

**CUMULATIVE
SUPPLEMENT 4**

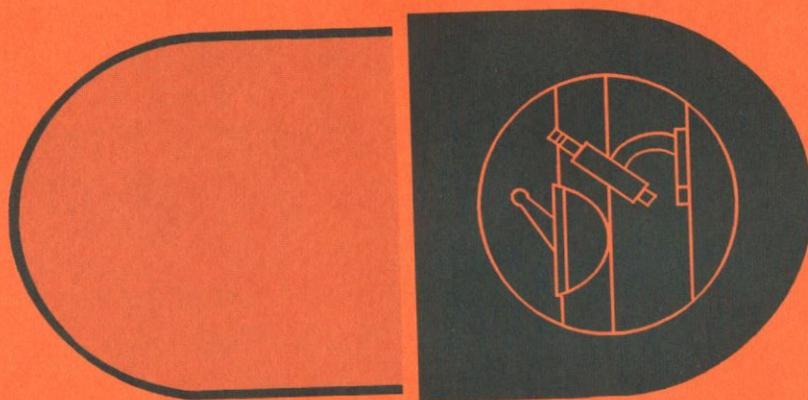
JAN'95-APR'95

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APPROVED DRUG PRODUCTS

**WITH
THERAPEUTIC EQUIVALENCE EVALUATIONS**

15TH EDITION



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH
OFFICE OF MANAGEMENT
DIVISION OF DRUG INFORMATION RESOURCES

RM
301.45
.A66
1995
Apr 4
Suppl

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JUL 12 1995

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Prepared By
Division of Drug Information Resources
Office of Management
Center for Drug Evaluation and Research, FDA

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APPROVED DRUG PRODUCTS
with
THERAPEUTIC EQUIVALENCE EVALUATIONS

15TH EDITION

Cumulative Supplement 4

APRIL 1995

RM301.45 .A66 1995 Apr Suppl

Approved drug products with
therapeutic equivalence
C:355661 M:174736 O:12937927

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**APPROVED DRUG PRODUCTS
with
THERAPEUTIC EQUIVALENCE EVALUATIONS**

15TH EDITION

CUMULATIVE SUPPLEMENT 4

APRIL 1995

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, 15th 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 Center for Biologics Evaluation and Research and products that have never been marketed, have been discontinued from marketing or that have had their approvals withdrawn for other than safety or efficacy reasons.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 Center for Biologics Evaluation and Research 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. Also shown is the application number and product number (FDA's internal file number) for reference purposes. 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 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, 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.

Deletions new to the Prescription Drug Product List, OTC Drug Product List, and the Patent and Exclusivity Data are indicated by the symbol >DLT> (DELETE) to the left of the line containing shaded print. The >DLT> symbol is dropped in subsequent Cumulative Supplements for that item. The shaded print remains in the Prescription Drug Product List and OTC Drug Product Lists in all Cumulative Supplements for this edition. However, the shaded print in the Patent and Exclusivity Data is dropped in subsequent Cumulative Supplements.

Products that have never been marketed, have been discontinued from marketing or that have had their approvals withdrawn for other than safety or efficacy reasons, will be flagged in this Cumulative Supplement with the "@" symbol to designate their non-marketed status. All products having a "@" symbol in the 12th Cumulative Supplement of the 15th Edition List will then be added to the "Discontinued Drug Product List" appearing in the 16th 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 07, 1984 (49 FR 35428)
Nitroglycerin (film, extended release; transdermal*)	JUL 15, 1993 (58 FR 38129)
Nitroglycerin (tablet, controlled release;oral)	SEP 07, 1984 (49 FR 35428)
Nitroglycerin (tablet, controlled release;buccal)	JUL 05, 1985 (50 FR 27688)

*The Federal Register of July 15, 1993 (58 FR 38129) announced that the FDA was revoking the temporary exemption for nitroglycerin in a transdermal delivery system. Marketing of a drug product that is the subject of a conditionally approved ANDA may continue by meeting the requirements listed in the Federal Register. Firms wishing to submit a new ANDA before a drug product is approved (NDA or ANDA) and appears in the List should submit a 505(b)(2) application following the directions contained in the Federal Register. Nitro-Dur has been selected as the reference listed drug. The preamble to the final rule (57 FR 17958) states if there are multiple NDA's, the reference listed drug generally will be the market leader. This is the basis upon which Nitro-Dur was selected. In addition, the preamble states that, in multiple NDA situations, a product not designated as the reference listed drug and not shown to be bioequivalent to the reference listed drug may be shielded from generic competition. This is the case with Summit's Transderm-Nitro. The Office of Generic Drugs (OGD) has been requested to have a second listed drug as provided for in the Final Rule. OGD has granted this request. Therefore, at the time that Schering's and Summit's supplements are fully approved and their products are entered into the List, we will have two reference listed drugs for the nitroglycerin transdermal systems. Firms may, therefore, elect to conduct bioequivalence studies against either of these products. It is conceivable that a non-referenced listed drug may be fully approved and appear in the List; in this case, the Agency's referenced listed drug will not change and a 505(b)(2) application will be appropriate until the reference listed drugs are fully approved. Once they are fully approved, a 505(j) application will be the appropriate mechanism for an ANDA submission.

1.3 APPLICANT NAME CHANGES

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. Therefore, the cumulation

of these transfers and name changes will be identified in this section only. Where only partial lines of approved products are transferred between applicants, each approved product involved will appear as an applicant name change entry in the Cumulative Supplement.

It is also not practical to identify each and every product involved when an applicant name is changed to meet internal publication standards (e.g., MSD or Zenith [Former Abbreviated Names] are changed, respectively, to Merck Sharp Dohme or Zenith Labs [New Abbreviated Names]). When this occurs, each product involved (either currently in the Cumulative Supplement or in the following year's edition) will automatically reflect the new abbreviated name. Consequently, it will not appear as an applicant name change entry in the Cumulative Supplement nor will the cumulation of these name changes appear in this section. However, when the applicant name change is one which may not be easily recognized or located in the listing (e.g., White Towne Paulsen [Former Abbreviated Name] is changed to Whitworth Towne [New Abbreviated Name]), the name change will appear in this section and will be identified with an asterisk.

APPLICANT NAME CHANGES

<u>FORMER APPLICANT NAME</u> <u>(FORMER ABBREVIATED NAME)</u>	<u>NEW APPLICANT NAME</u> <u>(NEW ABBREVIATED NAME)</u>
BOOTS PHARMACEUTICALS INC (BOOTS)	KNOLL PHARMACEUTICAL COMPANY SUB BASF CORPORATION (KNOLL PHARM)
BRIAN PHARMACEUTICALS INC (BRIAN)	HYGENICS PHARMACEUTICALS INC (HYGENICS)
MILES PHARMACEUTICAL DIV MILES INC (MILES)	BAYER CORPORATION (BAYER)
PENNEX PHARMACEUTICALS INC (PENNEX)	MORTON GROVE PHARMACEUTICALS INC (MORTON GROVE)

1.4 AVAILABILITY OF THE PUBLICATION AND UPDATING PROCEDURES

The *Approved Drug Products with Therapeutic Equivalence Evaluations* (Prescription Drug Products, OTC Drug Products and the Discontinued Drug Product Lists) is now available on diskette, on a quarterly basis, from the National Technical Information Service. The telephone number for the Subscription Department is (703) 487-6430. Written inquiries regarding this subscription may be forwarded to 5285 Port Royal Road Springfield, VA 22161.

1.5 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 1994) 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.

REPORT OF COUNTS FOR THE PRESCRIPTION DRUG PRODUCT LIST

COUNTS CUMULATIVE BY QUARTER

	<u>DEC 1994</u>	<u>MAR 1995</u>	<u>JUN 1995</u>	<u>SEP 1995</u>
<u>CATEGORIES COUNTED</u>				
DRUG PRODUCTS LISTED	9141	9195		
SINGLE SOURCE	2178 (23.8%)	2186 (23.8%)		
MULTISOURCE	6963 (76.2%)	7009 (76.2%)		
THERAPEUTICALLY EQUIVALENT	6330 (69.2%)	6380 (69.4%)		
NOT THERAPEUTICALLY EQUIVALENT	453 (5.0%)	453 (4.9%)		
EXCEPTIONS ¹	180 (2.0%)	176 (1.9%)		
NEW MOLECULAR ENTITIES APPROVED	--			
NUMBER OF APPLICANTS	534	541		

