

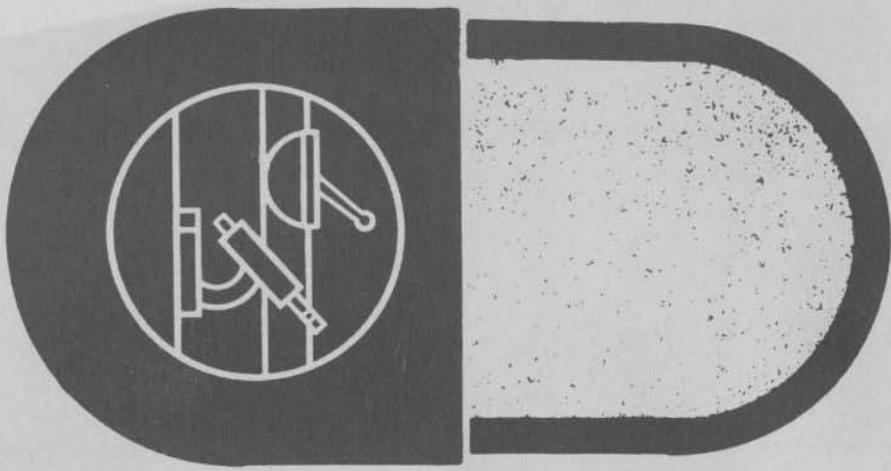
CUMULATIVE  
SUPPLEMENT 2  
JAN'87-FEB'87

# APPROVED DRUG PRODUCTS

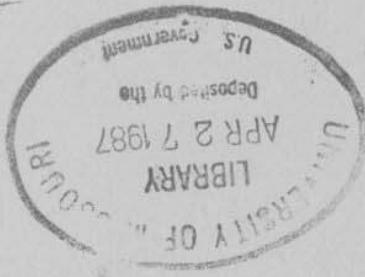
WITH

THERAPEUTIC EQUIVALENCE EVALUATIONS

7<sup>TH</sup> EDITION



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



A recent approval has shown that the language in the "BC" code definition did not accurately reflect the use of the BC code for controlled-release products which may meet bioequivalence criteria for approval, but differ in rate such that they would not be considered therapeutically equivalent.

Therefore, please note that on pages 1-5 and 1-6 of the Introduction to the Approved Drug Products with Therapeutic Equivalence Evaluations, 7th Edition, the language defining the AB and BC codes has been revised.

#### AB

##### Products meeting necessary bioequivalence requirements

The AB evaluation generally denotes products that: (1) contain an active ingredient in a dosage form for which the submission of bioavailability or clinical data is required for approval or to permit therapeutic equivalence evaluations, and (2) for which the applicant has provided adequate studies to establish the bioavailability and bioequivalence of its product. Products generally will be coded AB if a study is submitted demonstrating bioequivalence, even if the study currently is not required for approval. This category also includes those few drugs with more than one approved application but only one manufacturer. It should be noted that if only one product under a drug ingredient heading is coded AB, it signifies that only that product is supported by bioavailability data. It does not signify that this product is therapeutically equivalent to the other drugs under the same heading. Thus, one product under a drug ingredient heading, coded AB is not therapeutically equivalent to a drug product under the same heading that is coded BD, BP, or BT. Drugs coded AB under an ingredient heading are considered therapeutically equivalent only to other drugs coded AB under that heading.

#### BC

##### Controlled-release tablets, controlled-release capsules, and controlled-release injectables

Although bioavailability studies have been conducted on these dosage forms, they are subject to bioavailability differences, primarily because firms developing controlled-release products for the same active ingredient rarely employ the same formulation approach. FDA, therefore, does not evaluate different controlled-release dosage forms containing the same active ingredient in equal strength as therapeutically equivalent unless equivalence between individual products for both rate and extent has been specifically demonstrated through appropriate bioequivalence studies. Controlled-release products for which such bioequivalence data are available have been coded AB.

Please note the following printing errors to the Approved Drug Products List with Therapeutic Equivalence Evaluations, 7th Edition:

- . The locator tab for the "OTC Drug Product List" is placed incorrectly within the List.
- . There is no locator tab on the back cover for the "Discontinued Drug Product List."
- . The bracketed products which appear below are corrections to a printing error that appeared on page 3-204. Please record the correct NDA Numbers in the List.

PROCAINAMIDE HYDROCHLORIDE

CAPSULE; ORAL			
<u>PROCAINAMIDE HCL</u>			
AB	DANBURY PHARMACAL	<u>250MG</u>	N83287 001
AB		<u>375MG</u>	H84403 001
AB		<u>500MG</u>	H84280 001
AB	LANNETT	<u>250MG</u>	N83693 001
AB		<u>500MG</u>	H84696 001
AB	LEDERLE LABS/AM CYAN	<u>250MG</u>	H86942 001
AB		<u>375MG</u>	[H86952 001]
AB		<u>500MG</u>	[H86943 001]
AB	VANGARD LABS/MWM	<u>250MG</u>	[H87643 001]
			JUN 01, 1982
AB		<u>500MG</u>	H87875 001
			JUN 01, 1982
AB	ZENITH LABORATORIES	<u>250MG</u>	H84604 001
AB		<u>375MG</u>	H84595 001
AB		<u>500MG</u>	H84606 001
<u>PROCAPAN</u>			
AB	PANRAY/ORMONT DRUG	<u>250MG</u>	N83553 002
<u>PRONESTYL</u>			
AB	ER SQUIBB AND SONS	<u>250MG</u>	H07335 001
AB		<u>375MG</u>	H07335 004
AB		<u>500MG</u>	H07335 003

APPROVED DRUG PRODUCTS  
with  
THERAPEUTIC EQUIVALENCE EVALUATIONS  
7TH EDITION  
  
CUMULATIVE SUPPLEMENT 2  
FEBRUARY 1987

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APPROVED DRUG PRODUCTS

with

THERAPEUTIC EQUIVALENCE EVALUATIONS

7th EDITION

CUMULATIVE SUPPLEMENT 2

FEBRUARY 1987

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, 7th Edition (the List). The List is composed of three parts: approved prescription drug products with therapeutic equivalence evaluations, over-the-counter (OTC) drug products that require approved applications as a condition of marketing, and drug products approved by the Division of Blood and Blood Products under Section 505 of the Act.

