCOTIC OVERDOSE IN ADULTS |
| D-10 | NARCOTIC OVERDOSE IN CHILDREN |
| D-11 | POSTOPERATIVE NARCOTIC DEPRESSION IN CHILDREN |

(continued)

APPENDIX 5

(continued)

NEW INDICATION

- I-1 SEVERE HYPERTENSION IN PEDIATRICS AND NON-MALIGNANT HYPERTENSION
- I-2 DYSMENORRHEA
- I-3 TREATMENT OF TINEA VERSICOLOR
- I-4 SYMPTOMATIC GASTROESOPHAGEAL REFLUX
- I-5 NEPHROTOMOGRAPHY
- I-6 CONTRAST ENHANCEMENT IN CRANIAL COMPUTED TOMOGRAPHY
- I-7 VENOGRAPHY OF LOWER EXTREMITIES
- I-8 WHOLE-BODY COMPUTED TOMOGRAPHY
- I-9 GATED CARDIAC POOL IMAGING
- I-10 POST-MYOCARDIAL INFARCTION
- I-11 COLORECTAL SURGERY
- I-12 NAUSEA AND VOMITING ASSOCIATED WITH EMETOGENIC CANCER CHEMOTHERAPY
- I-13 CISPLATIN INDUCED EMESIS
- I-14 DIABETIC GASTROPARESIS
- I-15 SHORT TERM TREATMENT OF GASTRIC ULCER DISEASE
- I-16 ACROMEGALY
- I-17 PITUITARY TUMORS
- I-18 POSTMENOPAUSAL OSTEOPOROSIS
- I-19 ANTIDOTE FOR ACETAMINOPHEN OVERDOSAGE
- I-20 CONGESTIVE HEART FAILURE BID DOSAGE SCHEDULE
- I-21 ~~ACUTE OTITIS MEDIA~~
- I-22 EXERCISE INDUCED BRONCHOSPASMS
- I-23 MYOCARDIAL INFARCTION OR STROKE
- I-24 COMBINED USE WITH NICOTINIC ACID TO LOWER CHOLESTEROL LEVEL
- I-25 BLASTOMYCOSIS DERMATITIDES
- I-26 PEDIATRIC SUBARACHNOID VASCULAR
- I-27 PETRIELLIIDIUM BOYDII INFECTION
- I-28 HEREDITARY ANGIOEDEMA

(continued)

APPENDIX 5

(continued)

NEW INDICATION

- I-29 INTRACORONARY USE
- I-30 PEDIATRIC USE
- I-31 DIRECT ISOTOPIC CYSTOGRAPHY
- I-32 POSTPARTUM HEMORRHAGE
- I-33 USE IN METHADONE INDUCED RESPIRATORY DEPRESSION
- I-34 PROLACTIN SECRETING ADENOMAS
- I-35 ANGINA PECTORIS DUE TO CORONARY ATHEROSCLEROSIS
- I-36 ARTERIAL DIGITAL SUBTRACTION ANGIOGRAPHY
- I-37 SPINAL ANESTHESIA
- > ADD > I-38 PATIENT PREOPERATIVE SKIN PREPARATION

APPENDIX 6

42

PRESCRIPTION AND OTC DRUG PRODUCT
PATENT AND EXCLUSIVITY DATADRUG PRODUCTS APPROVED UNDER SECTION 505 OF THE ACT
BY THE DIVISION OF BLOOD AND BLOOD PRODUCTS LIST

| APPL/PROD | PATENT NUMBER | PATENT EXPIRES | EXCLUSIVITY CODE | EXCLUSIVITY EXPIRES |
|-----------|---------------|----------------|------------------|---------------------|
|-----------|---------------|----------------|------------------|---------------------|

NO SEPTEMBER - NOVEMBER ACTIONS

PRESCRIPTION AND OTC DRUG PRODUCT
PATENT AND EXCLUSIVITY DATA

| APPL/PROD | PATENT NUMBER | PATENT EXPIRES | EXCLUSIVITY CODE | EXCLUSIVITY EXPIRES | APPL/PROD | PATENT NUMBER | PATENT EXPIRES | EXCLUSIVITY CODE | EXCLUSIVITY EXPIRES |
|-------------|---------------|----------------|------------------|---------------------|-----------|---------------|----------------|------------------|---------------------|
| > ADD > | 12142 003 | 4537883 | AUG 27, 2002 | | 16990 001 | 3634582 | JAN 11, 1989 | | |
| > ADD > | 12142 004 | 4537883 | AUG 27, 2002 | | | 3860618 | JAN 14, 1992 | | |
| > ADD > | 12142 005 | 4537883 | AUG 27, 2002 | | 17560 001 | RE28636 | JUN 02, 1987 | /I-21/ | /SEP 24, 1986/ |
| | 12365 005 | 4534973 | AUG 13, 2002 | | 17560 002 | RE28636 | JUN 02, 1987 | /I-21/ | /SEP 24, 1986/ |
| | 12366 002 | 4534974 | AUG 13, 2002 | | 17581 001 | 3998966 | DEC 21, 1993 | /NS/ | /SEP 24, 1986/ |
| /16273 661/ | /4324779/ | /APR 13, 1999/ | | | > DLT > | 17601 001 | /3414665/ | /DEC 31, 1985/ | |
| /16273 662/ | /4324779/ | /APR 13, 1999/ | | | | | /3717647/ | /FEB 26, 1990/ | |
| /16273 663/ | /4324779/ | /APR 13, 1999/ | | | | 17613 001 | /3839573/ | /OCT 01, 1991/ | |
| /16363 661/ | /4324779/ | /APR 13, 1999/ | | | | 17619 001 | /3839573/ | /OCT 01, 1991/ | |
| 16636 002 | | | D-9 | SEP 24, 1986 | | /17688 661/ | /4324779/ | /APR 13, 1999/ | |
| | | | D-10 | | | 17760 001 | | | NDF |
| | | | D-11 | | > ADD > | 17768 001 | 3855140 | DEC 17, 1991 | I-38 |
| | | | I-33 | | | | 3960745 | DEC 17, 1991 | |
| | | | I-36 | SEP 09, 1988 | | 17717 001 | /3839573/ | /OCT 01, 1991/ | |
| 16983 001 | | | | | | | | | SEP 04, 1988 |
| | | | | | | | | | SEP 24, 1986 |

(continued)

RX DRUG PRODUCT LIST / CUMULAT APPENDIX 6 MBER 3 / AUG'85 - NOV'85

PREScription AND OTC DRUG PRODUCT
PATENT AND EXCLUSIVITY DATA

(continued)



SUBSCRIPTION FORM

APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS 6TH EDITION (1985)

MAIL TO:

Superintendent of Documents
Government Printing Office
Washington, DC 20402
(202) 783-3238

DATE:

PURCHASER:

SHIP TO:
(If different than Purchaser)

CONTACT:

TELEPHONE (Include Area Code):

METHOD OF PAYMENT:

- Charge my GPO Account No. _____
 Purchase Order No. _____
 Check/money order enclosed for \$_____
(Make check or money order payable to Superintendent of Documents)

AUTHORIZING
SIGNATURE:

DATE:

| DESCRIPTION | QUANTITY | UNIT PRICE | TOTAL PRICE |
|---|----------|------------|-------------|
| The 6th Edition is published in October 1985. Subscription includes the Approved Drug Products publication and monthly Cumulative Supplements. | | | |
| DOMESTIC [Order No. 917-001-00000-6] | | @ \$103.00 | \$ |
| FOREIGN [Order No. 917-001-00000-6] | | @ \$128.75 | \$ |
| ENTER TOTAL | | [Redacted] | \$ |