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

AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE

CAPSULE; ORAL

LOTREL
CIBA GEIGY

EQ 2.5MG BASE; 10MG
EQ 5MG BASE; 10MG
EQ 5MG BASE; 20MG

N20364 002
MAR 03, 1995
N20364 003
MAR 03, 1995
N20364 004
MAR 03, 1995

+

AMPICILLIN SODIUM

INJECTABLE; INJECTION

AMPICILLIN SODIUM
@ COPANOS

EQ 250MG BASE/VIAL
EQ 500MG BASE/VIAL
EQ 1GM BASE/VIAL
EQ 2GM BASE/VIAL

N61936 001
N61936 002
N61936 003
N61936 004

AMOXICILLIN

CAPSULE; ORAL

AMOXICILLIN

CONSOLIDATED PHARM

250MG
500MG

N62058 001
N62058 002

> ADD >
> ADD >
> DLT >
> DLT >

COMOX

@ COPANOS

250MG
500MG

N62058 001
N62058 002

> ADD >
> ADD >
> DLT >
> DLT >

POWDER FOR RECONSTITUTION; ORAL

AMOXICILLIN

CONSOLIDATED PHARM

125MG/5ML
250MG/5ML

N62059 001
N62059 002

> ADD >
> ADD >
> DLT >
> DLT >

AMOXICILLIN TRIHYDRATE

@ COPANOS

125MG/5ML
250MG/5ML

N62059 001
N62059 002

> ADD >
> ADD >
> DLT >
> DLT >

AMPHOTERICIN B

INJECTABLE; INJECTION

AMPHOTERICIN B

GENSIA

50MG/VIAL

N64062 001
MAR 31, 1995

> ADD >
> ADD >
> DLT >
> DLT >

CAPSULE; ORAL

AMPICILLIN TRIHYDRATE

CONSOLIDATED PHARM

EQ 250MG BASE
EQ 500MG BASE
EQ 250MG BASE
EQ 500MG BASE

N61602 001
N61602 002
N61602 001
N61602 002

@ COPANOS

EQ 250MG BASE
EQ 500MG BASE
EQ 250MG BASE
EQ 500MG BASE

N61602 001
N61602 002
N61602 001
N61602 002

POWDER FOR RECONSTITUTION; ORAL

AMPICILLIN TRIHYDRATE

CONSOLIDATED PHARM

EQ 125MG BASE/5ML
EQ 250MG BASE/5ML
EQ 125MG BASE/5ML
EQ 250MG BASE/5ML

N61601 001
N61601 002
N61601 001
N61601 002

@ COPANOS

EQ 125MG BASE/5ML
EQ 250MG BASE/5ML
EQ 125MG BASE/5ML
EQ 250MG BASE/5ML

N61601 001
N61601 002
N61601 001
N61601 002

ASPIRIN; METHOCARBAMOL

TABLET; ORAL

METHOCARBAMOL AND ASPIRIN

STEVENS J

325MG; 400MG

N81145 001
JAN 31, 1995

> ADD >
> ADD >
> DLT >
> DLT >

AP

AMPICILLIN SODIUM

INJECTABLE; INJECTION

AMPICILLIN SODIUM

CONSOLIDATED PHARM

EQ 125MG BASE/VIAL
EQ 250MG BASE/VIAL
EQ 500MG BASE/VIAL
EQ 1GM BASE/VIAL
EQ 2GM BASE/VIAL
EQ 125MG BASE/VIAL

N61936 005
N61936 001
N61936 002
N61936 003
N61936 004
N61936 005

> ADD >
> ADD >
> DLT >
> DLT >

@ COPANOS

EQ 125MG BASE/VIAL
EQ 250MG BASE/VIAL
EQ 500MG BASE/VIAL
EQ 1GM BASE/VIAL
EQ 2GM BASE/VIAL
EQ 125MG BASE/VIAL

N61936 005
N61936 001
N61936 002
N61936 003
N61936 004
N61936 005

> ADD >
> ADD >
> DLT >
> DLT >

ATENOLOL

TABLET; ORAL

ATENOLOL

COPLEY PHARM

50MG
100MG
50MG
100MG
50MG

N74120 001
FEB 24, 1995
N74120 002
FEB 24, 1995
N74056 001
JAN 18, 1995
N74056 002
JAN 18, 1995
N74127 001
FEB 21, 1995

> ADD >
> ADD >
> DLT >
> DLT >

RX DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 4 / JAN '95 - APR '95

CEFOPERAZONE SODIUM

INJECTABLE; INJECTION
CEFOPID
PFIZER

EQ 1GM BASE/VIAL N63333 001
MAR 31, 1995
EQ 2GM BASE/VIAL N63333 002
MAR 31, 1995

CEFOXITIN SODIUM

INJECTABLE; INJECTION
MEFOXIN IN SODIUM CHLORIDE 0.9% IN PLASTIC CONTAINER
* MERCK SHARP DOHME

EQ 20MG BASE/ML N50581 002
SEP 20, 1984
EQ 40MG BASE/ML N50581 001
SEP 20, 1984
EQ 20MG BASE/ML N50581 002
SEP 20, 1984
EQ 40MG BASE/ML N50581 001
SEP 20, 1984

CEFTRIAXONE SODIUM

INJECTABLE; INJECTION
ROCEPHIN
* ROCHE

EQ 250MG BASE/VIAL N50585 001
DEC 21, 1984
EQ 500MG BASE/VIAL N50585 002
DEC 21, 1984
EQ 1GM BASE/VIAL N50585 003
DEC 21, 1984
EQ 250MG BASE/VIAL N50585 001
DEC 21, 1984
EQ 500MG BASE/VIAL N50585 002
DEC 21, 1984
EQ 1GM BASE/VIAL N50585 003
DEC 21, 1984

CHLORAMPHENICOL

CAPSULE; ORAL
MYCHEL
ARMENPHARM
RACHELLE

250MG N60851 001
250MG N60851 001

CHLORPHENIRAMINE MALEATE

INJECTABLE; INJECTION
CHLORPHENIRAMINE MALEATE
* STERIS

10MG/ML N83593 001
10MG/ML N83593 001

CHLORPROMAZINE HYDROCHLORIDE

INJECTABLE; INJECTION
CHLORPROMAZINE HCL
* STERIS

25MG/ML N85591 001
25MG/ML N85591 001

CHLORPROPAMIDE

TABLET; ORAL
CHLORPROPAMIDE
LEMMON

100MG N88768 001
100MG N88768 001
OCT 11, 1984
OCT 11, 1984

GLUCAMIDE

LEMMON

250MG N88641 001
250MG N88641 001
OCT 11, 1984
OCT 11, 1984

CHOLESTYRAMINE

BAR, CHEWABLE, ORAL
CHOLYBAR
* PARKE DAVIS

EQ 4GM RESIN/BAR N71621 001
EQ 4GM RESIN/BAR N71621 001
MAY 26, 1988
MAY 26, 1988
EQ 4GM RESIN/BAR N71621 001
MAY 26, 1988
EQ 4GM RESIN/BAR N71739 001
MAY 26, 1988

