

CUMULATIVE
SUPPLEMENT 5

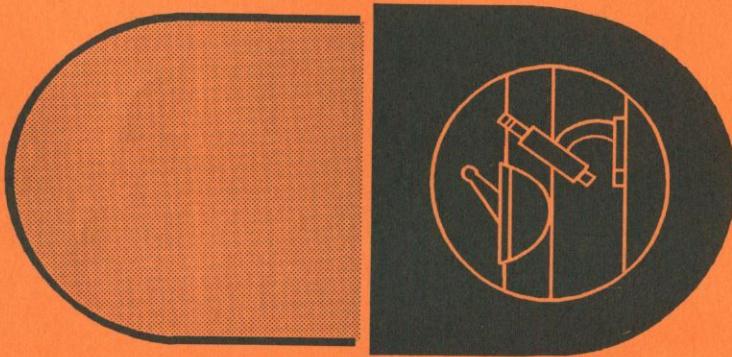
JAN'94-MAY'94

APPROVED DRUG PRODUCTS

WITH
THERAPEUTIC EQUIVALENCE EVALUATIONS

14TH EDITION

RM
301.45
.A66
1994
May
Suppl



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

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

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

APPROVED DRUG PRODUCTS
with
THERAPEUTIC EQUIVALENCE EVALUATIONS

14TH EDITION

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**APPROVED DRUG PRODUCTS
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THERAPEUTIC EQUIVALENCE EVALUATIONS**

14TH EDITION

CUMULATIVE SUPPLEMENT 5

MAY 1994

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, 14th 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and products that have never been marketed, have been discontinued from marketing or that have had their approvals withdrawn for other than safety or efficacy reasons.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 overstruck print. The >DLT> symbol is dropped in subsequent Cumulative Supplements for that item. The overstruck print remains in the Prescription Drug Product List and OTC Drug Product Lists in all Cumulative Supplements for this edition. However, the overstruck 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 14th Edition List will then be added to the "Discontinued Drug Product List" appearing in the 15th 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; or when an applicant name is changed to meet internal publication standards. Therefore, the cumulation of these transfers and name changes will be identified in this section only. Where only partial approved product lines are transferred between applicants, each approved product involved will appear as an applicant name change in the Cumulative Supplement.

APPLICANT NAME CHANGES

| <u>FORMER APPLICANT NAME (FORMER ABBREVIATED NAME)</u> | <u>NEW APPLICANT NAME (NEW ABBREVIATED NAME)</u> |
|--|--|
| ADRIA LABORATORIES DIV ERBAMONT INC (ADRIA) | PHARMACIA INC (PHARMACIA) |
| BANNER GELATIN PRODUCTS CORP (BANNER GELATIN) | BANNER PHARMACAPS INC (BANNER PHARMACAPS) |
| DUPONT PHARMACEUTICALS (DUPONT) | DUPONT MERCK PHARMACEUTICALS CO (DUPONT MERCK) |
| GYNEX INC (GYNEX) | BTG PHARMACEUTICALS CORP SUB BIOTECHNOLOGY GENERAL CORP (BTG PHARMS) |
| NORTH AMERICAN CHEMICAL CORP (NORTH AM CHEM) | GOLDEN PHARMACEUTICALS (GOLDEN PHARM) |
| PHARMACAPS INC (PHARMACAPS) | BANNER PHARMACAPS INC (BANNER PHARMACAPS) |
| RICHLYN LABORATORIES INC (RICHLYN) | GLOBAL PHARMACEUTICAL CORPORATION (GLOBAL PHARM) |

1.4 NEW INDICATIONS FOR PREVIOUSLY APPROVED DRUG PRODUCTS

When an application is submitted to FDA for a new indication for a drug product that duplicates a drug product (same active moiety, same salt, same formulation, or same combination) already approved or marketed in the United States by the same firm, the application is either submitted as a supplement to the original NDA (if the clinical expertise for the review of the new indication resides in the same division that reviewed the original NDA), or as a "Type 6 NDA" and assigned a new NDA number (if the clinical expertise for the review of the new indication resides in another review division). When an application is submitted to FDA for a new indication for a drug

product that duplicates a drug product (same active moiety, same salt, same formulation, or same combination) already approved or marketed in the United States by a different firm, the application is classified as "Type 6" and assigned a new NDA number. For administrative purposes, FDA has been listing all "Type 6 NDA's" in the *Approved Drug Products with Therapeutic Equivalence Evaluations*, (ADP), even when the application was submitted by the original NDA holder. However, FDA has determined that the practice of listing a separate "Type 6 NDA" number in the ADP when the applicant is the original NDA holder may cause confusion to the ADP reader.

Accordingly, to prevent confusion and to eliminate duplicity of data, the approval of an application for a new indication for a previously approved drug product submitted by the original NDA holder will no longer be listed in the ADP. Any exclusivity awarded for that approval will be shown in the Patent and Exclusivity Information Addendum under the original NDA number. However, approval of an application for a new indication submitted by an applicant other than the original NDA holder will be shown in the appropriate drug product list of the ADP. Any exclusivity awarded will be shown under the NDA number of the new applicant.

All approvals of "Type 6" applications submitted by the original NDA holder currently in the ADP are listed in the table below. For reference purposes, the original NDA number is listed next to the corresponding "Type 6 NDA Number". This data ("Type 6 NDA Number") will continue to be listed in the remaining Cumulative Supplements to the 14th Edition of the ADP; but it will not appear in the 15th Edition of the ADP.

| <u>TYPE 6 NDA NUMBER</u> | <u>ORIGINAL NDA NUMBER</u> | <u>ACTIVE INGREDIENT (TRADE NAME)</u> | <u>DOSAGE FORM (ROUTE)</u> |
|------------------------------|--------------------------------|---|--------------------------------|
| 17-117 | 16-020 | AMANTADINE HCL (SYMMETREL) | CAPSULE (ORAL) |
| 17-118 | 16-023 | AMANTADINE HCL (SYMMETREL) | SYRUP (ORAL) |
| 50-697 | 50-662 | CLARITHROMYCIN (BIAXIN) | TABLET (ORAL) |
| 19-576 | 19-084 | KETOCONAZOLE (NIZORAL) | CREAM (TOPICAL) |
| 19-648 | 19-084 | KETOCONAZOLE (NIZORAL) | CREAM (TOPICAL) |
| 18-064 | 18-063 | NADOLOL (CORGARD) | TABLET (ORAL) |
| 20-109 | 19-886 | NAFARELIN ACETATE (SYNAREL) | SPRAY, METERED (NASAL) |
| 20-223 | 19-057 | TERAZOSIN HCL (HYTRIN) | TABLET (ORAL) |

1.5 USP MONOGRAPH TITLE ADDITIONS OR CHANGES

The U.S. Pharmacopeia (USP) periodically makes additions to or changes in monograph titles. Some of these additions or changes may affect dosage form terms listed in *Approved Drug Products with Therapeutic Equivalence Evaluations* (ADP). Instead of making the change in each affected product, the Cumulative Supplement (CS) will list applicable monograph title and dosage form additions or changes in this section. These will appear as soon as the modified USP monograph title is official. It is possible for these additions or changes to be listed in this section before all applicant holders have made labeling modifications.

The monograph title additions or changes shown below will remain in this section in each succeeding supplement of this edition. Once the next edition of the ADP is published, the products affected by the title additions or changes will be displayed with the new dosage form in the appropriate drug list. As notification to the reader, these monograph title additions or changes will also be listed in a special section of the ADP.