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 Approved Under Section 505 of the Act by the Division of Blood and Blood Products lists.

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

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

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

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

Additions new to the List and the Patent and Exclusivity Information Addendum are indicated by the symbol >ADD> to the left of the line on which new information exists. The >ADD> symbol is then dropped in subsequent Cumulative Supplements for that item. A newly approved product is also identified by a lozenge (\*) to the right of its strength which remains throughout all Cumulative Supplements for this edition.

Deletions new to the List and the Patent and Exclusivity Information Addendum are indicated by the symbol >DLT> (DELETE) to the left of the line containing overstruck print. The >DLT> symbol is dropped in subsequent Cumulative Supplements for that item. The overstruck print will remain in all Cumulative Supplements for this edition.

Products discontinued from marketing or that have had their application withdrawn, for other than safety or effectiveness reasons, will be flagged in this Cumulative Supplement with the "ø" symbol to designate their non-marketed status. All products having a "ø" symbol in the 12th Cumulative Supplement of the 7th Edition List will then be added to the "Discontinued Drug Product List" appearing in the 8th Edition.

## 1.2 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 tablet 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, C<sub>max</sub>, T<sub>max</sub>) 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 Section 3.7 of the 7th Edition List for available guidance from the Division of Bioequivalence.)

### 1.3 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).

Pseudoephedrine HCl	60mg
Triprolidine HCl	2.5mg
Tablet or Capsule; Oral	
Pseudoephedrine HCl	30mg/5ml
Triprolidine HCl	1.25mg/5ml
Syrup; Oral	
Triprolidine HCl	1.25mg/5ml
Syrup; Oral	
Triprolidine HCl	2.5mg
Tablet; Oral	

#### 1.4 PRODUCTS REQUIRING REVISED LABELING FOR FULL APPROVAL

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

<u>Products</u>	<u>Federal Register Reference</u>
Nitroglycerin (capsule, controlled release;oral)	SEP 7, 1984 (49 FR 35428)
Nitroglycerin (ointment;topical)	SEP 3, 1986 (51 FR 31371)
Nitroglycerin (tablet, controlled release;oral)	SEP 7, 1984 (49 FR 35428)
Nitroglycerin (tablet, controlled release;buccal)	JUL 5, 1985 (50 FR 27688)
Phenazopyridine hydrochloride and sulfamethoxazole	JUL 29, 1983 (48 FR 34516)
Tranlylcypromine sulfate	MAR 22, 1984 (49 FR 10708)

#### 1.5 GAVISCON

Gaviscon is an over-the-counter (OTC) product which has been marketed since September 1970. The active ingredients, aluminum hydroxide and magnesium trisilicate, for this product were reviewed by the OTC Antacid Panel and were considered to be safe and effective ingredients (Category I) by that panel. However, the tablet failed to pass the antacid test which is required of all antacid products; therefore, it was placed in Category III for lack of effectiveness and a full NDA was required to be submitted by the firm. The firm's NDA was approved December 9, 1983. Gaviscon's activity in treating reflex acidity is made possible by the inactive ingredients, sodium bicarbonate and alginic acid, in the amounts used in Gaviscon. Therefore, all ANDAs which cite Gaviscon as the listed drug must contain the inactive ingredients, sodium bicarbonate and alginic acid.

#### 1.6 APPLICANT (NAME) CHANGES

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

#### APPLICANT (NAME) CHANGES

##### FORMER APPLICANT (NAME)

COOPERVISION PHARMS

##### NEW APPLICANT (NAME)

IOLAB PHARMACEUTICALS

##### NEW ABBREVIATED NAME

IOLAB

## 1.7 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 December '86, 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

CATEGORIES COUNTED	DEC '86 (BASELINE)
DRUG PRODUCTS LISTED	8957
SINGLE SOURCE	2103 (23.5%)
MULTISOURCE (1)	6854 (76.5%)
THERAPEUTICALLY EQUIVALENT	5838 (65.2%)
NOT THERAPEUTICALLY EQUIVALENT	967 (10.8%)
EXCEPTIONS (2)	49 ( 0.5%)
NEW MOLECULAR ENTITIES APPROVED	-
NUMBER OF APPLICANTS	333

## B. ACTIVITY FOR SUPPLEMENT NUMBER 2

	JAN '87	FEB '87	CUMULATIVE
DRUG PRODUCTS ADDED:			
NEWLY APPROVED	83	75	158
DESI EFFECTIVE	81	75	156
REMARKETED	2	0	2
DRUG PRODUCTS REMOVED:			
WITHDRAWN APPROVAL	0	0	0
RX TO OTC SWITCH	0	0	0
NET GAIN IN DRUG PRODUCTS			
SINGLE SOURCE PRODUCTS APPROVED	83	75	158
MULTISOURCE DRUG PRODUCTS APPROVED	12	7	159
NEW MOLECULAR ENTITIES APPROVED:			
AS THE ENTITY	71	68	139
AS A SALT, ESTER OR DERIVATIVE	1	0	1
OF THE ENTITY	0	0	0

- (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)