QUESTRAN

TABLET; ORAL
QUESTRAN
* BRISTOL MYERS SQUIBB EQ 1GM RESIN

N73403 001
APR 28, 1994

> ADD >
> DLT >

CHOLESTYRAMINE

TABLET, ORAL
QUESTRAN

@ BRISTOL MYERS SQUIBB EQ 1GM RESIN

N73403 001
APR 28, 1994

CLINDAMYCIN PHOSPHATE

SWAB; TOPICAL
CLEOCIN
UPJOHN

EQ 1% BASE

N50537 002
FEB 22, 1994

CIMETIDINE

TABLET, ORAL
CIMETIDINE

GENEVA PHARMS

200MG

N74100 001
JAN 31, 1995

300MG

N74100 002
JAN 31, 1995

400MG

N74100 003
JAN 31, 1995

800MG

N74100 004
JAN 31, 1995

200MG

N74365 001
FEB 28, 1995

300MG

N74365 002
FEB 28, 1995

400MG

N74365 003
FEB 28, 1995

800MG

N74365 004
FEB 28, 1995

LEMMON

N73306 001
FEB 28, 1995

CIMETIDINE HYDROCHLORIDE

INJECTABLE; INJECTION
CIMETIDINE HCL

ABBOTT

EQ 300MG BASE/2ML

N74344 001
JAN 31, 1995

EQ 300MG BASE/2ML

N74345 001
JAN 31, 1995

EQ 300MG BASE/2ML

N74422 001
JAN 31, 1995

CROMOLYN SODIUM

SOLUTION/DROPS; OPHTHALMIC

CROLOM

4%

N74443 001
JAN 30, 1995

BAUSCH AND LOMB

4%

OPTICROM

AT + FISON

4%

N18155 001
OCT 03, 1984

CLINDAMYCIN PHOSPHATE

SOLUTION; TOPICAL

CLEOCIN
UPJOHN

EQ 1% BASE

N50537 002
FEB 22, 1994

INJECTABLE; INJECTION

CYANOCOBALAMIN

@ WARNER CHILCOTT

1MG/ML

N07085 002

RUBRAMIN PC

@ SQUIBB

0.1MG/ML

N05799 002

OINTMENT; TOPICAL

EMBELINE

DPT

0.05%

N74221 001
MAR 31, 1995

CLOTRIMAZOLE

SOLUTION; TOPICAL

CLOTRIMAZOLE

LEMMON

1%

N73306 001
FEB 28, 1995

CORTICOTROPIN

INJECTABLE; INJECTION

ACTH

PARKE DAVIS

40 UNITS/VIAL

N08317 004
N08317 004

@

40 UNITS/VIAL

N08317 004
N08317 004

> DLT >

> DLT >

> ADD >

DILTIAZEM HYDROCHLORIDE

TABLET; ORAL

DILTIAZEM HCL
ZENITH LABS

AB 30MG
AB 60MG
AB 90MG
AB 120MG

N74168 001
MAR 03, 1995
N74168 002
MAR 03, 1995
N74168 003
MAR 03, 1995
N74168 004
MAR 03, 1995

> ADD >
AP + FAULDING
160MG/ML

N17395 003

DIMENHYDRINATE

INJECTABLE; INJECTION

DIMENHYDRINATE

AP

STERIS

50MG/ML
50MG/ML

N83531 001
N83531 001

DOXYCYCLINE HYCLATE

CAPSULE; ORAL

DOXYCYCLINE HYCLATE
EVT FORM

> DLT >
> DLT >
> DLT >
> DLT >
> ADD >
> ADD >
> ADD >
> ADD >

EQ 50MG BASE
EQ 100MG BASE
EQ 50MG BASE
EQ 100MG BASE

N62631 001
JUL 24, 1986
N62631 002
JUL 24, 1986
N62631 001
JUL 24, 1986
N62631 002
JUL 24, 1986

DOBUTAMINE HYDROCHLORIDE

INJECTABLE; INJECTION

DOBUTAMINE HCL

AP

ASTRA

EQ 12.5MG BASE/ML

AP SANOFI WINTHROP

EQ 12.5MG BASE/ML

N74098 001
FEB 21, 1995
N74292 001
FEB 16, 1995

> DLT >
> DLT >
> ADD >
> ADD >

2.5MG/ML
2.5MG/ML

N71645 001
APR 07, 1988
N71645 001
APR 07, 1988

DOPAMINE HYDROCHLORIDE

INJECTABLE; INJECTION

INTROPIN

AP

DUPONT MERCK

40MG/ML
80MG/ML
160MG/ML
40MG/ML
80MG/ML

N17395 001
N17395 002
N17395 003
N17395 001
N17395 002

> DLT >
> DLT >
> ADD >
> ADD >

CAPSULE, DELAYED REL PELLETS; ORAL
ERYC
AB * PARKE DAVIS
AB 250MG
AB 250MG

N62338 001
N62618 001
SEP 25, 1985

RX DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 4 / JAN '95 - APR '95

ERYTHROMYCIN

CAPSULE, DELAYED REL PELLETS; ORAL

ERYC

AB + PARKE DAVIS 250MG

ADD >

DLT >

ADD >

ADD >

N62618 001

SEP 25, 1985

N62338 001

N61633 001

N61633 001

TABLET, DELAYED RELEASE; ORAL

ROBINYCN

AB ROBINSON AH 250MG

ADD >

DLT >

ADD >

N61633 001

N61633 001

ERYTHROMYCIN ETHYLSUCCINATE

SUSPENSION; ORAL

WYAMYCIN E

AB WYETH AYERST

ADD >

DLT >

ADD >

ADD >

EQ 200MG BASE/5ML

EQ 400MG BASE/5ML

EQ 200MG BASE/5ML

EQ 400MG BASE/5ML

N62123 002

N62123 001

N62123 002

N62123 001

ERYTHROMYCIN STEARATE

TABLET, ORAL

ETHRIL 250

AB SQUIBB

ADD >

DLT >

ADD >

DLT >

ADD >

EQ 250MG BASE

EQ 250MG BASE

N61605 001

N61605 001

N61605 002

N61605 002

ESTRADIOL

FILM, EXTENDED RELEASE; TRANSDERMAL

VIVELLE

BX CIBA GEIGY

ADD >

DLT >

ADD >

N20323 002

OCT 28, 1994

N20323 004

OCT 28, 1994

N20323 001

OCT 28, 1994

N20323 003

OCT 28, 1994

N20323 002

OCT 28, 1994

ESTRADIOL

FILM, EXTENDED RELEASE; TRANSDERMAL

VIVELLE

BX NOVEN

ADD >

DLT >

ADD >

DLT >

ADD >

N20323 004

OCT 28, 1994

N20323 001

OCT 28, 1994

N20323 003

OCT 28, 1994

0.1MG/24HR

0.0375MG/24HR

0.075MG/24HR

ETHINYL ESTRADIOL; NORETHINDRONE

TABLET; ORAL-21

OVCN-35

+ BRISTOL MYERS SQUIBB 0.035MG; 0.4MG

* MEAD JOHNSON 0.035MG; 0.4MG

ADD >

DLT >

DLT >

ADD >

DLT >

N18127 001

N18127 001

N18128 001

N18128 001

TABLET; ORAL-28

OVCN-35

BRISTOL MYERS SQUIBB 0.035MG; 0.4MG

MEAD JOHNSON 0.035MG; 0.4MG

ADD >

DLT >

DLT >

ADD >

DLT >

N17716 001

N17716 001

N17576 001

N17576 001

ETOPOSIDE

INJECTABLE; INJECTION

TOPOSAR

PHARMACIA

ADD >

DLT >

DLT >

ADD >

N74166 001

FEB 27, 1995

FENOFIBRATE

CAPSULE; ORAL

LIPIDIL

* LABS FOURNIER

ADD >

DLT >

DLT >

ADD >

N19304 001

DEC 31, 1993

N19304 001

DEC 31, 1993

100MG

100MG

RX DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 4 / JAN '95 - APR '95

<u>GEMFIBROZIL</u>									
CAPSULE; ORAL									
<u>GEMFIBROZIL</u>									
<u>MYLAN</u>									
<u>AB</u>	<u>300MG</u>								
<u>AB</u> +	<u>300MG</u>								
<u>AB</u> *	<u>300MG</u>								
	<u>300MG</u>								
<u>AB</u> *	<u>600MG</u>								
	<u>600MG</u>								
TABLET; ORAL									
<u>GEMFIBROZIL</u>									
<u>CHELSEA LABS</u>									
<u>MYLAN</u>									
<u>AB</u>									
> <u>ADD</u> >									
> <u>ADD</u> >									
<u>GENTAMICIN SULFATE</u>									
SOLUTION/DROPS; OPHTHALMIC									
<u>GENTAMICIN SULFATE</u>									
<u>ALCON</u>									
<u>AT</u>									
> <u>ADD</u> >									
<u>GLIPIZIDE</u>									
TABLET; ORAL									
<u>GLIPIZIDE</u>									
<u>GENEVA PHARMS</u>									
<u>AB</u>	<u>5MG</u>								
> <u>ADD</u> >									
> <u>ADD</u> >									
> <u>ADD</u> >									
> <u>ADD</u> >									
<u>AB</u>	<u>10MG</u>								
<u>AB</u>	<u>5MG</u>								
<u>AB</u>	<u>10MG</u>								
<u>AB</u>	<u>5MG</u>								
<u>AB</u>	<u>10MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLIBATE</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>GLYBURIDE</u>									
TABLET; ORAL									
<u>GLYBURIDE (MICRONIZED)</u>									
<u>HOECHST ROUSSEL</u>									
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								
<u>AB</u>	<u>1.5MG</u>								
<u>AB</u>	<u>3MG</u>								