USP MONOGRAPH TITLE ADDITIONS OR CHANGES

**FORMER USP MONOGRAPH TITLE
(FORMER ADP DOSAGE FORM; ROUTE)**

**NEW USP MONOGRAPH TITLE
(NEW ADP DOSAGE FORM; ROUTE)**

**THERE WERE NO USP MONOGRAPH TITLE ADDITIONS OR CHANGES DURING THE MONTH OF
MAY 1994.**

1.6 REPORT OF COUNTS FOR THE PRESCRIPTION DRUG PRODUCT LIST

DESCRIPTION OF REPORT

This report provides summary counts derived from the product information in the Prescription Drug Product List and the current Cumulative Supplement. 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 1993) 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>CATEGORIES COUNTED</u> | <u>DEC 1993</u> | <u>MAR 1994</u> | <u>JUN 1994</u> | <u>SEP 1994</u> |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|
| DRUG PRODUCTS LISTED | 9140 | 9153 | 2151 | (23.5%) |
| SINGLE SOURCE | 2144 (23.5%) | 6996 (76.5%) | 7002 (76.5%) | |
| MULTISOURCE | 6996 (76.5%) | 6292 (68.8%) | 6306 (68.9%) | |
| THERAPEUTICALLY EQUIVALENT | 6292 (68.8%) | 527 (5.8%) | 513 (5.6%) | |
| NOT THERAPEUTICALLY EQUIVALENT | 527 (5.8%) | 177 (1.9%) | 183 (2.0%) | |
| EXCEPTIONS | 177 (1.9%) | -- | -- | |
| NEW MOLECULAR ENTITIES APPROVED | 526 | 528 | 6 | |
| NUMBER OF APPLICANTS | | | | x |

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

PRESCRIPTION DRUG PRODUCT LIST

14TH EDITION

CUMULATIVE SUPPLEMENT NUMBER 5 / JAN '94 - MAY '94

ACETIC ACID, GLACIAL, ALUMINUM ACETATE

SOLUTION/DROPS; OTIC

ACETIC ACID 2% IN AQUEOUS ALUMINUM ACETATE
AT BAUSCH AND LOMB 2%; 0.79Z

FEB 25, 1994

INJECTABLE; INJECTION
AMIKIN/
AP/+//BRISTOL/
AP/
/AP/+//
/AP/

ACRIVASTINE; PSEUDOEPHEDRINE HYDROCHLORIDE

CAPSULE; ORAL
SEMPREX-D
+ BURROUGHS WELLCOME 8MG, 60MG

MAR 25, 1994

INJECTABLE; INJECTION
EQ 50MG BASE/ML/
EQ 50MG BASE/ML/
/EQ 250MG BASE/ML/
/EQ 250MG BASE/ML/
/EQ 50MG BASE/ML/
EQ 50MG BASE/ML/
EQ 250MG BASE/ML/
EQ 50MG BASE/ML/
EQ 250MG BASE/ML/
EQ 250MG BASE/ML/
EQ 250MG BASE/ML/

ALPRAZOLAM

TABLET; ORAL

ALPRAZOLAM
AB MYLAN 0.25MG
AB 0.5MG
AB 1MG
AB 2MG

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

AMINOPHYLLINE

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

AMIKACIN

TABLET; ORAL

AMIKACIN
AB NOVOPHARM 0.25MG
AB 0.5MG
AB 1MG
AB

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMINOPHYLLINE
/FUJISAWA/
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

INJECTABLE; INJECTION
AMKIN SULFATE
/AP/+//
/AP/

¹DUE TO PROGRAMMING CHANGES, EACH FIELD ON A PREVIOUSLY DELETED OR CURRENTLY DELETED DRUG PRODUCT LINE HAS BEEN CHANGED TO ONLY SHOW THE OVERSTRUCK SYMBOL BEFORE AND AFTER EACH FIELD RATHER THAN OVER EACH CHARACTER OF THE ENTIRE ENTRY.

AMPHETAMINE SULFATE

BACITRACIN

INJECTION

| | | |
|--|---|---|
| <p>BENZYL BENZOATE</p> <p>1.0MG/ML; 0.006MG/ML; 0.5UGM/ML; /1.5MG/ML; 20 IU/ML; 0.04MG/ML; 4MG/ML; /0.4MG/ML; 0.36MG/ML; 0.3MG/ML; /330 UNITS/ML; 1 IU/ML</p> <p>@ FUJISAWA</p> | <p>> DLT > /EMULSION ; /TOPICAL / > DLT > /BENZYL/BENZOATE / > DLT > /+ /LANNETT / > ADD > @ LANNETT</p> | <p>/50% / 50%</p> |
| <p>BETAMETHASONE DIPROPIONATE</p> <p>1.0MG/ML; 0.006MG/ML; 0.5UGM/ML; /1.5MG/ML; 20 IU/ML; 0.04MG/ML; 4MG/ML; /0.4MG/ML; 0.36MG/ML; 0.3MG/ML; 330 UNITS/ML; 1 IU/ML</p> <p>N18440 002</p> | <p>AUG 08, 1985</p> | <p>CREAM, AUGMENTED; TOPICAL</p> |
| <p>N.V.C. 9+3</p> <p>/AP/ /FUJISAWA/</p> | <p>> DLT > /N84535/001 / N84535 001</p> | |

ATENOLOL

| | | | |
|--------------|-----------------------------|----------------------------|---|
| TABLET; ORAL | | JAN 31, 1986 | |
| B | ATENOLOL GENPHARM | N74126 001 MAR 23, 1994 | GEL; TOPICAL DIPROLENE + SCHERLING |
| B | 50MG | N74126 002 MAR 23, 1994 | EQ 0.05% BASE |
| B | 100MG | N74265 001 FEB 28, 1994 | |
| B | 100MG | N74265 002 FEB 28, 1994 | |
| B | 25MG | N74265 003 FEB 28, 1994 | BETAMETHASONE VALERATE OINTMENT; TOPICAL |
| B | INVAMED | | |
| B | 50MG | | |
| B | 100MG | | |
| B | | | |

卷之三

BETAMETHASONE VALERATE
/B* / CLAY/PARK/ /EQ/0.1% /BASE/
@ CLAY PARK EQ 0.1% BASE
/N/1478/001/
/DEC/23./1987/
N1478 001
DEC 23 1987

BETHANECHOL CHLORIDE

| | | | |
|---|---|--|-------------------------------------|
| TABLET; ORAL BETHANECHOL CHLORIDE > DLT > /AA/ > DLT > /AA/ > DLT > /AA/ > ADD > > ADD > > ADD > | /LANNETT/ /5MG/ /25MG/ 5MG 10MG 25MG | /N84702/001/ /N84712/001/ /N84704/001/ N84702 001 N84712 001 N84704 001 | N18281 001 /N18281/001/ |
| | | | AB + BASEL PHARMS /AB//+//GEIGY/ |
| | | | CARBIDOPA; LEVODOPA N84074 001 |
| | | | |
| BUDESONIDE AEROSOL, METERED; NASAL + ASTRA | | N20233 001 FEB 14, 1994 0.05MG/INH | |
| | | | |

BUTABARBITAL SODIUM

| | | | | | |
|--------------------------------------|------------------------|----------------------------|----------------------------|---|-----------------------------------|
| ELIXIR; ORAL RHINOCORT + ASTRA | /BUTALAN/ @ LANNETT | /33.3MG/5ML/ 33.3MG/5ML | /N85880/001/ N85880 001 | CAPSULE; ORAL /CEFADROXIL/ /@/ZENITH/ | /EQ/500MG/BASE/ /MAR/03,/1987/ |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

BUTISOL SODIUM

| | | | | | |
|--|--|--|----------------------------|--|---------------------------------|
| TABLET; ORAL WALLACE SODIUM BUTABARBITAL @ ZENITH | /WALLACE/ WALLACE /LANNETT/ @ LANNETT /ZENITH/ @ ZENITH | /100MG/ 100MG /100MG/ 100MG /30MG/ 30MG | /N00793/005/ N00793 005 | TABLET; ORAL /CEFADROXIL/ /@/ZENITH/ | /EQ/1GM/BASE/ /APR/08,/1987/ |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CARBAMAZEPINE

| | | |
|--|-----------|---|
| SUSPENSION; ORAL TEGRETOL + BASEL PHARMS /+//GEIGY/ | 100MG/5ML | /100MG/5ML/ /DEC/18,/1987/ /N18927/001/ /DEC/18,/1987/ |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|-------|-------------------------|
| TABLET; ORAL TEGRETOL AB + BASEL PHARMS /AB//+//GEIGY/ | 200MG | /200MG/ /N16608/001/ |
| | | |
| | | |
| | | |
| | | |