CEPHALEXINPOWDER FOR RECONSTITUTION; ORAL

> ADD > AB  
CEPHALEXIN  
 BIOCRAFT LABS  
 EQ 125MG BASE/5ML#  
EQ 250MG BASE/5ML#  
AB  
AB  
AB  
AB  
AB

N62703 001  
 FEB 13, 1987  
 N62703 002  
 FEB 13, 1987

> ADD > AB  
KEFLEX  
 LILLY  
 EQ 125MG BASE/5ML  
EQ 125MG BASE/5ML  
EQ 250MG BASE/5ML  
EQ 250MG BASE/5ML  
AB  
AB  
AB  
AB

N50406 001  
 N62117 002  
 N50406 002  
 N62117 003

> ADD > AB  
TABLET; ORAL  
KEFLET  
 LILLY  
 EQ 250MG BASE#  
EQ 250MG BASE#  
EQ 500MG BASE  
EQ 1GM BASE  
AB  
AB  
AB  
AB

N50440 003  
 FEB 26, 1987  
 N50440 001  
 N50440 002

> ADD > AB  
INJECTABLE; INJECTION  
PRIMAXIN  
 MS&D

N50440 '662/  
 /CLINDAMYCIN PHOSPHATE

> ADD > AB  
GEL; TOPICAL  
CLEOCIN T  
 UPJOHN  
 EQ 1% BASE#

N50615 001  
 JAN 07, 1987

CEPHRADINECAPSULE; ORAL

> ADD > AB  
CEPHRADINE  
 BIOCRAFT LABS  
250MG#  
500MG#  
AB  
AB  
AB  
AB

N62683 001  
 JAN 09, 1987  
 N62683 002  
 JAN 09, 1987

> ADD > AB  
CLORAZEPATE DIPOTASSUM

> ADD > AB  
CAPSULE; ORAL  
CLORAZEPATE DIPOTASSUM  
AM THERTCS  
3.75MG#  
 N62693 001  
 JAN 09, 1987  
 N62693 002  
 JAN 09, 1987  
AB  
AB  
AB  
AB

JUN 23, 1987 :  
 JAN 08, 1987

> ADD > AB  
TRANMENE  
ABBOTT LABS  
3.75MG  
7.5MG  
15MG  
AB  
AB  
AB

N17105 001  
 N17105 002  
 N17105 003  
 N08794 001

CHLORPHENTRAMINE MALEATE

> ADD > AP  
INJECTABLE; INJECTION  
CHLOR-TRIMETON  
3 SCHERRING  
100MG/ML

CYCLOPENTOLATE HYDROCHLORIDE

> ADD > AB  
TABLET; ORAL  
CLONIDINE HCL AND CHLORTHALIDONE  
MYLAN PHARMS  
15MG; 0.1MG#  
15MG; 0.2MG#  
15MG; 0.3MG#  
AB  
AB  
AB  
AB  
AB  
AB

N71323 001  
 FEB 09, 1987  
 N71324 001  
 FEB 09, 1987  
 N71325 001  
 FEB 09, 1987

> ADD > AB  
SOLUTION/DROPS; OPHTHALMIC  
CYCLOCYL  
ALCON LABS  
PENTOLAIR  
PHARMAFAIR  
0.5%  
0.5%

N84109 001  
 N88643 001  
 FEB 09, 1987

## DIAZEPAM

ESTABLISHED CRYPTONATE

GENTAMICIN SULFATE

SOLUTION/DROPS; OPHTHALMIC  
GENTAMICIN SULFATE

AT MAURRY BIO EQ 3MG BASE/ML

HALOPERIDOL

TABLET; ORAL  
HALOPERIDOL  
BARR LABS

AB 0.5MG  
AB 1MG  
AB 2MG  
> ADD > AB 0.5MG  
> ADD > AB 1MG  
> ADD > AB 2MG  
> ADD > AB 5MG  
> ADD > AB ROXANE LABS 0.5MG  
> ADD > AB 1MG  
> ADD > AB 2MG  
> ADD > AB 5MG  
> ADD > AB

N71156 001  
JAN 02, 1987  
N71157 001  
JAN 02, 1987  
N71172 001  
JAN 02, 1987  
N71255 001  
FEB 17, 1987  
N7126 001  
FEB 17, 1987  
N71256 001  
FEB 17, 1987  
N71257 001  
FEB 17, 1987  
N71128 001  
FEB 17, 1987  
N71129 001  
FEB 17, 1987  
N71130 001  
FEB 17, 1987  
N71131 001  
FEB 17, 1987

> ADD > AB  
> ADD > AB  
> ADD > AB  
> ADD > AB  
CAPSULE; ORAL  
HYDRALAZINE HCL AND HYDROCHLOROTHIAZIDE  
SUPERPHARM 25MG; 25MG  
50MG; 50MG  
N62635 001  
JAN 08, 1987  
> ADD > AB  
> ADD > AB  
> ADD > AB  
N70616 001  
FEB 02, 1987  
N70612 001  
FEB 02, 1987  
N70613 001  
FEB 02, 1987  
N70614 001  
FEB 02, 1987

HYDRALAZINE HYDROCHLORIDE; HYDROCHLOROTHIAZIDE

SOLUTION/DROPS; OPHTHALMIC  
GENTAMICIN SULFATE

AT MAURRY BIO EQ 3MG BASE/ML

HALOPERIDOL

TABLET; ORAL  
HALOPERIDOL  
BARR LABS

AB 0.5MG  
AB 1MG  
AB 2MG  
> ADD > AB 0.5MG  
> ADD > AB 1MG  
> ADD > AB 2MG  
> ADD > AB 5MG  
> ADD > AB ROXANE LABS 0.5MG  
> ADD > AB 1MG  
> ADD > AB 2MG  
> ADD > AB 5MG  
> ADD > AB