HEPARIN CALCIUM

INJECTABLE; INJECTION
CALCIPARINE
* CHOAY
@ SANOFI WINTHROP

25,000 UNITS/ML
25,000 UNITS/ML

N18217 001
N18237 001

HYDRALAZINE HYDROCHLORIDE; HYDROCHLOROTHIAZIDE

TABLET; ORAL
APRESOLINE-ESIDRIX
@ CIBA

25MG;15MG

N12026 002

HEPARIN SODIUM

INJECTABLE; INJECTION
HEPARIN LOCK FLUSH
SANOFI WINTHROP

10 UNITS/ML
100 UNITS/ML

N40082 001
FEB 28, 1995
N40082 002
FEB 28, 1995

HYDROCHLOROTHIAZIDE; LOSARTAN POTASSIUM

TABLET; ORAL
HYZAAR
+ MERCK

12.5MG;50MG

N20387 001
APR 28, 1995

HEPARIN SODIUM

* ABBOTT

2,500 UNITS/ML
2,000 UNITS/ML

N05264 014
APR 07, 1986
N05264 013
APR 07, 1986

HYDROCHLOROTHIAZIDE; METOPROLOL TARTRATE

TABLET; ORAL
LOPRESSOR HCT
CIBA

25MG;50MG
25MG;100MG

N18303 001
DEC 31, 1984
N18303 002
DEC 31, 1984

* ELKINS SINN

10,000 UNITS/ML
5,000 UNITS/0.5ML

N17037 013
APR 07, 1986
N85129 001
N17007 007
N17007 007

50MG;100MG
25MG;100MG

N18303 003
DEC 31, 1984
N18303 004
DEC 31, 1984

* PHARMA SERVE NY
* WYETH ABERST

1,000 UNITS/ML
2,500 UNITS/ML

N17037 013
APR 07, 1986
N85129 001
N17007 007
N17007 007

25MG;100MG
50MG;100MG

N18303 002
DEC 31, 1984
N18303 003
DEC 31, 1984

* HEPARIN SODIUM PRESERVATIVE FREE
* ABBOTT

2,500 UNITS/ML
2,000 UNITS/ML

N05264 014
APR 07, 1986
N05264 013
APR 07, 1986

50MG;100MG
25MG;50MG

N18303 003
DEC 31, 1984
N18303 004
DEC 31, 1984

* FUJISAWA

1,000 UNITS/ML
1,000 UNITS/ML

N17029 010
APR 28, 1986
N17029 010
APR 28, 1986

25MG;50MG

N18303 001
DEC 31, 1984
N18303 002
DEC 31, 1984

* PHARMA SERVE NY
* STERLING WINTHROP

1,000 UNITS/ML
10,000 UNITS/ML

N86129 001
N89522 001
MAY 04, 1987
N89522 001
MAY 04, 1987

25MG;50MG

N18303 001
DEC 31, 1984
N18303 002
DEC 31, 1984

HYDRALAZINE HYDROCHLORIDE; HYDROCHLOROTHIAZIDE

TABLET; ORAL
APRESOLINE-ESIDRIX
* CIBA

25MG;15MG

N12026 002

HYDROCORTISONE

ENEMA; RECTAL
CORTENEMA
* SOLVAY

100MG/60ML

N16199 001

TRIAMTERENE AND HYDROCHLOROTHIAZIDE

AB ZENITH LABS

25MG;50MG

N74259 001
MAR 30, 1995

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

50MG;100MG

N18303 003
DEC 31, 1984

LOPRESSOR HCT 50/25
CIBA

25MG;50MG

N18303 001
DEC 31, 1984

HYDROCHLOROTHIAZIDE; TRIAMTERENE

LOPRESSOR HCT 100/50
* CIBA

<u>LITHIUM CARBONATE</u>							
	TABLET; ORAL						
	<u>LITHOTABS</u>						
	<u>SQUIBB</u>						
> DLT >	AB	300MG					
> ADD >	AB	300MG					
<u>LOSARTAN POTASSIUM</u>							
> ADD >							
> ADD >	TABLET; ORAL						
> ADD >	COZAAR						
> ADD >	MERCK	25MG					
> ADD >	+						
> ADD >		50MG					
> ADD >							
> ADD >							
<u>MEBENDAZOLE</u>							
	TABLET, CHEWABLE; ORAL						
	<u>MEBENDAZOLE</u>						
	<u>COPLLEY PHARM</u>						
AB		100MG					
	<u>VERMOX</u>						
AB	+	100MG					
	<u>MEGESTROL ACETATE</u>						
	TABLET; ORAL						
	<u>MEGACE</u>						
> ADD >	AB	20MG					
> ADD >	AB	40MG					
> DLT >	AB	20MG					
> DLT >	AB	40MG					
<u>METFORMIN HYDROCHLORIDE</u>							
	TABLET; ORAL						
	<u>GLUCOPHAGE</u>						
	<u>BRISTOL MYERS SQUIBB</u>						
+		500MG					
	<u>LIPHA</u>						
		850MG					
		500MG					
<u>METFORMIN HYDROCHLORIDE</u>							
	TABLET; ORAL						
	<u>GLUCOPHAGE</u>						
	<u>BRISTOL MYERS SQUIBB</u>						
		500MG					
	<u>LIPHA</u>						
		850MG					
		500MG					
<u>METFORMIN HYDROCHLORIDE</u>							
	TABLET; ORAL						
	<u>GLUCOPHAGE</u>						
	<u>* LIPHA</u>						
> DLT >	AB	850MG					
> ADD >	AB	500MG					
<u>METHADONE HYDROCHLORIDE</u>							
	POWDER; FOR RX COMPOUNDING						
	<u>METHADONE HCL</u>						
	<u>MALLINCKRODT</u>						
		50GM/BOT					
		100GM/BOT					
		500GM/BOT					
	<u>METHADONE HCL</u>						
	<u>ROXANE</u>						
> ADD >	AA	40MG					
> ADD >							
<u>METHOTRIMEPRAZINE</u>							
	INJECTABLE; INJECTION						
	<u>LEVOPROME</u>						
	<u>+ IMMUNEX</u>						
	<u>* LEDERLE</u>						
> DLT >		20MG/ML					
> ADD >		20MG/ML					
<u>METHYLDOPATE HYDROCHLORIDE</u>							
	INJECTABLE; INJECTION						
	<u>METHYLDOPATE HCL</u>						
	<u>DUPONT MERCK</u>						
> DLT >	AP	50MG/ML					
> DLT >	AP	50MG/ML					
> DLT >	AP	50MG/ML					
> ADD >	AP	50MG/ML					
> ADD >	AP	50MG/ML					
> ADD >	AP	50MG/ML					
<u>METOCLOPRAMIDE HYDROCHLORIDE</u>							
	INJECTABLE; INJECTION						
	<u>METOCLOPRAMIDE HCL</u>						
	<u>DUPONT MERCK</u>						
> DLT >	AP	EQ 10MG BASE/2ML					
> DLT >							

N16980 001
APR 14, 1995
N16980 001
APR 14, 1995

N20386 001
APR 14, 1995
N20386 002
APR 14, 1995

N73580 001
JAN 04, 1995
N17481 001

N16979 001
DEC 29, 1994
N16979 002
DEC 29, 1994
N16979 001
DEC 29, 1994
N16979 002
DEC 29, 1994

N20357 001
DEC 29, 1994
N20357 002
DEC 29, 1994
N20357 001
DEC 29, 1994
N20357 002
DEC 29, 1994

N20357 002
DEC 29, 1994

850MG

50GM/BOT
100GM/BOT
500GM/BOT

40MG

20MG/ML
20MG/ML

50MG/ML
50MG/ML
50MG/ML
50MG/ML

EQ 10MG BASE/2ML

N70847 001
NOV 07, 1988

N70847 001
NOV 07, 1988

N70847 001
NOV 07, 1988

NAPROXEN SODIUM

TABLET; ORAL
NAPROXEN SODIUM
 PUREPAC PHARM

AB EQ 500MG BASE
 MAR 20, 1995
AB EQ 250MG BASE
 MAR 14, 1995
AB EQ 500MG BASE
 MAR 14, 1995

N74319 002
 MAR 20, 1995
 N74230 001
 MAR 14, 1995
 N74230 002
 MAR 14, 1995

N20356 003
 FEB 02, 1995
 N20356 004
 FEB 02, 1995

NEOMYCIN SULFATE

TABLET; ORAL
NEOMYCIN SULFATE
 BIOCREFT

AA EQ 350MG BASE
 EQ 350MG BASE
AA EQ 350MG BASE
 EQ 350MG BASE

N60304 001
 N60385 001
 N60385 001

N74336 001
 JAN 25, 1995
 N74336 002
 JAN 25, 1995
 N74336 003
 JAN 25, 1995

NICOTINE

FILM, EXTENDED RELEASE; TRANSDERMAL
 HABITROL

BC * BASEL PHARMS 7MG/24HR
 BC * 14MG/24HR
 BC * 21MG/24HR
 BC + CIBA 7MG/24HR
 BC + 14MG/24HR
 BC + 21MG/24HR

N20076 001
 NOV 27, 1991
 N20076 002
 NOV 27, 1991
 N20076 003
 NOV 27, 1991
 N20076 001
 NOV 27, 1991
 N20076 002
 NOV 27, 1991
 N20076 003
 NOV 27, 1991

> ADD >
 > ADD >

N20145 001
 APR 04, 1995
 N20145 002
 APR 04, 1995
 N20145 003
 APR 04, 1995
 N20145 004
 APR 04, 1995
 N20145 005
 APR 04, 1995
 N20145 006
 APR 04, 1995