RX DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 5 / JAN'94 - MAY'94

CEFAZOLIN SODIUM

INJECTABLE; INJECTION
CEFAZOLIN SODIUM
/AP/
/FUJISAWA/

/EQ 500MG BASE/VIAL/
 /EQ 1GM BASE/VIAL/
 /EQ 10GM BASE/VIAL/
 /EQ 20GM BASE/VIAL/
 @ FUJISAWA

EQ 500MG BASE/VIAL
 EQ 1GM BASE/VIAL
 EQ 10GM BASE/VIAL
 EQ 20GM BASE/VIAL
 NOV 17, 1986
 NOV 03, 1987

CEFTIZOXIME SODIUM

INJECTABLE; INJECTION
CEFTIZOX

FUJISAWA
 EQ 1GM BASE/VIAL
 EQ 2GM BASE/VIAL
 MAR 31, 1994
 MAR 31, 1994
 MAR 31, 1994

CHLORPHENIRAMINE MALEATE

TABLET; ORAL
CHLORPHENIRAMINE MALEATE/AA/
@ ZENITH/

/4MG/
4MG

CHLORTHALALIDONE

TABLET; ORAL
THALITONE
+ HORUS THERAP

15MG
/15MG/

CHLORAMPHENICOL

OINTMENT; OPHTHALMIC
/CHLOROFAIR/
/PHARMAFAIR/

@ PHARMAFAIR
 /LZ/
 /N62439/001/
 /APR/21/,1983/
 N62439 001
 APR 21, 1983
 > ADD >
 > ADD >

CIMETIDINE

| | | | |
|--|--|---|--|
| SOLUTION/DROPS; OPHTHALMIC /CHLOROFAIR/ /PHARMAFAIR/ | /0.5%/ /N62437/001/ /APR/14/,1983/ N62437 001 APR 14, 1983 > ADD > > ADD > | CIMETIDINE ENDO LABS 200MG 300MG 400MG 800MG | N74281 001 MAY 17, 1994 N74281 002 MAY 17, 1994 N74281 003 MAY 17, 1994 N74329 001 MAY 17, 1994 |
|--|--|---|--|

N73403 001
 APR 28, 1994

N19574 001
 DEC 20, 1988
 /N19574/001/
 /DEC/20/,1988/

N19028 001
 AUG 13, 1986

N73695 001
 JAN 14, 1994

CIMETIDINE

CLOBETASSOL PROPIONATE

CODEINE PHOSPHATE, PROMETHAZINE HYDROCHLORIDE

SYRUP; ORAL

PROMETHAZINE W/ CODEINE

AA PENNEX PHARMS 1.0MG/5ML; 6.25MG/5ML
/@/

N88875 001
DEC 17, 1984
/N88875/001/
/DEC/17/1984/

CODEINE PHOSPHATE, PROMETHAZINE HYDROCHLORIDE

CYPROHEPTADINE HYDROCHLORIDE

TABLET; ORAL

CYPROHEPTADINE HCL

/AA/ /CHELSEA/LABS/
@ CHELSEA LABS

/4MG/
4MG

CYTARABINE

INJECTABLE; INJECTION

CYTARABINE

+ BULL
20MG/ML
FEB 28, 1994

CORTISONE ACETATE

INJECTABLE; INJECTION

/CORTISONE/ACETATE/

/BP/ /STERIS/

/BP/ /BP/

/BP/ /UP JOHN/

@ STERIS

@

@

@ UP JOHN

CORTONE

/BP/ /MSD/

/BP/+ / MSD/

+ MSD

/25MG/ML/
50MG/ML/
/25MG/ML/
/25MG/ML/
/50MG/ML/
/25MG/ML/
2.5MG/ML/
2.5MG/ML
5.0MG/ML
5.0MG/ML
2.5MG/ML
2.5MG/ML/
/50MG/ML/
/25MG/ML/
/50MG/ML/
5.0MG/ML
2.5MG/ML
/NO7110/002/
/NO7110/003/
NO7110 003
NO7110 002

CROMOLYN SODIUM

SOLUTION; INHALATION

CROMOLYN SODIUM

1.0MG/ML
DEY

AN

INTAL

AN + FISONS

1.0MG/ML

MAY 28, 1982

CYCLOPENTOLATE HYDROCHLORIDE

N72945 001
MAR 07, 1994

N20355 001
MAR 07, 1994

N86165/001/
N86165 001

N88864 001

JAN 04, 1985

/N88864/001/
/JAN/04/1985/

DEXTRROPHARM

INJECTABLE; INJECTION
DEXTRROPHARM
/ELIXIR; ORAL/
/DEXEDRINE/
/SMITHKLINE/BEECHAM/
@ SMITHKLINE BEECHAM

N83902/001/
N83902 001

DEXMETHORPHAN HYDROBROMIDE; PROMETHAZINE HYDROCHLORIDE

N88864 001

JAN 04, 1985

/N88864/001/
/JAN/04/1985/

DEXTOSE

INJECTABLE; INJECTION
DEXTOSE; 5% IN PLASTIC CONTAINER
AP MCGAW

N16730 002

SOLUTION/DROPS; OPHTHALMIC

PENTOLAIR

BAUSCH AND LOMB

1Z

N40075 001

APR 29, 1994

N16730 002

RX DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 5 / JAN '94 - MAY '94

DEXTHYROXINE SODIUM

TABLET; ORAL
CHOLOXIN
+ BOOTS
/+/
@

N12302 004
/N12302/006/
/N12302/004/
N12302 006

DILTIAZEM HYDROCHLORIDE
TABLET; ORAL
DILTIAZEM HCL
AB NOVOPHARM
30MG
@
60MG

N74084 001
FEB 25, 1994
N74084 002
FEB 25, 1994

DIENESTROL

> DLT >
> DLT > AT/
> ADD >
CREAM; VAGINAL
/ESTRAGUARD/
/SOLVAY/
@ SOLVAY
0.01%/
0.01%

/N84436 001/
N84436 001

DOXEPIPIN HYDROCHLORIDE

CREAM; TOPICAL
ZONALON
+ GENDERMIN
5%

DIETHYLSTILBESTROL

TABLET; ORAL
DIETHYLSTILBESTROL
/BP/ /LILLY/
/BP/+/
+ LILLY
STILBESTROL
/BP/ /TABLICAPS/
/BP/
@ TABLICAPS
@
1MG/
5MG/
1MG
5MG

/N04041/004/
/N04041/005/
NO4041 005
NO4041 004
1MG
/N83002/001/
/N83006/001/
N83002 001
N83006 001

DILTIAZEM HYDROCHLORIDE
TABLET; ORAL
DILTIAZEM HCL
AB NOVOPHARM
30MG
@
60MG

N74084 001
FEB 25, 1994
N74084 002
FEB 25, 1994

TABLET, DELAYED RELEASE; ORAL

/BE/ /STILBESTROL/
/BE/ /TABLICAPS/
/BE/
@ TABLICAPS
@
/STILBETIN/
/BE/ /SQUIBB/
/BE/
/BE/
@ SQUIBB
@
@
0.5MG/
1MG/
0.5MG/
0.5MG
1MG
5MG
/N04056/012/
/N04056/013/
/N04056/014/
NO4056 012
NO4056 013
NO4056 014

/N83003/001/
/N83005/001/
/N83007/001/
N83003 001
N83005 001
N83007 001

DOXORUBICIN HYDROCHLORIDE
INJECTABLE; INJECTION
ADRIAMYCIN PFS
/200MG/100ML/
/AP//+//ADRIA/
/AP/
+ ADRIA
200MG/100ML
200MG/100ML
200MG/100ML
MAY 03, 1988
N63165 002
JAN 30, 1991

N50629/002/
/MAY 03, 1988/
/N63165/002/
/JAN 30, 1991/
N50629 002
MAY 03, 1988
N63165 002
JAN 30, 1991

ERYTHROMYCIN
CAPSULE, DELAYED REL PELLETS; ORAL
ERYC
/AB/ /PARKE/DAVIS/
/250MG/
@ PARKE DAVIS
250MG
JUL 25, 1985

/N62546/001/
/JUL 25, 1985/
/N62546 001
JUL 25, 1985

SOLUTION; TOPICAL
ERYTHROMYCIN
/AT/ /BARRE/
/2%/
@ BARRE
2%
JUL 21, 1988

N64039 001
/JUL 21, 1988/
N62957 001
JUL 21, 1988

BAUSCH AND LOMB
2%
JAN 27, 1994

RX DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 5 / JAN '94 - MAY '94

ERYTHROMYCIN ETHYLSUCCINATE

ESTROGENS, ESTERIFIED

SUSPENSION; ORAL
ERYTHROMYCIN ETHYLSUCCINATE
/EQ 200MG BASE/5ML/
/EQ 400MG BASE/5ML/
EQ 200MG BASE/5ML
EQ 400MG BASE/5ML

TABLET; ORAL
E.E.S. 400
/AB//+//ABBOTT/
/AB/
EQ 400MG BASE/
EQ 400MG BASE/
AB + ABBOTT
@
EQ 400MG BASE

TABLET; ORAL
MENEST
/BS/+//SMITHKLINE/BEECHAM/
/N62177/001/
/N62177/002/
N62177 001
N62177 002

TABLET; ORAL
ESTRONE
/N61905/001/
/N61905/002/
/AUG/12/1982/
N61905 002
AUG 12, 1982
N61905 001

INJECTABLE; INJECTION
ESTRONE
> DLT >
> ADD >
/BP/
@ STERIS/

INJECTABLE; INJECTION
ESTRONE
> DLT >
> ADD >
/BP/
@ STERIS/

TABLET; ORAL
ETHAMBUTOL HYDROCHLORIDE
MYAMBUTOL
+ LEDERLE
/+/
/N16320/003

TABLET; ORAL
ETODOLAC
400MG
/500MG/
/200MG/
N16320 002

TABLET; ORAL
LODINE
+ WYETH AYERST
N16320 003

INJECTABLE; INJECTION
TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE
/AO/+//SQUIBBB/
@ SQUIBBB
4MG/ML; 90MG/ML
4MG/ML; 90MG/ML