HYDROCHLOROTHIAZIDE; METHYLDOPA

TABLET; ORAL  
METHYLDOPA AND HYDROCHLOROTHIAZIDE  
PAR PHARM 15MG; 250MG  
25MG; 250MG  
30MG; 500MG  
50MG; 500MG  
N71156 001  
JAN 02, 1987  
N71157 001  
JAN 02, 1987  
N71172 001  
JAN 02, 1987  
N71255 001  
FEB 17, 1987  
N7126 001  
FEB 17, 1987  
N71256 001  
FEB 17, 1987  
N71257 001  
FEB 17, 1987  
N71128 001  
FEB 17, 1987  
N71129 001  
FEB 17, 1987  
N71130 001  
FEB 17, 1987  
N71131 001  
FEB 17, 1987

> ADD > AB  
> ADD > AB  
> ADD > AB  
> ADD > AB  
OINTMENT; TOPICAL  
HYDROCORTISONE  
PHARMADERM 1/2H  
> ADD > AT  
> ADD >  
HYDROCORTISONE BUTYRATE  
> ADD > LOTION; TOPICAL  
LOCOID GIST BROADES 0.1%  
> ADD >  
N19116 001  
FEB 25, 1987

HALOPERIDOL LACTATE

INJECTABLE; INJECTION  
HALDOL  
MCNEIL LABS EQ 5MG BASE/ML  
HALOPERIDOL LYMPHOMED EQ 5MG BASE/ML  
QUAD PHARMS EQ 5MG BASE/ML

N15923 001  
N71187 001  
N71082 001  
AO  
AO

HYDROXYPROGESTERONE CAPROATE  
INJECTABLE; INJECTION  
HYDROXYPROGESTERONE CAPROATE  
QUAD PHARMS 125MG/ML  
250MG/ML

HEXACHLOROPHENE

EMULSION; TOPICAL  
SOY-DOME  
3 MILES PHARMS 3%

> ADD > AT  
N17405 001





<u>POTASSIUM CHLORIDE</u>						
INJECTABLE; INJECTION <u>POTASSIUM CHLORIDE</u>						
AP CARTER GLOGAU	2MEQ/ML	N89421 001 JAN 02, 1987				
<u>PROCAINAMIDE HYDROCHLORIDE</u>						
TABLET, CONTROLLED RELEASE; ORAL <u>PROCAINAMIDE HCl</u>						
AB BOLAR PHARM	1GM	N89520 001 JAN 15, 1987				
AB CORD LABS	500MG	N89370 001 JAN 09, 1987				
AB PROCAN SR		N88489 001 JAN 16, 1985				
AB PARKE DAVIS	1GM					
PROCHLOORPERAZINE MALEATE						
TABLET; ORAL <u>PROCHLOORPERAZINE MALEATE</u>						
AB DURAMED PHARMS	EQ 5MG BASE	N89484 001 JAN 20, 1987				
AB	EQ 10MG BASE	N89485 001 JAN 20, 1987				
AB	EQ 25MG BASE	N89486 001 JAN 20, 1987	>ADD>			
<u>PROPRANOLOL HYDROCHLORIDE</u>						
TABLET; ORAL <u>PROPRANOLOL HCl</u>						
AB CHELSEA LABS	60MG	N70143 001 JAN 15, 1987				
<u>QUAZEPAM</u>						
TABLET; ORAL <u>PROPAZEPAM</u>						
AB DORMALIN SCHERING	7.5MG	N18708 003 FEB 26, 1987	>ADD>	AP		
>ADD>			>ADD>			
>ADD>						
<u>QUINIDINE GLUCONATE</u>						
TABLET, CONTROLLED RELEASE; ORAL <u>QUINIDINE GLUCONATE</u>						
AB MUTUAL PHARM	324MG	N89338 001 FEB 11, 1987	>ADD>	AP		
>ADD>			>ADD>			
>ADD>						
<u>SULFAMETHOXAZOLE; TRIMETHOPRIM</u>						
INJECTABLE; INJECTION <u>SULFAMETHOXAZOLE AND TRIMETHOPRIM</u>						
AP LYPHONE	80MG/ML; 16MG/ML	DEC 29, 1987				
<u>SULFANILAMIDE</u>						
CREAM; VAGINAL <u>AVC</u>						
AT MERRELL DOW	15/24	N06530 003 JAN 27, 1987				
AT VAGITROL	15%	N88718 001 SEP 19, 1985				
AT LEMMON						
SUPPOSITORY; VAGINAL <u>AVC</u>						
MERRELL DOW	1.05GM	N06530 004 JAN 27, 1987				
<u>SULFOXONE SODIUM</u>						
TABLET, ENTERIC COATED; ORAL <u>DIASONE SODIUM</u>						
3 ABBOTT LABS	165MG	N06044 003 JAN 21, 1987				
<u>TECHNETIUM TC-99M, MEBOFENIN KIT</u>						
INJECTABLE; INJECTION <u>CHOLETEC</u>						
SQUIBB DIAGS	N/A	N18963 001 JAN 21, 1987				
<u>VERAPAMIL HYDROCHLORIDE</u>						
TABLET; ORAL <u>VERAPAMIL HCl</u>						
AB						
<u>VINAZEPAM</u>						
TABLET; ORAL <u>VINCRISTINE SULFATE</u>						
AB						
>ADD>						
>ADD>						
>ADD>						
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70873 001 FEB 19, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70577 001 FEB 02, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70873 001 FEB 19, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70577 001 FEB 02, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70873 001 FEB 19, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70577 001 FEB 02, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70873 001 FEB 19, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70577 001 FEB 02, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70873 001 FEB 19, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70577 001 FEB 02, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70873 001 FEB 19, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
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INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
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<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70577 001 FEB 02, 1987				
<u>VINCRISTINE SULFATE</u>						
INJECTABLE; INJECTION <u>VINCRISTINE SULFATE</u>						
INT'L PHARM	1MG/ML	N70873 001 FEB 19, 1987				
<u>VINCRISTINE SULFATE</u>						