NISOLDIPINE

TABLET, EXTENDED RELEASE; ORAL

NISOCOR
 + MILES
 +

N20356 001
 FEB 02, 1995
 N20356 002
 FEB 02, 1995

N18588 002
 DEC 23, 1983
 N18588 001
 N18588 001
 N18588 002
 DEC 23, 1983

INJECTABLE; INJECTION

NITROSTAT

AP PARKE-DAVIS

5MG/ML

* @
 @
 @

0.8MG/ML
 0.8MG/ML
 5MG/ML

TRIDIL
 DUPONT MERCK

5MG/ML

N18537 001

PENICILLIN V POTASSIUM

POWDER FOR RECONSTITUTION; ORAL

PENICILLIN V POTASSIUM

CONSOLIDATED PHARM

> ADD > AA N61529 001 EQ 125MG BASE/5ML N74437 001
 > ADD > AA N61529 002 EQ 250MG BASE/5ML FEB 27, 1995
 > DLT > AA N61529 001 EQ 125MG BASE/5ML N74437 002
 > DLT > AA N61529 002 EQ 250MG BASE/5ML FEB 27, 1995

TABLET; ORAL

PENICILLIN V POTASSIUM

CONSOLIDATED PHARM

> ADD > AB N61528 001 EQ 250MG BASE N61528 001
 > ADD > AB N61528 002 EQ 500MG BASE N61528 002
 > DLT > AB N61528 001 EQ 250MG BASE
 > DLT > AB N61528 002 EQ 500MG BASE

PERINDOPRIL ERBUMINE

TABLET; ORAL

ACEON

AMARIC

2MG N20184 001
 4MG N20184 002
 8MG N20184 003
 2MG N20184 001
 4MG N20184 002
 8MG N20184 003
 DEC 30, 1993
 DEC 30, 1993

PHERTERMINE RESIN COMPLEX

CAPSULE, EXTENDED RELEASE; ORAL

IONAMIN

FISONS

+ IONAMIN-15

FISONS

IONAMIN-30

* FISONS

EQ 15MG BASE N11613 004
 EQ 30MG BASE N11613 002
 EQ 15MG BASE N11613 004
 EQ 30MG BASE N11613 002

> DLT >
 > DLT >
 > DLT >
 > ADD >
 > ADD >
 > ADD >

PINDOLOL

TABLET; ORAL

PINDOLOL

ROYCE LABS

AB AB N74437 001 5MG N74437 001
 AB AB N74437 002 10MG FEB 27, 1995
 AB AB N74437 002 10MG FEB 27, 1995

POLYETHYLENE GLYCOL 3350; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE

POWDER FOR RECONSTITUTION; ORAL

NULYTELY-FLAVORED

BRAINTREE

420GM/BOT; 1.48GM/BOT; 5.72GM/BOT; N19797 002
 11.2GM/BOT N19797 002
 NOV 18, 1994

POLYETHYLENE GLYCOL 3350; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE; SODIUM SULFATE, ANHYDROUS

POWDER FOR RECONSTITUTION; ORAL

GOLYTELY

BRAINTREE

AA AA N19011 002 227.1GM/PACKET; 2.82GM/PACKET; N19011 002
 6.36GM/PACKET; 5.53GM/PACKET; JUN 02, 1992
 21.5GM/PACKET

POLYTHIAZIDE; PRAZOSIN HYDROCHLORIDE

CAPSULE; ORAL

MINIZIDE

PFIZER

0.5MG; 1MG N17986 001
 0.5MG; 2MG N17986 002
 0.5MG; 5MG N17986 003
 0.5MG; EQ 1MG BASE N17986 001
 0.5MG; EQ 2MG BASE N17986 002
 0.5MG; EQ 5MG BASE N17986 003

POTASSIUM CHLORIDE

TABLET, EXTENDED RELEASE; ORAL

KAON CL

SAVAGE LABS

@

6.7MEQ N17046 001
 6.7MEQ N17046 001

TECHNETIUM TC-99M SODIUM PERTECHNETATE GENERATOR

SOLUTION, INJECTION, ORAL
 TECHNETIUM TC-99M GENERATOR
 DUPONT 0.0083-2.7 CI/GENERATOR N17771 001

TETRACYCLINE HYDROCHLORIDE

CAPSULE; ORAL
AB TETRACYCLINE HCL 250MG N62686 001
 PVT FORM JUL 24, 1986
AB 500MG N62686 002
 JUL 24, 1986
 @ 250MG N62686 001
 JUL 24, 1986
 @ 500MG N62686 002
 JUL 24, 1986

FIBER, EXTENDED RELEASE; PERIODONTAL

ACTISITE N50653 001
 * ON SITE MAR 25, 1994
 + ON SITE ALZA 12.7MG/FIBER N50653 001
 MAR 25, 1994

THEOPHYLLINE

CAPSULE, EXTENDED RELEASE; ORAL

THEOPHYLLINE
 BC FAULDING 100MG N89976 001
 BC 200MG N89977 001
 BC 300MG N89932 001
 JAN 04, 1995

TABLET, EXTENDED RELEASE; ORAL

LABID N87225 001
 * PROCTER AND GAMBLE 250MG N87225 001
 @ THEOLAIR-SR 250MG N86363 002
 3M JUL 16, 1987
 250MG N86363 002
 JUL 16, 1987

THEOPHYLLINE

TABLET, EXTENDED RELEASE; ORAL
 THEOPHYLLINE
 INWOOD LABS 450MG

> ADD > AB N40034 001
 > ADD > APR 28, 1995
 BC + UNI-DUR N89822 001
 + KEY PHARMS 400MG
 + 600MG
 BC UNIPHYL N87571 001
 PURDUE FREDERICK 400MG
 THIOTEPA N87571 001
 INJECTABLE; INJECTION SEP 01, 1982
 THIOPLEX 15MG/VIAL N20058 001
 IMMUNEX DEC 22, 1994
 LIEDERLE 15MG/VIAL N20058 001
 DEC 22, 1994
 THIOTEPA 15MG/VIAL N11683 001
 * IMMUNEX 15MG/VIAL N11683 001

TIMOLOL

SOLUTION/DROPS; OPHTHALMIC
 BETIMOL EQ 0.25% BASE N20439 001
 + LEIRAS EQ 0.5% BASE N20439 002
 + MAR 31, 1995

TIMOLOL MALEATE

SOLUTION/DROPS; OPHTHALMIC
 TIMOLOL MALEATE EQ 0.25% BASE N74261 001
 ALCON EQ 0.5% BASE APR 28, 1995
 AT N74262 001
 AT EQ 0.5% BASE APR 28, 1995
 TIMOPTIC EQ 0.25% BASE N18086 001
 + MERCK

VITAMIN A PALMITATE

CAPSULE; ORAL

VITAMIN A PALMITATE

AA BANNER PHARMACAPS

@

EQ 50,000 UNITS BASE
EQ 50,000 UNITS BASE

N83948 001
N83948 001

WARFARIN SODIUM

INJECTABLE; INJECTION

COUMADIN

+ DUPONT MERCK

5MG/VIAL

N09218 024
FEB 07, 1995

ACETAMINOPHEN

SUPPOSITORY; RECTAL
ACETAMINOPHEN
ABLE

1.20MG N73106 001
FEB 27, 1995
3.25MG N73107 001
FEB 27, 1995
650MG N73108 001
FEB 27, 1995

INSULIN PORK

INJECTABLE; INJECTION
INSULIN
* NOVO NORDISK
REGULAR INSULIN
+ NOVO NORDISK

100 UNITS/ML N17926 003
100 UNITS/ML N17926 003

INSULIN PURIFIED PORK

INJECTABLE; INJECTION
VELOSULIN
NOVO NORDISK
@

100 UNITS/ML N18193 001
100 UNITS/ML N18193 001

FAMOTIDINE

TABLET; ORAL
PEPCID AC
+ MERCK

1.0MG N20325 001
APR 28, 1995

> DLT >
> DLT >
> ADD >

IBUPROFEN

CAPSULE; ORAL
MIDOL
* WINTHROP

200MG N70626 001
SEP 02, 1987
200MG N71002 001
SEP 02, 1987
200MG N70626 001
SEP 02, 1987
200MG N71002 001
SEP 02, 1987
200MG N20402 001
APR 20, 1995

INJECTABLE; INJECTION
INSULIN NORDISK MIXTARD (PORK)
* NOVO NORDISK
@
30 UNITS/ML; 70 UNITS/ML N18195 001
30 UNITS/ML; 70 UNITS/ML N18195 001