INJECTABLE; INJECTION
TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE
/AO/+STERIS/
4MG/ML; 90MG/ML
4MG/ML; 90MG/ML

INJECTABLE; INJECTION
ETOPOSIDE
AP GENSIA
ZOMG/ML

INJECTABLE; INJECTION
ETOPOSIDE
AP VEPESID
ZOMG/ML

TABLET; ORAL
ESTRATAB
/BS/ /SOLVAY/
BS + SOLVAY
/BS/
BS +

TABLET; ORAL
ESTROGENS, ESTERIFIED
/N83209/001/
N83209 001
/N83857/001/
N83857 001

TABLET; ORAL
ESTROGENS, ESTERIFIED
N74284 001
FEB 10, 1994

TABLET; ORAL
ESTROGENS, ESTERIFIED
N18768 001
NOV 10, 1983

FAMOTIDINE

INJECTABLE; INJECTION
PEPCID IN PLASTIC CONTAINER
+ MERCK 0.4MG/ML

N20249 001
FEB 18, 1994

/AI/ /PHARMAFAIR/
AT PHARMAFAIR

/EQ 1MG BASE/GM/
EQ 0.1% BASE

/N62458/001/
/SEP/01/1983/
N62458 001
SEP 01, 1983

FLUMAZENIL

INJECTABLE; INJECTION
/MAZICON/
/+// ROCHE/ 0.1MG/ML

N20073 001
/DEC/20//1991/

/AI/ /PHARMAFAIR/
AT PHARMAFAIR

/EQ 1MG BASE/GM/
EQ 0.1% BASE

/N62307/001/
N62307 001

FLUCCINOLONE ACETONIDE

SOLUTION; TOPICAL
FLUCCINOLONE ACETONIDE
/AI/ /PHARMAFAIR/ @ PHARMAFAIR

N20073 001
DEC 20, 1991

/AI/ /PHARMAFAIR/
AT PHARMAFAIR

/EQ 1MG BASE/GM/
EQ 0.1% BASE

/N62456 001
/APR 29, 1994
/N62531/001/
JUL/05//1984/
N62531 001
JUL 05, 1984

FOLIC ACID

TABLET; ORAL
FOLIC ACID
/PUREPAC/ @ PUREPAC

N88449 001
/FEB/08//1984/
N88449 001
FEB 08, 1984

/AI/ /PUREPAC/
AT PUREPAC

/EQ 1MG BASE/GM/
EQ 0.01% BASE

/N62427 001
MAY 26, 1983

GALLIUM CITRATE, GA-67

INJECTABLE; INJECTION
GALLIUM CITRATE GA 67
BS DUPONT /BS/ /DUPONT/MERCK/

N17478 001
/N17478/001/

/AI/ /+//SCHERING/
AT + SCHERRING

/EQ 2MG BASE/ML/
EQ 2MG/BASE/ML/

/N50505 001
/N50505/001/

GENTAMICIN SULFATE

CREAM; TOPICAL
GARAMYCIN
/AI//+//SCHERING/
AT + SCHERRING

N17478 001
/2MC1/ML/

/AI/ /+//SCHERING/
AT + SCHERRING

/EQ 3MG BASE/GM/
EQ 0.3% BASE

/N62501/001/
/JUL/26//1984/
N62501 001
JUL 26, 1984

GENTAMICIN SULFATE

CREAM; TOPICAL
GARAMYCIN
/AI//+//SCHERING/
AT + SCHERRING

N60462 001
/N60462/001/

/AI/ /+//SCHERING/
AT + SCHERRING

/EQ 1MG BASE/GM/
EQ 0.1% BASE

/N60463/001/
N60463 001

GENTAMICIN SULFATE

CREAM; TOPICAL

GENTAFAIR

/PHARMAFAIR/

/AI/ /PHARMAFAIR/
AT PHARMAFAIR

/EQ 1MG BASE/GM/
EQ 0.1% BASE

/N62307/001/
N62307 001

GENTAMICIN

CLAY PARK

GENTAMICIN SULFATE

/AI/ /CLAY PARK/
AT GENTAMICIN SULFATE

/EQ 1MG BASE/GM/
EQ 0.1% BASE

/N62456 001
/APR 29, 1994
/N62531/001/
JUL/05//1984/
N62531 001
JUL 05, 1984

GENTAMICIN

FOUGERA

GENTAMICIN

/AI/ /FOUGERA/
AT FOUGERA

/EQ 1MG BASE/GM/
EQ 0.1% BASE

/N62471 001
/SEP 27/1983
N62471 001
SEP 27, 1983

GENTAMICIN

THAMES

GENTAMICIN

/AI/ /THAMES/
AT THAMES

/EQ 1MG BASE/GM/
EQ 0.1% BASE

/N62427 001
MAY 26, 1983

GENTAMICIN; INJECTION

NMC

GENTAMICIN

/NMC/ /+//
AT + SCHERRING

/EQ 1MG BASE/ML/
EQ 1MG/BASE/ML/

/N50505 001
/N50505/001/

GENTAMICIN

IOLAB

GENTACIDIN

/AI/ /IOLAB/
AT IOLAB

/EQ 3MG BASE/GM/
EQ 0.3% BASE

/N62501/001/
/JUL/26//1984/
N62501 001
JUL 26, 1984

GENTAMICIN

SCHERRING

GENTAMICIN

/AI/ /+//SCHERING/
AT + SCHERRING

/EQ 1MG BASE/GM/
EQ 0.1% BASE

/N60463/001/
N60463 001

GENTAMICIN SULFATE

GENTAMICIN SULFATE

| GUANABENZ ACETATE | | HYDROCORTISONE | |
|---------------------|--|--|--|
| <u>TABLET; ORAL</u> | | <u>ENEMA; RECTAL</u> | |
| @B | GUANABENZ ACETATE WATSON LABS | EQ 4MG BASE N74025 001 FEB 28, 1994 | > <u>ADD</u> > AT + SOLVAY CORTENE MA HYDROCORTISONE COIPLEY > <u>ADD</u> > |
| @B | EQ 8MG BASE | N74025 002 FEB 28, 1994 | > <u>ADD</u> > AT > <u>ADD</u> > |
| @B | HYTENSIN WYETH AYERST | EQ 4MG BASE N18587 001 SEP 07, 1982 | > <u>DLT</u> > GEL; TOPICAL /NUTRACORT/ > <u>DLT</u> > /AT/ /+//GALDERMA/ > <u>ADD</u> > @ GALDERMA |
| @B | + EQ 8MG BASE | N18587 002 SEP 07, 1982 | > <u>DLT</u> >/AT/ /ALLERGAN/HERBERT/ > <u>DLT</u> > > <u>ADD</u> > > <u>ADD</u> > |
| @B | HEPARIN CALCIUM INJECTABLE; INJECTION CALCIPARINE + CHOAY /+ // DUPONT / | N18237 001 N18237/001/ 25,000 UNITS/ML /25,000/UNITS/ML/ | PENEKORT LOTION; TOPICAL HYDROCORTISONE /AT/ /CLAY/PARK/ @ CLAY PARK |
| @B | HYDROCHLOROTHIAZIDE /ZENTITH/ @ ZENTITH | /50MG/ 50MG/ /N84658/001/ N84658 001 | OINTMENT; TOPICAL HYDROCORTISONE /AT/ /CLAY/PARK/ @ CLAY PARK |
| @B | HYDROCHLOROTHIAZIDE /ROXANE/ @ ROXANE | /50MG; 50MG; /N84603/001/ N84603 001 | HYDROCORTISONE ACETATE CREAM; TOPICAL HYDROCORTISONE ACETATE /AT/ /PARKE/DAVIS/ @ PARKE DAVIS |
| @B | HYDROCHLOROTHIAZIDE; RESERPINE | | HYDROCORTISONE ACETATE /1% |
| @B | TABLET; ORAL HYDROCHLOROTHIAZIDE /BP/ @ ROXANE | /25MG; 50MG/ 50MG; 0.125MG/ 50MG; 0.125MG | /1% |
| @B | HYDROCHLOROTHIAZIDE; TRIAMTERENE | | 1% |
| @B | CAPSULE; ORAL DYAZIDE /AB//+//SMITHKLINE/BEECHAM/ SMITHKLINE BEECHAM | /25MG; 50MG/ 25MG; 37.5MG /N16042/002/ N16042 003 MAR 03, 1994 | INJECTABLE; INJECTION HYDROCORTISONE ACETATE /BP/ @ STERIS/ /N89914/001/ N89914 001 JAN 03, 1989 |
| @B | TRIAMTERENE AND HYDROCHLOROTHIAZIDE /GENEVAPHARMS/ + GENEVA PHARMS | /25MG; 50MG/ 25MG; 50MG /N73191/001/ N73191 001 JUL 31, 1991 | /50MG/ML/ 50MG/ML /N85214/001/ N85214 001 JAN 03, 1989 |