WARFARIN POTASSIUM

TABLET; ORAL  
ATHROMBIN-K  
  a PURDUE FRDRK  
  a  
  a  
>ADD >  
>ADD >  
>ADD >

5MG  
10MG  
25MG

N11771 007  
N11771 005  
N11771 006

WARFARIN SODIUM

TABLET; ORAL  
ATHROMBIN  
  a PURDUE FRDRK  
  a  
  a  
>ADD > BX  
>ADD > BX  
>ADD >

5MG  
10MG  
25MG

N11771 003  
N11771 002  
N11771 001

> ADD > ASPIRIN  
 > ADD > TABLET, CONTROLLED RELEASE; ORAL  
 > ADD > 8-HOUR BAYER  
 > ADD > WINTHROP BREON 650MG N16030 001  
 > ADD > MEASURIN  
 > ADD > WINTHROP BREON 650MG N16030 002

DEXBROMPHENIRAMINE MALEATE; PSEUDOEPHEDRINE SULFATE

TABLET, CONTROLLED RELEASE; ORAL  
 BROMPHERIL N89116 001  
 COPLEY PHARM 6MG;120MG# JAN 22, 1987

DIPHENHYDRAMINE HYDROCHLORIDE

SYRUP; ORAL N70524 001  
 VICKS FORMULA 44 VICKS HLTH CARE 12.5MG/5ML# JAN 14, 1987

IBUPROFEN

TABLET; ORAL  
 IBUPROFEN N71333 001  
 INTERPHARM 200MG# FEB 17, 1987  
 > ADD >  
 > ADD > PUREPAC N71664 001  
 > ADD >  
 NEUVIL FEB 03, 1987  
 LUCHEM PHARMS N71144 001  
 > ADD >  
 TRENDAR JAN 20, 1987  
 > ADD > WHITEHALL LABS N18989 002  
 > ADD > 200MG JUL 10, 1986

POVIDONE-IODINE

SPONGE; TOPICAL N19476 001  
 E-Z SCRUB 241 DESERET 10/24  
 JAN 07, 1987

LIST OF DRUG PRODUCTS APPROVED UNDER SECTION 505 OF THE ACT / CUMULATIVE SUPPLEMENT NUMBER 2 / JAN '87 - FEB '87  
BY THE DIVISION OF BLOOD AND BLOOD PRODUCTS

NO FEBRUARY 1987 APPROVALS

## ORPHAN DRUG PRODUCTS WITH EXCLUSIVE APPROVAL

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

ORPHAN DRUG EXCLUSIVE APPROVAL STATUS (CODED ODE) APPLIES ONLY TO THE APPROVED OR LICENSED 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 EXCLUSIVE APPROVAL FOR THE APPROVED INDICATION BEGINNING ON THE DATE OF NDA, ANTIBIOTIC APPLICATION, OR BIOLOGICAL LICENSE APPROVAL FOR THE DRUG. NO SUBSEQUENT SPONSOR MAY RECEIVE APPROVAL OF AN NDA, BIOLOGICAL LICENSE, PAPER NDA, ANTIBIOTIC APPLICATION, ANDA, OR ABBREVIATED ANTIBIOTIC APPLICATION DURING THE SEVEN YEAR PERIOD FOR THE DRUG AND INDICATION(S) FOR WHICH A PERSON MAINTAINS ODE STATUS UNLESS THE EXCLUSIVE APPROVAL HAS BEEN REVOKED AS DESCRIBED ABOVE OR THE SUBSEQUENT SPONSOR HAS OBTAINED WRITTEN CONSENT FROM THE SPONSOR WHO HAS RECEIVED EXCLUSIVE APPROVAL.

BIOLOGICAL PRODUCTS, ANTIBIOTICS, AND DRUGS THAT HAVE BEEN APPROVED UNDER SECTION 505 OR 507 OF THE ACT OR UNDER SECTION 351 OF THE PUBLIC HEALTH SERVICE 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. DRUG PRODUCTS THAT HAVE RECEIVED THE WRITTEN PERMISSION OF THE SPONSOR THAT HAS ORPHAN DRUG EXCLUSIVE APPROVAL TO BE APPROVED UNDER SECTION 527(B)(2) OF THE ACT ARE ALSO NOTED BY THE ABBREVIATION ODE IN THE PATENT AND EXCLUSIVITY DATA APPENDIX. THESE DRUG PRODUCTS DO NOT HAVE ANY EXCLUSIVE APPROVAL RIGHTS OF THEIR OWN, BUT CAN BE MARKETED BECAUSE OF THE CONSENT GIVEN BY THE SPONSOR THAT HAS EXCLUSIVE APPROVAL. THESE PRODUCTS ARE MARKED BY AN (\*) NEXT TO THE APPLICANT'S NAME.

REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 7TH EDITION FOR A FULL LISTING OF ORPHAN DRUG PRODUCTS WITH EXCLUSIVE APPROVAL DATA. ONLY NEW DATA WILL BE ADDED TO THE CUMULATIVE SUPPLEMENT.

## DRUG PRODUCTS

13

ACTIVE INGREDIENT(S) STRENGTH(S)	TRADE NAME DOSAGE FORM; ROUTE	APPLICANT	APPLICATION NUMBER APPROVAL DATE	EXCLUSIVITY EXP. DATE
CALCITONIN, HUMAN 0.5MG/VIAL	CIBACALCIN INJECTABLE; INJECTION	CIBA/CIBA-GEIGY	18470 001 OCT 31, 1986	OCT 31, 1993

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

NO FEBRUARY 1987 ACTIONS

## BIOPHARMACEUTIC GUIDANCE AVAILABILITY

THE FOLLOWING IS A LIST OF GUIDANCES AVAILABLE FOR IN VIVO BIOEQUIVALENCE STUDIES AND IN VITRO DISSOLUTION TESTING AVAILABLE FROM THE DIVISION OF BIOEQUIVALENCE, HFN-250, ROOM 17B-06, 5600 FISHERS LANE, ROCKVILLE, MD 20857. COMMENTS AND SUGGESTIONS CONCERNING THESE GUIDANCES ARE ENCOURAGED AND SHOULD BE SENT TO THE DIVISION OF BIOEQUIVALENCE.

REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 7TH EDITION FOR A FULL LISTING OF BIOPHARMACEUTIC GUIDANCE AVAILABILITY DATA. ONLY NEW DATA WILL BE ADDED TO THE CUMULATIVE SUPPLEMENT.

NAME OF DRUG	DATE	REVISED DATE
CLORAZEPATE DIPOTASSIUM DISSOLUTION TESTING (GENERAL)	MAR 10, 1986 APR 01, 1978*	FEB 17, 1987

\* THIS DATE WAS INCORRECTLY LISTED IN THE 7TH EDITION AS APR 19, 1985.

## ANDA SUITABILITY PETITIONS

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

REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 7TH EDITION FOR A FULL LISTING OF ANDA SUITABILITY PETITIONS DATA. ONLY NEW DATA WILL BE ADDED TO THE CUMULATIVE SUPPLEMENT.

## PETITIONS APPROVED

DRUG NAME DOSEAGE FORM; ROUTE	STRENGTH (CONTAINER SIZE)	DOCKET NUMBER	PETITIONER	REASON FOR PETITION	STATUS
BRETYLUM TOSYLATE INJECTABLE; INJECTION	200MG/ML (10ML/CONTAINER)	85 P-0546/CP	INTL MEDICATION SYS	NEW STRENGTH	APPROVED JAN 20, 1987
CHOLESTYRAMINE CAPSULE; ORAL	EQ 500MG RESIN	86 P-0474/CP	BRISTOL-MYERS	NEW DOSAGE FORM NEW STRENGTH	APPROVED JAN 30, 1987
CHOLESTYRAMINE TABLET; ORAL	EQ 800MG RESIN	86 P-0475/CP	BRISTOL-MYERS	NEW DOSAGE FORM NEW STRENGTH	APPROVED JAN 30, 1987
FLUOROURACIL INJECTABLE; INJECTION	50MG/ML (50ML/VIAL)	86 P-0490/CP	ADRIA LABORATORIES	NEW STRENGTH	APPROVED JAN 09, 1987
LEUCOVORIN CALCIUM INJECTABLE; INJECTION	EQ 25MG BASE/VIAL	86 P-0240/CP	BURROUGHS WELLCOME	NEW STRENGTH	APPROVED JAN 29, 1987
LEUCOVORIN CALCIUM INJECTABLE; INJECTION	EQ 100MG BASE/VIAL	86 P-0152/CP	BEN VENUE LABS	NEW STRENGTH	APPROVED JAN 20, 1987

## ANDA SUITABILITY PETITIONS

## PETITIONS APPROVED

DRUG NAME DOSAGE FORM; ROUTE	STRENGTH (CONTAINER SIZE)	DOCKET NUMBER	PETITIONER	REASON FOR PETITION	STATUS
LEUCOVORIN CALCIUM TABLET; ORAL	EQ 10MG BASE	86 P-0258/CP	LEDERLE LABS/AM CYAN	NEW STRENGTH	APPROVED JAN 16, 1987
NITROGLYCERIN IN DEXTRLOSE 5% INJECTABLE; INJECTION	0.5MG/ML (100 ML/CONTAINER)	86 P-0099/ CP0004	ABBOTT LABORATORIES	NEW STRENGTH	APPROVED FEB 02, 1987

## ANDA SUITABILITY PETITIONS

## PETITIONS DENIED

DRUG NAME DOSAGE FORM; ROUTE	STRENGTH (CONTAINER SIZE)	DOCKET NUMBER	PETITIONER	REASON FOR PETITION	STATUS
ACETAMINOPHEN; DIHYDROCODEINE BITARTRATE CAPSULE; ORAL	356.4MG 20MG	86 P-0040/CP	DUNHALL PHARMACEUTICALS	NEW STRENGTH NEW COMBINATION	DENIED FEB 12, 1987

**EXCLUSIVITY TERMS**

DUE TO SPACE LIMITATIONS IN THE EXCLUSIVITY COLUMN, ABBREVIATIONS AND REFERENCES HAVE BEEN DEVELOPED. REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 7TH 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 INDICATION**

- |      |   |
|------|---|
| I-54 | CONTRAST ENHANCEMENT OF COMPUTED TOMOGRAPHIC BODY IMAGING |
| I-55 | PEDIATRIC ANGIOCARDIOGRAPHY                               |
| I-56 | INTRAVENOUS DIGITAL SUBTRACTION ANGIOGRAPHY               |
| I-57 | PERIPHERAL VENOGRAPHY (PHLEBOGRAPHY)                      |
| I-58 | EXCRETORY UROGRAPHY                                       |
| I-59 | ARTHROGRAPHY  |
| I-60 | HYSEROSALPINGOGRAPHY                                      |
| I-61 | AORTOGRAPHY   |