> DLT >
> DLT >
> DLT >
> ADD >

INSULIN SEMISYNTHETIC PURIFIED HUMAN; INSULIN SUSP ISOPHANE SEMISYNTHETIC PURIFIED HUMAN

INJECTABLE; INJECTION
NOVOLIN 70/30
* NOVO NORDISK
@

30 UNITS/ML; 70 UNITS/ML N19441 001
30 UNITS/ML; 70 UNITS/ML N19441 001
JUL 11, 1986
JUL 11, 1986

> DLT >
> DLT >
> ADD >

TABLET; ORAL
MIDOL
WINTHROP

200MG N70591 001
SEP 02, 1987
200MG N71001 001
SEP 02, 1987
200MG N70591 001
SEP 02, 1987
200MG N71001 001
SEP 02, 1987

INSULIN SUSP ISOPHANE PURIFIED PORK

INJECTABLE; INJECTION
INSULIN INSULATARD NPH NORDISK
* NOVO NORDISK
@

100 UNITS/ML N18194 001
100 UNITS/ML N18194 001

> DLT >
> DLT >
> ADD >

INSULIN SUSP PROTAMINE ZINC PURIFIED BEEF

INJECTABLE; INJECTION
PROTAMINE ZINC AND Iletin II
* Lilly

100 UNITS/ML N18476 001

INSULIN SUSP PROTAMINE ZINC PURIFIED BEEF

INJECTABLE; INJECTION
 PROTAMINE ZINC AND ILETIN II
 @ LILLY 100 UNITS/ML N18476 001
 PROTAMINE ZINC INSULIN 100 UNITS/ML N17928 003
 SQUIBB 100 UNITS/ML N17928 003
 +

MICONAZOLE NITRATE

CREAM; VAGINAL
 MICONAZOLE NITRATE 2% N74136 001
 LEMMON JAN 04, 1995

NAPROXEN SODIUM

TABLET; ORAL
 ALEVE EQ 200MG BASE N20204 002
 HAMILTON PHARMS JAN 11, 1994
 + EQ 200MG BASE N20204 002
 JAN 11, 1994

NONOXYNOL-9

AEROSOL; VAGINAL
 DELFEN 12.5% N14349 002
 @ ORTHO

POTASSIUM IODIDE

SOLUTION; ORAL
 POTASSIUM IODIDE 1GM/ML N18551 001
 * ROXANE FEB 19, 1982
 @ 1GM/ML N18551 001
 FEB 19, 1982

> DLT >
 > DLT >
 > ADD >
 > ADD >

> DLT >
 > DLT >
 > DLT >
 > DLT >
 > ADD >
 > ADD >

DRUG PRODUCTS WITH APPROVAL UNDER SECTION 505 OF THE ACT ADMINISTERED BY THE CENTER FOR BIOLOGICS EVALUATION AND RESEARCH LIST
CUMULATIVE SUPPLEMENT NUMBER 4 / APRIL '95

HETASTARCH 6% IN SODIUM CHLORIDE 0.9%

INJECTABLE; INJECTION

6% HETASTARCH IN SODIUM CHLORIDE 0.9% IN PLASTIC CONTAINER

6GM/100ML; 0.9GM/100ML

N74193

ABBOTT

JAN 30, 1995

LIST OF ORPHAN PRODUCT DESIGNATIONS & APPROVALS
[January-April 1995]

NAME Generic/Chemical TN= Trade Name	INDICATION DESIGNATED	SPONSOR & ADDRESS DD=Date Designated MA=Marketing Approval
ADENO-AS'TED VIRAL-BASED VECTOR CYSTIC FIBROSIS GENE THERAPY TN=	TREATMENT OF CYSTIC FIBROSIS.	TARGETED GENETICS CORPORATION 1100 OLIVE WAY, SUITE 100 SEATTLE WA 98101 DD 02/15/95 MA / /
AMINOCAPROIC ACID TN=	FOR THE TOPICAL TREATMENT OF TRAUMATIC HYPHEMA OF THE EYE.	ORPHAN MEDICAL 13911 RIDGEDALE DRIVE MINNETONKA MN 55305 DD 01/06/95 MA / /
APL 400-020 TN=	TREATMENT OF CUTANEOUS T CELL LYMPHOMA.	APOLLON, INC. ONE GREAT VALLEY PARKWAY MALVERN PA 19355 DD 03/08/95 MA / /
CHONDROITINASE TN=	TREATMENT OF PATIENTS UNDERGOING VITRECTOMY.	STORZ OPHTHALMICS AMERICAN CYANAMID COMPANY PEARL RIVER NY 10965 DD 02/09/95 MA / /
CLOTRIMIDAZOLE TN=	TREATMENT OF SICKLE CELL DISEASE.	BRUGNARA, CARLO M.D. THE CHILDREN'S HOSPITAL BOSTON MA 02115 DD 04/24/95 MA / /
CYSTIC FIBROSIS TR GENE THERAPY (RECOMBINANT ADENOVIRUS) TN= ADgvCFTR.10	TREATMENT OF CYSTIC FIBROSIS.	GENVAC, INCORPORATED 12111 PARKLAWN DRIVE ROCKVILLE MD 20852 DD 03/09/95 MA / /
GLUTAMINE TN=	FOR USE WITH HUMAN GROWTH HORMONE IN THE TREATMENT OF SHORT BOWEL SYNDROME (NUTRIENT MALABSORPTION FROM THE GASTROINTESTINAL TRACT RESULTING FROM AN INADEQUATE ABSORPTIVE SURFACE).	RESEARCH TRIANGLE PHARMACEUTICALS 4364 SOUTH ALSTON AVENUE DURHAM NC 27713 DD 03/06/95 MA / /
GLYCERYL TRIOLEATE AND GLYCERYL TRIERUCATE TN=	TREATMENT OF ADRENOLEUKODYSTROPHY.	MOSER, HUGO W. M.D. JOHNS HOPKINS UNIVERSITY BALTIMORE MD 21205 DD 02/14/95 MA / /
HEPATITIS B IMMUNE GLOBULIN, INTRAVENOUS TN= H-BIGIV	PROPHYLAXIS AGAINST HEPATITIS B VIRUS REINFECTION IN LIVER TRANSPLANT PATIENTS.	NORTH AMERICAN BIOLOGICS, INC. 16500 N.W. 15th AVENUE MIAMI FL 33169 DD 03/08/95 MA / /
HUMAN GROWTH HORMONE TN=	FOR USE WITH GLUTAMINE IN THE TREATMENT OF SHORT BOWEL SYNDROME (NUTRIENT MALABSORPTION FROM THE GASTROINTESTINAL TRACT RESULTING FROM AN INADEQUATE ABSORPTIVE SURFACE).	RESEARCH TRIANGLE PHARMACEUTICALS 4364 SOUTH ALSTON AVENUE DURHAM NC 27713 DD 03/06/95 MA / /
HUMAN IMMUNODEFICIENCY VIRUS IMMUNE GLOBULIN TN= HIVIG	TREATMENT OF HIV-INFECTED PEDIATRIC PATIENTS.	NORTH AMERICAN BIOLOGICALS, INC. 16500 N.W. 15TH AVENUE MIAMI FL 33169 DD 01/04/95 MA / /
PHENYLALANINE AMMONIA-LYASE TN= PHENYLASE	TREATMENT OF HYPERPHENYLALANINEMIA.	IBEX TECHNOLOGIES, INC. 5485 PARE MONTREAL, QUEBEC DD 03/08/95 MA / /

CUMULATIVE LIST OF DESIGNATIONS & APPROVALS

NAME <i>Generic/Chemical</i> <i>TN= Trade Name</i>	INDICATION DESIGNATED	SPONSOR & ADDRESS <i>DD=Date Designated</i> <i>MA=Marketing Approval</i>
PURIFIED TYPE II COLLAGEN TN= COLLORAL	TREATMENT OF JUVENILE RHEUMATOID ARTHRITIS.	AUTOIMMUNE, INCORPORATED 128 SPRING STREET LEXINGTON MA 02173 DD 02/09/95 MA / /
RECOMBINANT HUMAN GELSOLIN TN=	TREATMENT OF ACUTE AND CHRONIC RESPIRATORY SYMPTOMS OF BRONCHIECTASIS.	BIOGEN, INCORPORATED 14 CAMBRIDGE CENTER CAMBRIDGE MA 02142 DD 03/06/95 MA / /
SARGRAMOSTIM TN= LEUKINE	TO REDUCE NEUTROPENIA AND LEUKOPENIA AND DECREASE THE INCIDENCE OF DEATH DUE TO INFECTION IN PATIENTS WITH ACUTE MYELOGENOUS LEUKEMIA.	IMMUNEX CORPORATION 51 UNIVERSITY STREET SEATTLE WA 98101 DD 03/06/95 MA / /
TYLOXAPOL TN=	TREATMENT OF CYSTIC FIBROSIS.	KENNEDY & HOIDAL, MDs 50 NORTH MEDICAL DRIVE, U OF UTAH SALT LAKE CITY UT 84132 DD 03/08/95 MA / /

Approved Orphan Products

Rho (D) IMMUNE GLOBULIN INTRAVENOUS (HUMAN) TN= WinRho SD	TREATMENT OF IMMUNE THROMBOCYTOPENIC PURPURA.	RH PHARMACEUTICALS, INC. 104 CHANCELLOR MATHESON ROAD WINNIPEG, MANITOBA DD 11/09/93 MA 03/24/95
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DRUG PRODUCTS WHICH MUST DEMONSTRATE *IN VIVO* BIOAVAILABILITY ONLY
IF PRODUCT FAILS TO ACHIEVE ADEQUATE DISSOLUTION

NO APRIL 1995 ADDITIONS

BIOPHARMACEUTIC GUIDANCE AVAILABILITY

DRUG NAME (DOSAGE FORM)	DATE	REVISED DATE
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THE FOLLOWING IS A LIST OF GUIDANCES AVAILABLE FOR *IN VIVO* BIOEQUIVALENCE STUDIES AND *IN VITRO* DISSOLUTION TESTING. COMMENTS AND SUGGESTIONS CONCERNING THESE GUIDANCES ARE ENCOURAGED AND SHOULD BE SENT TO THE DIVISION OF BIOEQUIVALENCE (HFD-650, MPN-2 ROOM 279) 5600 FISHERS LANE, ROCKVILLE, MD 20857.

REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 15TH EDITION FOR A FULL LISTING OF BIOPHARMACEUTIC GUIDANCE AVAILABILITY DATA. ONLY NEW DATA WILL BE ADDED TO THE CUMULATIVE SUPPLEMENT.

NO APRIL 1995 GUIDANCES

ANDA SUITABILITY PETITIONS

PETITIONS APPROVED

DRUG NAME DOSAGE FORM; ROUTE	STRENGTH (CONTAINER SIZE)	DOCKET NUMBER	PETITIONER	REASON FOR PETITION	STATUS
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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 1-23, PARK BUILDING, 5600 FISHERS LANE, ROCKVILLE, MD 20857.

REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 15TH EDITION FOR A FULL LISTING OF ANDA SUITABILITY PETITIONS DATA. ONLY NEW DATA WILL BE ADDED TO THE CUMULATIVE SUPPLEMENT.

ACETAMINOPHEN; ASPIRIN; CODEINE PHOSPHATE TABLET; ORAL	150MG 180MG 15MG	94 P-0212/ CP1	MIKART	NEW DOSAGE FORM	APPROVED JAN 19, 1995
ACETAMINOPHEN; ASPIRIN; CODEINE PHOSPHATE TABLET; ORAL	150MG 180MG 30MG	94 P-0211/ CP1	MIKART	NEW DOSAGE FORM	APPROVED JAN 19, 1995
ACETAMINOPHEN; ASPIRIN; CODEINE PHOSPHATE TABLET; ORAL	150MG 180MG 60MG	94 P-0210/ CP1	MIKART	NEW DOSAGE FORM	APPROVED JAN 19, 1995
ACETAMINOPHEN; CAFFEINE; DIHYDROCODEINE BITARTRATE TABLET; ORAL	712.8MG 60MG 32MG	93 P-0484/ CP1	MIKART	NEW DOSAGE FORM NEW STRENGTH	APPROVED JAN 19, 1995
ACETAMINOPHEN; CODEINE PHOSPHATE TABLET, CHEWABLE; ORAL	120MG 12MG	94 P-0182/ CP1	WE PHARMS	NEW DOSAGE FORM	APPROVED JAN 19, 1995
ALBUTEROL SULFATE TABLET, CHEWABLE; ORAL	EQ 2MG BASE EQ 4MG BASE	92 P-0335/ CP1	WE PHARMS	NEW DOSAGE FORM	APPROVED JAN 19, 1995
LEUCOVORIN CALCIUM INJECTABLE; INJECTION	EQ 10MG BASE/ML (100MG/VIAL)	93 P-0427/ CP3	ABBOTT	NEW DOSAGE FORM	APPROVED JAN 19, 1995
LEUCOVORIN CALCIUM INJECTABLE; INJECTION	EQ 10MG BASE/ML (250MG/VIAL)	93 P-0427/ CP2	ABBOTT	NEW DOSAGE FORM NEW STRENGTH	APPROVED JAN 19, 1995
SULFAMETHOXAZOLE; TRIMETHOPRIM TABLET, CHEWABLE; ORAL	200MG 40MG	94 P-0186/ CP1	DURA PHARMS	NEW DOSAGE FORM	APPROVED JAN 19, 1995
THIORIDAZINE HYDROCHLORIDE SOLUTION; ORAL	25MG/5ML	92 P-0283/ CP1	UDL LABS	NEW STRENGTH	APPROVED JAN 19, 1995

EXCLUSIVITY TERMS

DUE TO SPACE LIMITATIONS IN THE EXCLUSIVITY COLUMN, ABBREVIATIONS AND REFERENCES HAVE BEEN DEVELOPED. PLEASE REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 15TH 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.

REFERENCES

NEW DOSING SCHEDULE

D-26 ONCE WEEKLY APPLICATION
 D-27 BID DOSING IN PATIENTS 12 YEARS OF AGE AND OLDER FOR PREVENTION OF NAUSEA AND VOMITING ASSOCIATED WITH MODERATELY EMETOGENIC CANCER CHEMOTHERAPY

REFERENCES

NEW INDICATION

I-117 TO SLOW THE PROGRESSION OF CORONARY ATHEROSCLEROSIS IN PATIENTS WITH CORONARY HEART DISEASE
 I-118 PREVENTION OF DEEP VEIN THROMBOSIS, WHICH MAY LEAD TO PULMONARY EMBOLISM, FOLLOWING KNEE REPLACEMENT SURGERY
 I-119 TREATMENT OF ANEMIA CAUSED BY UTERINE LEIOMYOMATA IN WOMEN WHO FAIL IRON THERAPY
 I-120 MAINTENANCE THERAPY FOR GASTRIC ULCER PATIENTS AT REDUCED DOSAGE AFTER HEALING ACUTE ULCERS
 I-121 EXPANDED PATIENT POPULATION - USE IN ICU PATIENTS
 I-122 PSORIASIS OF THE SCALP

REFERENCES

PATENT USE CODE

U-102 METHOD OF HORMONALLY TREATING MENOPAUSAL OR POST-MENOPAUSAL DISORDERS IN WOMEN
 U-103 TREATMENT OF OCULAR HYPERTENSION
 U-104 TREATMENT OF AQUEOUS HUMOR FORMATION AND INTRAOCULAR PRESSURE
 U-105 EMESIS
 U-106 TREATMENT OF EPILEPSY

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
20364 002	AMLODIPINE BESYLATE; LOTREL	4879303	NOV 07, 2006		NC	MAR 03, 1998
		4572909	AUG 01, 2006		NCE	JUN 25, 1996
		4410520	OCT 18, 2002		NCE	JUL 31, 1997
20364 003	AMLODIPINE BESYLATE; LOTREL	4879303	NOV 07, 2006		NC	MAR 03, 1998
		4572909	AUG 01, 2006		NCE	JUN 25, 1996
		4410520	OCT 18, 2002		NCE	JUL 31, 1997
20364 004	AMLODIPINE BESYLATE; LOTREL	4879303	NOV 07, 2006		NC	MAR 03, 1998
		4572909	AUG 01, 2006		NCE	JUN 25, 1996
		4410520	OCT 18, 2002		NCE	JUL 31, 1997
20500 001	ATOVAQUONE; MEPRON	5053432	OCT 01, 2008	U-69	NCE	NOV 25, 1997
		4981874	AUG 15, 2009		NDF	FEB 08, 1998
20222 001	COLESTIPOL HYDROCHLORIDE; COLESTID				NDF	JUL 19, 1997
20287 001	DALTEPARIN SODIUM; FRAGMIN	4303651	JAN 04, 2000		NCE	DEC 22, 1999
20092 001	DILTIAZEM HYDROCHLORIDE; DILACOR XR				I-120	OCT 15, 1995
20092 002	DILTIAZEM HYDROCHLORIDE; DILACOR XR				I-120	OCT 15, 1995
20092 003	DILTIAZEM HYDROCHLORIDE; DILACOR XR				I-120	OCT 15, 1995
20411 001	DINOPROSTONE; CERVIDIL	4797413	JUN 30, 2004	U-103	NDF	MAR 30, 1998
20408 001	DORZOLAMIDE HYDROCHLORIDE; TRUSOPT	4619939	OCT 28, 2003	U-104	NCE	DEC 09, 1999
19946 001	DOXACURIUM CHLORIDE; NUROMAX				I-121	DEC 08, 1997
19668 001	DOXAZOSIN MESYLATE; CARDURA				I-96	FEB 06, 1998
19668 002	DOXAZOSIN MESYLATE; CARDURA				I-96	FEB 06, 1998
19668 003	DOXAZOSIN MESYLATE; CARDURA				I-96	FEB 06, 1998
19668 004	DOXAZOSIN MESYLATE; CARDURA				I-96	FEB 06, 1998
20164 001	ENOXAPARIN SODIUM; LOVENOX				I-118	MAR 09, 1998
20323 001	ESTRADIOL; VIVELLE	5300291	APR 05, 2011		NS	OCT 28, 1997
		4994278	FEB 19, 2008			
		4994267	FEB 19, 2008			
		4814168	MAR 21, 2006			
20323 002	ESTRADIOL; VIVELLE	5300291	APR 05, 2011			
		4994278	FEB 19, 2008			
		4994267	FEB 19, 2008			
		4814168	MAR 21, 2006			
20323 003	ESTRADIOL; VIVELLE	5300291	APR 05, 2011		NS	OCT 28, 1997
		4994278	FEB 19, 2008			
		4994267	FEB 19, 2008			
		4814168	MAR 21, 2006			