RX DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 5 / JAN '94 - MAY '94

HYDROCORTISONE SODIUM SUCCINATE

INJECTABLE; INJECTION
A-HYDROCORT
 /AP/ /ABBOTT/ /EQ 250MG BASE/VIAL/ > ADD > IMIGLUCERASE
 /AP/ /EQ 500MG BASE/VIAL/ > ADD > INJECTABLE; INJECTION
 /AP/ /EQ 1GM BASE/VIAL/ > ADD > CEREZYME
 @ ABBOTT /AP/ /N89578/001/ + GENZYME 200 UNITS/VIAL
 EQ 250MG BASE/VIAL /APR/11,/1989/ MAY 23 , 1994
 EQ 500MG BASE/VIAL /APR/11,/1989/ N20367 001
 /AP/ /EQ 1GM BASE/VIAL/ /N89580/001/ INSULIN BIOSYNTHETIC HUMAN
 @ ABBOTT /AP/ /N89578/001/ INJECTABLE; INJECTION
 EQ 250MG BASE/VIAL APR 11, 1989 HUMULIN R 500 UNITS/ML
 EQ 500MG BASE/VIAL N89579 001 + LILLY MAR 31 , 1994
 EQ 1GM BASE/VIAL N89580 001
 APR 11, 1989

HYDROXYPROGESTERONE CAPROATE

INJECTABLE; INJECTION
DELAUTIN
 /AO//+//SQUIBB/ /125MG/ML/ > ADD > ISONIAZID, PYRAZINAMIDE, RIFAMPIN
 /AO//+// /125MG/ML/ > ADD > TABLET; ORAL
 /AO//+// /250MG/ML/ > ADD > RIFATER
 @ SQUIBB /N10347/004/ + MARION MERRELL DOW 50MG ; 300MG ; 120MG
 /N10347/002/ /N10347/002/ /N10347/004/ N50705 001
 /N16911/002/ /N16911/001/ N16911 001 MAR 31 , 1994
 /250MG/ML/ /N16911/001/ /N16911/001/ /N16911/002/ /N16911/002/ /N16911/002/ /N16911/002/
 125MG/ML 125MG/ML 125MG/ML 250MG/ML 250MG/ML 250MG/ML 250MG/ML
 /NEPHROFLOW/ /MEDI/PHYSICS/ @ MEDI PHYSICS 1MCU/ML
 /DEC/28,/1984/ /DEC/28,/1984/ /DEC/28,/1984/ /DEC/28,/1984/
 /N18289/001/ /N18289/001/ /N18289/001/ /N18289/001/ /N18289/001/ /N18289/001/ /N18289/001/ /N18289/001/

HYDROXYPROGESTERONE CAPROATE

INJECTABLE; INJECTION
STERIS/
 AO + STERIS /N17439/001/ > ADD > KANAMYCIN SULFATE
 /AO/ + /N17439/001/ /N17439/002/ /N17439/002/ MAR 18 , 1994
 125MG/ML 250MG/ML 250MG/ML 250MG/ML
 + + + +
 TABLET; ORAL
HYDROXYZINE HCL
 AB ROYCE 10MG
 AB 25MG
 AB 50MG
 TABLET; ORAL
KANAMYCIN SULFATE
 N81149 001 MAR 18 , 1994
 N81150 001 MAR 18 , 1994
 N81151 001 MAR 18 , 1994
 CAPSULE; ORAL
KANFREX
 /+ // APOTHECON / /EQ/500MG/BASE/
 + APOTHECON /EQ/500MG/BASE/
 @ @ /EQ/500MG/BASE/
 /N61911/001/ /N61911/001/
 /N62726/001 MAR 06 , 1987
 EQ 500MG BASE
 EQ 500MG BASE
 /EQ/500MG/BASE/ /N62726/001/
 /MAR//06,/1987/ /MAR//06,/1987/

KANAMYCIN SULFATE

卷之三

CAPSULE; ORAL
KANTREX
B//++//BRISTOL/

INJECTABLE: INJECTION

KANTREX
 $P//+//APOTHECON//$
 $P//$
 $P//+$ APOTHECON
 $P//+//$
 $P//$
 $P//+$ $P//+//$

LEUCOVORIN CALCIUM

LEVOBUNOLOL HYDROCHLORIDE
SOLUTION/DROPS ; OPHTHALMIC
BETAGAN
T + ALLERGAN

N19219 002
DEC 19 / 1985

LEVOBUNOLOL HYDROCHLORIDE

SOLUTION/DROPS; OPHTHALMIC

/EQ_500MG BASE/ /N60516/001/

**INJECTABLE ; INJECTION
VANNUDEV**

LEVONORDEERIN - MEPIVACANE HYDROCHLORIDE

> DLT > /ARRESTOCAINE HCL W/ LEVONORDEFVIN/
> DLT > /AP/ /CARLISLE/ / 0.05MG/ML; 2%/
> ADD > @ SOLVAY 0.05MG/ML; 2%

LIDOCAINE HYDROCHLORIDE

AT PENNEX PHARMS 47
SOLUTION; TOPICAL
EYLOCANE N87881 001

AI / ABBOTT / /ABBOTT/ @ ABBOTT _____ /2½/ /N88572/001/ /JUL./31./1984/ N88572.001

LITHIUM CARBONATE

TABLE I, INTENDED RELEASE; ORAL
/LITHOBID/
/+ /CIBA/
@ CIBA

| | | | | | |
|----------|-----------------------|--------|-----------|------------------|--------------------------|
| LORZEPAM | INJECTABLE; INJECTION | ATIVAN | AP + AP + | 2MG/ML 4MG/ML | N18140 001 N18140 002 |
|----------|-----------------------|--------|-----------|------------------|--------------------------|