## EXCLUSIVITY TERMS

## PATENT USE CODE

U-1	PREVENTION OF PREGNANCY
U-2	CYCCLIC CONTROL
U-3	TREATMENT OF AMENORRHEA, DYSMENORRHEA, AND FUNCTIONAL UTERINE BLEEDING
U-4	TREATMENT OR PROPHYLAXIS OF ANGINA PECTORIS AND ARRHYTHMIA
U-5	TREATMENT OF HYPERTENSION
U-6	TREATING MAMMALS SUFFERING [FROM] ANXIETY
U-7	PROVIDING PREVENTION AND TREATMENT OF EMESIS AND NAUSEA IN MAMMALS
U-8	REDUCING INTRAVASCULAR PRESSURE IN MAMMALS
U-9	METHOD OF PRODUCING BRONCHODILATION
U-10	METHOD OF PRODUCING SYMPATHOMIMETIC EFFECTS
U-11	INCREASING CARDIAC CONTRACTILITY
U-12	TREATMENT OF BURNS
U-13	CONTROL OF EMESIS ASSOCIATED WITH ANY CANCER CHEMOTHERAPY AGENT
U-14	TREATMENT OF STRESS-INDUCED DEPRESSION
U-15	DIAGNOSTIC METHOD FOR DISTINGUISHING BETWEEN HYPOTHALMIC MALFUNCTIONS OR LESIONS IN HUMANS
U-16	TREATMENT OR PROPHYLAXIS OF CARDIAC DISORDERS

APPL/PROD	TRADE NAME; INGREDIENT NAME	PATENT NUMBER	PATENT EXPIRES	USE CODE	EXCLUS CODE	EXCLUS EXPIRES
18917 001 18917 003 19243 001	SECTRAL; ACEBUTOLOL HYDROCHLORIDE SECTRAL; ACEBUTOLOL HYDROCHLORIDE PROVENTIL; ALBUTEROL SULFATE	3857952 3857952 3705233 3644353 3705233 3644353 3644353	DEC 31, 1993 DEC 31, 1993 DEC 05, 1989 FEB 22, 1989 DEC 05, 1989 FEB 22, 1989 SEP 11, 1996	U-4 U-4 NDF NDF NDF NDF U-11	NDF NCE NCE NCE NCE NCE JUL 31, 1994	JAN 14, 1990 DEC 29, 1999 JUL 31, 1994 AUG 30, 1990
19243 002	PROVENTIL; ALBUTEROL SULFATE					
19353 001 18700 001 19270 001 18770 001	ALFENTA; ALFENTANIL HYDROCHLORIDE INOCOR; AMRINONE LACTATE BETOPTIC; BETAXOLOL HYDROCHLORIDE TORNALATE; BITOLTEROL MESYLATE	4167574 4012746 4252984 4336400	FEB 07, 1995 JUL 31, 1999 JUN 22, 1999 JUN 22, 1999	U-11 U-10 U-9	NCE NCE NCE NCE	JAN 14, 1990 DEC 29, 1999 JUL 31, 1994 AUG 30, 1990
18644 001 18644 002 18644 003 19215 001 >DLT> >ADD>	WELLBUTRIN; BUPROPION HYDROCHLORIDE WELLBUTRIN; BUPROPION HYDROCHLORIDE WELLBUTRIN; BUPROPION HYDROCHLORIDE FEMSTAT; BUTOCONAZOLE NITRATE QIBZAKIZM; LAKIZAKIZM; HUMAN CIBACALCIN; CALCITONIN, HUMAN	3885046 3885046 3885046 4078071 4347242 RE32347	MAY 20, 1994 MAY 20, 1994 MAY 20, 1994 MAR 07, 1997 JUN 30/ 1998 JUN 30, 1998	NCE NCE NCE NCE NCE ODE	NOV 25, 1990 NOV 27/ 1991 OCT 31, 1999 OCT 31, 1993	
19322 001 19323 001 >ADD> >ADD> >ADD> >ADD>	TEMOVATE; CLOBETASOL PROPIONATE TEMOVATE; CLOBETASOL PROPIONATE PERSANTINE; DIPYRIDAMOLE PERSANTINE; DIPYRIDAMOLE DOBUTREX; DOBUTAMINE HYDROCHLORIDE BREVIBLOC; ESMOLOL HYDROCHLORIDE	3721687 3721687 3721687 3721687 3721687 3721687	MAR 20, 1992 MAY 20, 1992 MAY 20, 1992 MAY 20, 1992 MAY 20, 1992 MAY 20, 1992	U-11	NCE NCE NCE NCE NCE NCE	DEC 27, 1990 DEC 27, 1989 OCT 31, 1993
16672 001	OVRAL; ETHINYL ESTRADIOL	4387103 4593119	JUN 03, 2003			
16806 001	OVRAL-28; ETHINYL ESTRADIOL					
17612 001	LO/OVRAL; ETHINYL ESTRADIOL					
17802 001	LO/OVRAL-28; ETHINYL ESTRADIOL					
18668 001	NORDETTE-21; ETHINYL ESTRADIOL					
18782 001	NORDETTE-28; ETHINYL ESTRADIOL					