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
19670 001	LORATADINE; CLARITIN-D	4282233	AUG 04, 2000		NCE	APR 12, 1998
>ADD>	20386 001 LOSARTAN POTASSIUM; COZAAR				NCE	APR 14, 2000
>ADD>	20386 002 LOSARTAN POTASSIUM; COZAAR				NCE	APR 14, 2000
	19643 002 LOVASTATIN; MEVACOR	4231938	NOV 04, 1999		I-117	FEB 08, 1998
	19643 003 LOVASTATIN; MEVACOR	4231938	NOV 04, 1999		I-117	FEB 08, 1998
	19643 004 LOVASTATIN; MEVACOR	4231938	NOV 04, 1999		I-117	FEB 08, 1998
>ADD>	20312 001 MOEXIPRIL HYDROCHLORIDE; UNIVASC				NCE	APR 19, 2000
>ADD>	20312 002 MOEXIPRIL HYDROCHLORIDE; UNIVASC				NCE	APR 19, 2000
>ADD>	20459 001 NALMEFENE HYDROCHLORIDE; REVEX				NCE	APR 17, 2000
>ADD>	20459 002 NALMEFENE HYDROCHLORIDE; REVEX				NCE	APR 17, 2000
	20198 001 NIFEDIPINE; ADALAT CC	5264446	NOV 23, 2010			
	20198 002 NIFEDIPINE; ADALAT CC	5264446	NOV 23, 2010			
	20198 003 NIFEDIPINE; ADALAT CC	5264446	NOV 23, 2010			
	20356 001 NISOLDIPINE; NISOCOR				NCE	FEB 02, 2000
	20356 002 NISOLDIPINE; NISOCOR				NCE	FEB 02, 2000
	20356 003 NISOLDIPINE; NISOCOR				NCE	FEB 02, 2000
	20356 004 NISOLDIPINE; NISOCOR				NCE	FEB 02, 2000
>ADD>	20145 001 NITROGLYCERIN; NITRO-DUR	5186938	FEB 16, 2010			
>ADD>	20145 002 NITROGLYCERIN; NITRO-DUR	5186938	FEB 16, 2010			
>ADD>	20145 003 NITROGLYCERIN; NITRO-DUR	5186938	FEB 16, 2010			
>ADD>	20145 004 NITROGLYCERIN; NITRO-DUR	5186938	FEB 16, 2010			
>ADD>	20145 005 NITROGLYCERIN; NITRO-DUR	5186938	FEB 16, 2010			
>ADD>	20145 006 NITROGLYCERIN; NITRO-DUR	5186938	FEB 16, 2010			
	20007 001 ONDANSETRON HYDROCHLORIDE; ZOFRAN	4695578	JAN 04, 2005		D-20	FEB 02, 1996
	20103 001 ONDANSETRON HYDROCHLORIDE; ZOFRAN	4695578	JAN 04, 2005		NCE	JAN 04, 1996
>ADD>	20103 002 ONDANSETRON HYDROCHLORIDE; ZOFRAN				D-27	APR 10, 1998
>ADD>	20103 002 ONDANSETRON HYDROCHLORIDE; ZOFRAN				I-9	APR 19, 1998
>ADD>	20103 002 ONDANSETRON HYDROCHLORIDE; ZOFRAN				NCE	JAN 04, 1996
>ADD>	20103 002 ONDANSETRON HYDROCHLORIDE; ZOFRAN				D-27	APR 10, 1998
>ADD>	20103 002 ONDANSETRON HYDROCHLORIDE; ZOFRAN				I-9	APR 19, 1998
	20403 001 ONDANSETRON HYDROCHLORIDE; ZOFRAN	4753789	JUN 28, 2005	U-44		
	19901 001 RAMIPRIL; ALTACE	4695578	JAN 04, 2005			
	19901 002 RAMIPRIL; ALTACE					
	19901 003 RAMIPRIL; ALTACE					
	19901 004 RAMIPRIL; ALTACE					
	5061722	5061722	OCT 29, 2008	U-3		
	5061722	5061722	OCT 29, 2008	U-3		
	5061722	5061722	OCT 29, 2008	U-3		
	5061722	5061722	OCT 29, 2008	U-3		

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
18703 001	RANITIDINE HYDROCHLORIDE; ZANTAC 150				1-120	MAR 29, 1998
18703 002	RANITIDINE HYDROCHLORIDE; ZANTAC 300				1-120	MAR 29, 1998
19675 001	RANITIDINE HYDROCHLORIDE; ZANTAC	4585790	APR 29, 2003		1-120	MAR 29, 1998
20095 001	RANITIDINE HYDROCHLORIDE; ZANTAC 150	5028432	JUL 02, 2008		1-120	MAR 29, 1998
20095 002	RANITIDINE HYDROCHLORIDE; ZANTAC 300	5028432	JUL 02, 2008		1-120	MAR 29, 1998
20251 001	RANITIDINE HYDROCHLORIDE; ZANTAC 150	5102665	APR 07, 2009		1-120	MAR 29, 1998
20251 002	RANITIDINE HYDROCHLORIDE; ZANTAC 150	5102665	APR 07, 2009		1-120	MAR 29, 1998
20236 001	SALMETEROL XINAFOATE; SEREVENT	5380922	JAN 10, 2012			
20240 001	SPIRAPRIL HYDROCHLORIDE; RENORMAX	4470972	SEP 11, 2001	U-3	NCE	DEC 29, 1999
20240 002	SPIRAPRIL HYDROCHLORIDE; RENORMAX	4470972	SEP 11, 2001	U-3	NCE	DEC 29, 1999
20240 003	SPIRAPRIL HYDROCHLORIDE; RENORMAX	4470972	SEP 11, 2001	U-3	NCE	DEC 29, 1999
20240 004	SPIRAPRIL HYDROCHLORIDE; RENORMAX	4470972	SEP 11, 2001	U-3	NCE	DEC 29, 1999
>ADD>	19057 001 TERAZOSIN HYDROCHLORIDE; HYTRIN	5412095	MAR 15, 2011			
>ADD>		5294615	MAR 15, 2011			
>ADD>		5212176	MAY 18, 2010			
>ADD>	19057 002 TERAZOSIN HYDROCHLORIDE; HYTRIN	5412095	MAR 15, 2011			
>ADD>		5294615	MAR 15, 2011			
>ADD>		5212176	MAY 18, 2010			
>ADD>	19057 003 TERAZOSIN HYDROCHLORIDE; HYTRIN	5412095	MAR 15, 2011			
>ADD>		5294615	MAR 15, 2011			
>ADD>		5212176	MAY 18, 2010			
>ADD>	19057 004 TERAZOSIN HYDROCHLORIDE; HYTRIN	5412095	MAR 15, 2011			
>ADD>		5294615	MAR 15, 2011			
>ADD>		5212176	MAY 18, 2010			
>ADD>	20347 001 TERAZOSIN HYDROCHLORIDE; HYTRIN	5412095	MAR 15, 2011			
>ADD>		5412095	MAR 15, 2011			
>ADD>	20347 002 TERAZOSIN HYDROCHLORIDE; HYTRIN	5412095	MAR 15, 2011			
>ADD>		5412095	MAR 15, 2011			
>ADD>	20347 003 TERAZOSIN HYDROCHLORIDE; HYTRIN	5412095	MAR 15, 2011			
>ADD>		5412095	MAR 15, 2011			
>ADD>	20347 004 TERAZOSIN HYDROCHLORIDE; HYTRIN	5412095	MAR 15, 2011			
>ADD>		5412095	MAR 15, 2011			
>ADD>	20439 001 TIMOLOL; BETIMOL	5231095	JUL 27, 2010			
>ADD>		5231095	JUL 27, 2010			
>ADD>	20439 002 TIMOLOL; BETIMOL					
>ADD>						
>ADD>	20281 001 TRAMADOL HYDROCHLORIDE; ULTRAM					
>ADD>						
>ADD>	20281 002 TRAMADOL HYDROCHLORIDE; ULTRAM					
>ADD>						
>ADD>	20388 001 VINORELBINE TARTRATE; NAVELBINE	4307100	DEC 22, 1998			

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