N19814 001 JUN 28, 1989
N19219 002 DEC 19, 1985

MINOCYCLINE HYDROCHLORIDE

TABLET; ORAL

/MINOCIN/

/@/LEDERLE/

/@/

/EQ/50MG/BASE/

/EQ/100MG/BASE/

/EQ/100MG/BASE/

MINOCYCLINE HCL
LEDERLE

EQ 50MG BASE

EQ 100MG BASE

EQ 100MG BASE

EQ 100MG BASE

NAPROXEN SODIUM

NAFCILLIN SODIUM

INJECTABLE; INJECTION

NAFCIL

APOTHECON

AP

AP

AP

AP

/AP/

/BRISTOL/

/AP/

/AP/

/AP/

UNIPEN

@

WIETH AYERST

EQ 10GM BASE/VIAL

EQ 20GM BASE/VIAL

NAPHAZOLINE HYDROCHLORIDE

SOLUTION/DROPS; OPHTHALMIC

NAFAZAIR

BAUSCH AND LOMB

0.1%

N40073 001

MAY 25, 1994

NAPROXEN

SUSPENSION; ORAL

NAPROSYN

AB + SYNTEX

> ADD >

AT

> ADD >

BAUSCH AND LOMB

0.1%

25MG/ML

NAPROXEN

TABLET; ORAL

NAPROXEN

AB

ROXANE

250MG

AB

375MG

AB

500MG

AB

NAPROXEN SODIUM

TABLET; ORAL

NAPROXEN SODIUM

AB

COPILEY

EQ 250MG BASE

AB

EQ 500MG BASE

AB

NICOTINE

N61984 001

N61984 002

N61984 003

N61984 005

N61984 005

/N61984/001/

/N61984/002/

/N61984/003/

/N61984/005/

/N61984/005/

/EQ 500MG BASE/VIAL

/EQ 1GM BASE/VIAL

/EQ 2GM BASE/VIAL

/EQ 4GM BASE/VIAL

/EQ 500MG BASE/VIAL

/EQ 1GM BASE/VIAL

/EQ 2GM BASE/VIAL

/EQ 4GM BASE/VIAL

/EQ 500MG BASE/VIAL

/EQ 1GM BASE/VIAL

/EQ 2GM BASE/VIAL

/EQ 4GM BASE/VIAL

/EQ 500MG BASE/VIAL

/EQ 1GM BASE/VIAL

/EQ 2GM BASE/VIAL

/EQ 4GM BASE/VIAL

/EQ 500MG BASE/VIAL

/EQ 1GM BASE/VIAL

/EQ 2GM BASE/VIAL

/EQ 4GM BASE/VIAL

/EQ 500MG BASE/VIAL

/EQ 1GM BASE/VIAL

/EQ 2GM BASE/VIAL

/EQ 4GM BASE/VIAL

/EQ 500MG BASE/VIAL

/EQ 1GM BASE/VIAL

/EQ 2GM BASE/VIAL

/EQ 4GM BASE/VIAL

/EQ 500MG BASE/VIAL

/EQ 1GM BASE/VIAL

/EQ 2GM BASE/VIAL

/EQ 4GM BASE/VIAL

/EQ 500MG BASE/VIAL

N74211 001

FEB 28, 1994

N74211 002

FEB 28, 1994

N74211 003

FEB 28, 1994

N74211 004

FEB 28, 1994

N74289 001

JAN 27, 1994

N74289 002

JAN 27, 1994

N74289 003

JAN 27, 1994

N20076/001/

/NOV/27/1991/

N20076/002/

/NOV/27/1991/

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N20076/079/

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N20076/080/

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N20076/081/

/NOV/27/1991/

N20076/082/

/NOV/27/1991/

N20076/083/

/NOV/27/1991/

N20076/084/

/NOV/27/1991/

N20076/085/

PHENYLEPHRINE HYDROCHLORIDE. PROMETHAZINE HYDROCHLORIDE

| | | | | |
|---|---|---|----------------------------|--|
| SYRUP; ORAL PROMETHAZINE VC PLAIN AA PENNEX PHARMS /@/ | 5MG/5ML, 6.25MG/5ML/ /5MG/5ML, 6.25MG/5ML/ /JAN/04/ | N88897 001 JAN 04, 1985 /N88897/001/ /JAN/04/1985/ | /AP/ /FUJISAWA/ 2MEQ/ML | INJECTABLE, INJECTION POTASSIUM CHLORIDE /N87885/001/ /FEB/03/1983/ N87885 001 FEB 03, 1983 |
|---|---|---|----------------------------|--|

PHYTONADIONE

| | | | | |
|--|---|--|--|---|
| INJECTABLE; INJECTION PHYTONADIONE /BP/ /SMITHKLINE/BEECHAM/ /BP/ @ SMITHKLINE BEECHAM @ | 1IMG/0.5ML/ 10MG/ML/ 1MG/0.5ML 10MG/ML | /N84060/001/ /N84060/002/ N84060 001 N84060 002 | /BX/ /BUNDY/ @ BUNDY /BX/ /ICN/ @ ICN /BX/ /INWOOD/ @ INWOOD /BX/ /TABLICAPS/ @ TABLICAPS | TABLET; ORAL PREDNISOLONE /N83675/001/ N83675 001 |
| PILOCARPINE HYDROCHLORIDE TABLET; ORAL SALAGEN + MCI | 5MG | N202237 001 MAR 22, 1994 | PREDNISOLONE SODIUM PHOSPHATE /EQ 0.9% PHOSPHATE/ /EQ 0.9% PHOSPHATE/ @ PHARMAFAIR | SOLUTION/DROPS; OPHTHALMIC /PREDAIR FORTE/ /PREDAIR FORTE/ @ PHARMAFAIR EQ 0.9% PHOSPHATE |

PINDOLOL

| | | | | |
|---|-------------|--|---|--|
| TABLET; ORAL PINDOLOL AB MUTUAL PHARM AB | 5MG 10MG | N74063 001 JAN 27, 1994 N74063 002 JAN 27, 1994 | PREDNISONE /BX/ /BUNDY/ @ BUNDY /BX/ /FIRST/TX/ @ FIRST TX /BX/ /ICN/ @ ICN /BX/ /INWOOD/ @ INWOOD /BX/ /INWOOD/ @ INWOOD | TABLET; ORAL PREDNISONE /N83676/001/ N83676 001 /N80371/001/ N80371 001 /N80237/001/ N80237 001 /N80328/001/ N80328 001 /N80306/001/ N80306 001 /N85115/001/ N85115 001 /N80232/001/ N80232 001 |
|---|-------------|--|---|--|

PIROXICAM

| | | | | |
|--|--------------|--|---|--|
| CAPSULE; ORAL PIROXICAM AB NOVOPHARM AB | 10MG 20MG | N73637 001 JAN 28, 1994 N73638 001 JAN 28, 1994 | PREDNISONE /BX/ /BUNDY/ @ BUNDY /BX/ /FIRST/TX/ @ FIRST TX /BX/ /ICN/ @ ICN /BX/ /INWOOD/ @ INWOOD /BX/ /INWOOD/ @ INWOOD /BX/ /NYLOS/ @ NYLOS /BX/ /REXALL/ @ REXALL | TABLET; ORAL PREDNISONE /N83676/001/ N83676 001 /N80371/001/ N80371 001 /N80237/001/ N80237 001 /N80328/001/ N80328 001 /N80306/001/ N80306 001 /N85115/001/ N85115 001 /N80232/001/ N80232 001 |
|--|--------------|--|---|--|

PREDNISONE

**PREDNISONE
ORAL TABLET**

| | | |
|------|------------------------------|----------|
| /BX/ | /SPERTI/ | /1MG / |
| /BX/ | | /2.5MG / |
| /BX/ | @ SPERTI | /5MG / |
| | @ | 1MG |
| | @ | 2.5MG |
| | @ | 5MG |
| /BX/ | /WHITE/TOWNE/PAULSEN//20MG / | |
| @ | WHITE TOWNE PAULSEN | 20MG |

PROMETHAZINE HYDROCHLORIDE

SYRUP; ORAL.
PROMETHAZINE PLAIN

PENNEX PHARMS 6.25MG/5ML /6.25MG/5ML /@/

2BROPANTHELINE BROMIDE

TABLET; ORAL
PRO-BANTHINE
ROBERTS LAB
/SCS/

PROPERTY IMPACT

TABLET; ORAL
PROPYLTHIOURACIL
300 mg / TABLETS /
TABLI CAPS /

PSEUDOEPHEDRINE HYDROCHLORIDE; TRIPROLIDINE HYDROCHLORIDE

TABLET; ORAL

| | | | |
|--|---|--|--|
| /N80359/001/ /N80359/002/ /N80359/003/ N80359 001 N80359 002 N80359 003 /N84913/002/ N84913 002 | /AA/ <u>ALLERFED/</u> @ PRIVATE FORM | /PRIVATE/FORM/ <u>/ 60MG ; 2 . 5MG /</u> 60MG ; 2 . 5MG | /N88860/001/ /JAN/31/1988/ N88860 001 JAN 31 , 1988 |
|--|---|--|--|

RANTIDINE HYDROCHLORIDE

ZANTAC 150

GLAXO

L194 UO, 1994
N20095 002
MAR 08, 1994

CRANSEE; EPERVESEENI; ORAL
ZANTAC 150

| | | |
|-------------------------------------|---------------------------------|----------------------------|
| TABLET, EFFERVESCENT; ZANTAC 150 | EQ 150MG BASE/PACKET + GLAXO | N20251 002 MAR 31, 1994 |
| TABLET, EFFERVESCENT; ORAL | EQ 150MG BASE + GLAXO | N20251 001 MAR 31, 1994 |

100

| | | | |
|---------------|-----------|----------|-----------------------------|
| ZEMURON | + ORGANON | 10MG /ML | N20214 002 MAR 17 , 1994 |
| ZEMURON (P/F) | + ORGANON | 10MG /ML | N20214 001 MAR 17 , 1994 |