APPL/PROD	TRADE NAME; INGREDIENT NAME	PATENT NUMBER	PATENT EXPIRES	USE CODE	EXCLUS EXPIRES
19190 001	TRIPHASICL-28; ETHINYL ESTRADIOL	3957982	MAY 18, 1993	U-1	
		3666858	MAY 30, 1989	U-1	
		3666858	MAY 30, 1989	U-2	
		3666858	MAY 30, 1989	U-3	
		3957982	MAY 18, 1993	U-1	
		3666858	MAY 30, 1989	U-1	
		3666858	MAY 30, 1989	U-2	
		3666858	MAY 30, 1989	U-3	
>ADD>	19527 001 PEPCID; FAMOTIDINE	4283408	AUG 11, 1998	NCE	OCT 15, 1991
	18830 001 TAMBOCOR; FLECAINIDE ACETATE	4005209	JAN 25, 1996		
	18830 002 TAMBOCOR; FLECAINIDE ACETATE	4005209	JAN 25, 1996		
	19404 001 OCUFEN; FLURBIPROFEN SODIUM	3793457	FEB 19, 1991		
		3755427	AUG 28, 1990	NCE	DEC 31, 1991
	18123 001 FACTREL; GONADORELIN HYDROCHLORIDE	4110438	AUG 29, 1995	U-14	
	18123 002 FACTREL; GONADORELIN HYDROCHLORIDE	4110438	AUG 29, 1995	U-15	
	18123 003 FACTREL; GONADORELIN HYDROCHLORIDE	3947569	MAR 30, 1993	U-14	
		3947569	MAR 30, 1993	U-15	
	18587 001 WYTENSTIN; GUANABENZ ACETATE	4110438	AUG 29, 1995	U-14	
	18587 002 WYTENSTIN; GUANABENZ ACETATE	3947569	MAR 30, 1993	U-15	
	18587 003 WYTENSTIN; GUANABENZ ACETATE	3658993	APR 25, 1989	U-5	
	18936 001 OMNIPAQUE 180; IOPHEXOL	3658993	APR 25, 1989	U-5	
	18936 002 OMNIPAQUE 240; IOPHEXOL	4250113	DEC 26, 1999	NCE	DEC 26, 1990
	18936 003 OMNIPAQUE 300; IOPHEXOL	4250113	DEC 26, 1999	NCE	DEC 26, 1990
	18936 004 OMNIPAQUE 350; IOPHEXOL	4250113	DEC 26, 1999	NCE	DEC 26, 1990
	18735 001 ISOVUE-M 200; IOPAMIDOL	4001323	JAN 04, 1996	NCE	DEC 31, 1990
	18735 002 ISOVUE-300; IOPAMIDOL	4001323	JAN 04, 1996	NCE	DEC 31, 1990
	18735 003 ISOVUE-370; IOPAMIDOL	4001323	JAN 04, 1996	NCE	DEC 31, 1990
	18735 004 ISOVUE-M 300; IOPAMIDOL	4001323	JAN 04, 1996	NCE	DEC 31, 1990
	13295 002 CONRAY-43; IOTHALAMATE MEGLUMINE	4094966	JUN 13, 1995	I-54	DEC 18, 1989
	18905 002 HEXABRIX; IOXAGLATE MEGLUMINE	4065554	DEC 27, 1994	I-54	OCT 22, 1989
		4065553	DEC 27, 1994	I-6	OCT 22, 1989
		4014986	MAR 29, 1996	NCE	JUL 26, 1990
				I-55	OCT 22, 1989
				I-56	OCT 22, 1989
				I-57	OCT 22, 1989
				I-58	OCT 22, 1989
				I-59	OCT 22, 1989
				I-60	OCT 22, 1989
				I-61	OCT 22, 1989

PREScription AND OTC DRUG PRODUCT  
PATENT AND EXCLUSIVITY DATA

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APPL/PROD		TRADE NAME; INGREDIENT NAME	PATENT NUMBER	PATENT EXPIRES	USE CODE	EXCLUS CODE	EXCLUS EXPIRES
18754 002		ORUDIS; KETOPROFEN	3641127	FEB 08, 1991	NCE	JAN 09, 1991	
18754 003		ORUDIS; KETOPROFEN	3641127	FEB 08, 1991	NCE	JAN 09, 1991	
19010 001	LUPRON; LEUPROLIDE	ACETATE	4005063	JAN 25, 1996	NCE	APR 09, 1990	
16763 001	SULFAMYLYLON; MAfenide ACETATE		3497599	JAN 26, 1988	U-12		
17862 001	REGLAN; METOCLOPRAMIDE HYDROCHLORIDE		4536386	AUG 20, 2002	U-13		
18873 002	MEXITIL; MEXILETINE HYDROCHLORIDE		3954872	MAY 04, 1995	NCE	DEC 30, 1990	
18873 003	MEXITIL; MEXILETINE HYDROCHLORIDE		3954872	MAY 04, 1995	NCE	DEC 30, 1990	
18873 004	MEXITIL; MEXILETINE HYDROCHLORIDE		3954872	MAY 04, 1995	NCE	DEC 30, 1990	
18677 001	CESAMET; NABILONE		4087547	MAY 02, 1995	U-8		
>ADD>	19384 002	NOROXIN; NORFLOXACIN	4087545	MAY 02, 1995	U-7		
>ADD>	17031 001	ORETTE; NORGESTREL	3928598	DEC 23, 1992	U-6		
>ADD>	18708 003	DORMALIN; QUAZEPAM	3920809	NOV 18, 1992	NCE	DEC 26, 1990	
>ADD>	18859 001	VIRAZOLE; RIBAVIRIN	4639458	JAN 27, 2004			
>DLT>	19518 001	<del>KB+1800RA</del> ; <del>KODIUM MONOFLUOROPHOSPHATE</del>	3666858	MAY 30, 1989	U-1		
>ADD>	19518 002	EXTRA-STRENGTH AIM; SODIUM MONOFLUOROPHOSPHATE	3666858		U-2		
18217 001	SUPROL; SUPROFEN		3920818	NOV 18, 1992	NCE	DEC 27, 1990	
18963 001	CHOLETEC; TECHNETIUM TC-99M MEBOFENIN KIT		3845039	OCT 29, 1991	NCE	DEC 31, 1990	
>DLT>	19415 001	<del>METRORBIN</del> ; <del>UROFOLITROPIN</del>	4211771	JUL 08, 1999	NS	<del>Aug 16/1989</del>	
>ADD>	19415 002	METRODIN; UROFOLLITROPIN	4035376	JUL 12, 1996	NS	AUG 06, 1989	
14103 003	ONCOVIN; VINCristine Sulfate		4418208	NOV 29, 2000	NCE	DEC 24, 1990	
			4619935	OCT 28, 2003	NE	JAN 21, 1992	
					ME	<del>SEP 18/1989</del>	
					NE	SEP 18, 1989	



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