SALMETEROL XINAFOATE

EQ 0.021MG BASE/INH N20236 001

SILVER SULFADIAZINE

| | | | | |
|---------------|---------|-------------|--------------|------------------|
| | | | | SUSPENSION; ORAL |
| /N19608/001/ | > DLT > | /250MG/5ML/ | /N18605/001/ | |
| /NOV/30/1989/ | > ADD > | 250MG/5ML | N86983 001 | |
| N19608 001 | > ADD > | 250MG/5ML | N18605 001 | |
| NOV 30 1989 | > DLT > | /250MG/5ML/ | /N86983/001/ | |
| 1% | | | | |

SOTALOL HYDROCHLORIDE

TABLET; ORAL
BETAPACE
BERLEX

SULFACETAMIDE SODIUM

SOLUTION/DROPS; OPHTHALMIC
/SULFAIR FORTE/
/PHARMAFAIR/
/ **30%**

SULFAMETHOXAZOLE; TRIMETHOPRIM

TABLET; ORAL
UROPLUS D
/AB/ /SHIONOGI

@ SHIONOGI

SULEASALAZINE

SUSPENSION: ORAL
 AZULFIDINE /250MG/5ML/
 /+ /PHARMACIA/
 + PHARMACIA
 @
 /250MG/5ML/
 /250MG/5ML/
 /250MG/5ML/
 /N18605/001/
 N86983 001
 N18605 001
 /N86983/001/

MACROLEUS

CAPSULE; ORAL
PROGRAF
+ FUJISAWA

INJECTABLE ; INJECTION
PROGRAM
+ FUJISAWA
EQ 5MG BASE/ML
N50709 001
APR 08, 1994

મનીજર ઓડી

NOLVADEX
+ ZENECA

TECHNETIUM TC-99M SESTAMIBI KIT

INJECTABLE; INJECTION

CARDIOLITE N/A
DUPONT N/A
/DUPONT/MERCK/ N/A

TETRACYCLINE
/SYRUP ; /ORAL /
/ACHROMYCIN V/

/AB/+/LEDERLE/ /EQ 1.25MG HCL/5ML/ /N6033/001
/AB//SUMYCIN// /EQ 1.25MG HCL/5ML/ /N60400/001
/AB//SQUIBB// /EQ 1.25MG HCL/5ML/ /N60633/001
/AB//TETRACYCLINE//
/AB//BARRE//

RX DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 5 / JAN '94 - MAY '94

TETRACYCLINE

/SYRUP; ORAL/
/TETRACYCLINE/
/AB/ MK/
/TETRACYCLINE HCL/
/AB/ PUREPAC/
/TETRACYN/
/AB/ PFIPHARMECS/
/AB/ TETRAMED/
/AB/ ZENITH/

/EQ 125MG HCL/5ML/
/EQ 125MG HCL/5ML/
/EQ 125MG HCL/5ML/
/EQ 125MG HCL/5ML/
/EQ 125MG HCL/5ML/

TETRACYCLINE HYDROCHLORIDE

FIBER, EXTENDED RELEASE; PERIODONTAL
ACTISITE
+ ON SITE 12.7MG/FIBER

N50653 001
MAR 25, 1994

SYRUP; ORAL

ACHRONYCIN V
AB + LEDERLE 125MG/5ML
AB SUMYCIN 125MG/5ML
AB SQUIBB TETRACYCLINE HCL
AB BARRE 125MG/5ML
AB MK 125MG/5ML
AB PUREPAC 125MG/5ML
AB TETRACYN 125MG/5ML
AB PFIPHARMECS 125MG/5ML
AB TETRAMED 125MG/5ML
AB ZENITH 125MG/5ML

/SYRUP; ORAL/
THEOPHYLLINE
/INWOOD LABS

100MG

FEB 14, 1994

N40052 001

125MG

FEB 14, 1994

N40052 002

200MG

FEB 14, 1994

N40052 003

300MG

FEB 14, 1993

N40052 004

FEB 14, 1994

N40052 004

RX DRUG PRODUCT LIST / CUMULATIVE SUPPLEMENT NUMBER 5 / JAN '94 - MAY '94

TRIACINOLONE ACETONIDE

| | | |
|---------------------------|--|---------------|
| AEROSOL; TOPICAL | | |
| KENALOG | | 0.025% |
| + APOTHECON | | <u>0.1%</u> |
| /+//WESTWOOD/SQUIBB/ | | 0.5% |
| | | <u>0.025%</u> |
| CREAM; TOPICAL | | |
| KENALOG | | |
| AT + APOTHECON | | 0.5% |
| AT + | | <u>0.1%</u> |
| AT + | | 0.5% |
| | | <u>0.1%</u> |
| //AT//+//WESTWOOD/SQUIBB/ | | 0.5% |
| //AT//+// | | <u>0.1%</u> |
| //AT//+// | | 0.5% |
| //AT//+// | | <u>0.1%</u> |

VINBLASTINE SULFATE

VERBAPAM II HYDROCHLORIDE

| | | |
|--------------------------------|--|--------------|
| TABLET, EXTENDED RELEASE; ORAL | | |
| <u>ISOPTIN SR</u> | | <u>180MG</u> |
| + KNOLL | | |
| | | |
| VERAPAMIL HCL | | |
| BAKER NORTON | | <u>180MG</u> |
| R | | |

N19152 002
DEC 15, 1989
N74330 001
JAN 31, 1994

DIPHENHYDRAMINE HYDROCHLORIDE

SYRUP, ORAL
DIPHENHYDRAMINE HCL
/BARRE/
@ BARRE

/12.5MG/5ML/
12.5MG/5ML

N73585 001
OCT 31, 1991

IBUPROFEN

TABLET, ORAL
IBUPROFEN
MCNEIL

200MG
200MG

PRIVATE FORM
@ NOVO NORDISK

N73019 001
MAR 30, 1994
N73691 001
FEB 25, 1994

INSULIN SUSP ISOPHANE BEEF

INJECTABLE, INJECTION
NPH INSULIN
/+//NOVO/NORDISK/
@ NOVO NORDISK

/40'UNITS/ML/
40 UNITS/ML

/N17929/001/
N17929 001

NAPROXEN SODIUM

TABLET, ORAL
ALEVE
HAMILTON PHARMS

EQ 200MG BASE
JAN 11, 1994

PERMETHRIN

LOTION, TOPICAL
NIX
/+//BURROUGHS/WELLCOME/ /1%/
+ WARNER WELLCOME
1%
MAY 02, 1990

PSEUDOEPHEDRINE HYDROCHLORIDE

" TABLET, EXTENDED RELEASE, ORAL
SUDAFED 12 HOUR
/+//BURROUGHS/WELLCOME/ /120MG/
/N73585/001/
/OCT/31./1991/

DRUG PRODUCTS WITH APPROVAL UNDER SECTION 505 OF THE ACT ADMINISTERED BY THE CENTER FOR BIOLOGICS EVALUATION AND RESEARCH LIST
CUMULATIVE SUPPLEMENT NUMBER 5 / MAY '94

NO MAY 1994 APPROVALS

LIST OF ORPHAN PRODUCT DESIGNATIONS & APPROVALS
[January-May, 1994]

| NAME Generic/Chemical TN= Trade Name | INDICATION DESIGNATED | SPONSOR & ADDRESS DD=Date Designated MA=Marketing Approval |
|---|---|--|
| 8-METHOXALEN TN= UVADEX | FOR THE PREVENTION OF ACUTE REJECTION OF CARDIAC ALLOGRAFTS. | THERAKOS, INCORPORATED 201 BRANDYWINE PARKWAY WEST CHESTER PA 19380 DD 05/12/94 MA / / |
| AMIODARONE HCL TN= CORDARONE | FOR THE ACUTE TREATMENT AND PROPHYLAXIS OF LIFE-THREATENING VENTRICULAR TACHYCARDIA OR VENTRICULAR FIBRILLATION. | WYETH-AYERST LABORATORIES P.O. BOX 8299 PHILADELPHIA PA 19101-1245 DD 03/16/94 MA / / |
| AMMONIUM TETRAZIOMOLYBDATE TN= | TREATMENT OF WILSON'S DISEASE. | BREWER, GEORGE J. M.D. UNIVERSITY OF MICHIGAN MEDICAL SCHOOL ANN ARBOR MI 48109-0618 DD 01/31/94 MA / / |
| ANTIVENIN, POLYVALENT CROTALID (OVINE) FAB TN= CROTAB | TREATMENT OF ENVENOMATIONS INFlicted BY NORTH AMERICAN CROTALID SNAKES. | THERAPEUTIC ANTIBODIES INC. 1500 21ST AVENUE SOUTH, SUITE 310 NASHVILLE TN 37212 DD 01/12/94 MA / / |
| ARGININE BUTYRATE TN= | TREATMENT OF SICKLE CELL DISEASE AND BETA THALASSEMIa. | VERTEX PHARMACEUTICALS, INC. 40 ALLSTON STREET CAMBRIDGE MA 02139-4211 DD 05/25/94 MA / / |
| BETAINe TN= | TREATMENT OF HOMOCYSTINURIA. | ORPHAN MEDICAL 13911 RIDGEDALE DRIVE MINNETONKA MN 55305 DD 05/16/94 MA / / |
| BOVINE IMMUNOGLOBULIN CONCENTRATE, CRYPTOSPORIDIUM PARVUM TN= SPORIDIN-G | TREATMENT AND SYMPTOMATIC RELIEF OF CRYPTOSPORIDIUM PARVUM INFECTION OF THE GASTROINTESTINAL TRACT IN IMMUNOCOMPROMISED PATIENTS. | GALAGEN, INCORPORATED 4001 LEXINGTON AVENUE NORTH ARDEN HILLS MN 55126-2998 DD 03/01/94 MA / / |
| BUSULFAN TN= | FOR USE AS PREPARATIVE THERAPY FOR MALIGNANCIES TREATED WITH BONE MARROW TRANSPLANTATION. | SPARTA PHARMACEUTICALS P.O. BOX 13288 RESEARCH TRIANGLE PK NC 27709 DD 04/21/94 MA / / |
| CCD 1042 TN= | TREATMENT OF INFANTILE SPASMS. | COGENSYs, INC. 213 TECHNOLOGY DRIVE IRVINE CA 92718 DD 05/25/94 MA / / |
| CHOLINE CHLORIDE TN= | TREATMENT OF CHOLINE DEFICIENCY, SPECIFICALLY THE CHOLINE DEFICIENCY, HEPATIC STEATOSIS, AND CHOLESTASIS, ASSOCIATED WITH LONG-TERM PARENTERAL NUTRITION. | BUCHMAN, ALAN M.D. 6550 FANNIN, SUITE 1122 HOUSTON TX 77030 DD 02/10/94 MA / / |
| CLADRIBINE TN= LEUSTATIN | TREATMENT OF THE CHRONIC PROGRESSIVE FORM OF MULTIPLE SCLEROSIS. | BEUTLER, ERNEST M.D. 10666 NORTH TORREY PINES ROAD LA JOLLA CA 92037 DD 04/19/94 MA / / |
| CY-1899 TN= | TREATMENT OF CHRONIC ACTIVE HEPATITIS B INFECTION IN HLA-A2 POSITIVE PATIENTS. | CYTEL CORPORATION 3525 JOHN HOPKINS COURT SAN DIEGO CA 92121 DD 03/16/94 MA / / |
| DESMOPRESSIN ACETATE TN= | TREATMENT OF MILD HEMOPHILIA A AND VON WILLEBRAND'S DISEASE. | RHONE-POULENC RORER PHARM. 500 ARCOLA ROAD COLLEGEVILLE PA 19426 DD 01/22/91 MA 03/07/94 |

CUMULATIVE LIST OF DESIGNATIONS & APPROVALS

| NAME Generic/Chemical <i>TN= Trade Name</i> | INDICATION DESIGNATED | SPONSOR & ADDRESS <i>DD=Date Designated</i> <i>MA=Marketing Approval</i> |
|--|--|--|
| FGN-1 TN= | FOR THE SUPPRESSION AND CONTROL OF COLONIC ADENOMATOUS POLYPS IN THE INHERITED DISEASE ADENOMATOUS POLYPOSIS COLI. | CELL PATHWAYS, INC. 1700 BROADWAY, SUITE 2000 DENVER CO 80290 DD 02/14/94 MA / / |
| HEME ARGINATE TN= NORMOSANG | TREATMENT OF MYELODYSPLASTIC SYNDROMES. | LEIRAS, INCORPORATED 1850 CENTENNIAL PARK DRIVE, SUITE 450 RESTON VA 22091 DD 03/01/94 MA / / |
| I-131 RADIOLABELED B1 MONOCLONAL ANTIBODY TN= | TREATMENT OF NON-HODGKIN'S B-CELL LYMPHOMA. | COULTER CORPORATION 11800 S.W. 147 AVENUE P.O. BOX 169015 MIAMI FL 33116-9015 DD 05/16/94 MA / / |
| ISOBUTYRAMIDE TN= | TREATMENT OF SICKLE CELL DISEASE AND BETA THALASSEMIA. | VERTEX PHARMACEUTICALS INCORPORATED 40 ALLSTON STREET CAMBRIDGE MA 02139-4211 DD 05/25/94 MA / / |
| L-CYSTEINE TN= | FOR THE PREVENTION AND LESSENING OF PHOTOSENSITIVITY IN ERYTHROPOIETIC PROTOPORPHYRIA. | TYSON AND ASSOCIATES 12832 SOUTH CHADRON AVENUE HAWTHORNE CA 90250 DD 05/16/94 MA / / |
| MITOGUAZONE TN= | TREATMENT OF DIFFUSE NON-HODGKIN'S LYMPHOMA, INCLUDING AIDS-RELATED DIFFUSE NON-HODGKIN'S LYMPHOMA. | CTRC RESEARCH FOUNDATION 11812 BECKET STREET POTOMAC MD 20854 DD 03/18/94 MA / / |
| N-TRIFLUOROACETYLADRAMYCIN-14-VALERATE TN= | TREATMENT OF CARCINOMA IN SITU OF THE URINARY BLADDER. | ANTHRA PHARMACEUTICALS, INC. 19 CARSON ROAD PRINCETON NJ 08540 DD 05/23/94 MA / / |
| OXANDROLONE TN= HEPANDRIN | TREATMENT OF MODERATE/SEVERE ACUTE ALCOHOLIC HEPATITIS IN THE PRESENCE OF MODERATE PROTEIN CALORIE MALNUTRITION. | BIO-TECHNOLOGY GENERAL CORPORATION 70 WOOD AVENUE SOUTH ISELIN NJ 08830 DD 03/18/94 MA / / |
| PEGASPARGASE TN= ONCASPAR | TREATMENT OF ACUTE LYMPHOCYTIC LEUKEMIA (ALL). | ENZON, INC. 40 KINGSBRIDGE ROAD PISCATAWAY NJ 08854-3998 DD 10/20/89 MA 02/01/94 |
| PILOCARPINE TN= SALAGEN | TREATMENT OF XEROSTOMIA INDUCED BY RADIATION THERAPY FOR HEAD AND NECK CANCER. | MGI PHARMA, INC. SUITE 300 E, 9900 BREN ROAD EAST MINNEAPOLIS MN 55343-9667 DD 09/24/90 MA 03/22/94 |
| RECOMBINANT HUMAN GELSOLIN TN= | TREATMENT OF THE RESPIRATORY SYMPTOMS OF CYSTIC FIBROSIS. | BIOGEN, INC. 14 CAMBRIDGE CENTER CAMBRIDGE MA 02124 DD 01/12/94 MA / / |
| REDUCED L-GLUTATHIONE TN= CACHEXON | TREATMENT OF AIDS-ASSOCIATED CACHEXIA. | TELLURIDE PHARMACEUTICAL CORPORATION 146 FLANDERS DRIVE HILLSBOROUGH NJ 08876-4656 DD 02/14/94 MA / / |

CUMULATIVE LIST OF DESIGNATIONS & APPROVALS

NAME

Generic/Chemical
TN= Trade Name

INDICATION DESIGNATED**SPONSOR & ADDRESS**

DD=Date Designated
MA=Marketing Approval

SOMATROPIN
TN= PROTROPIN II

FOR USE IN THE LONG-TERM TREATMENT OF CHILDREN WHO HAVE GROWTH FAILURE DUE TO A LACK OF ADEQUATE ENDOGENOUS GROWTH HORMONE SECRETION.

GENENTECH, INC.
460 POINT SAN BRUNO BOULEVARD
SOUTH SAN FRANCISCO CA 94080
DD 03/06/87 MA 03/09/94

SULFADIAZINE
TN=

FOR USE IN COMBINATION WITH PYRIMETHAMINE FOR THE TREATMENT OF TOXOPLASMA GONDII ENCEPHALITIS IN PATIENTS WITH AND WITHOUT ACQUIRED IMMUNODEFICIENCY SYNDROME.

EON LABS MANUFACTURING, INC.
227-15 NORTH CONDUIT AVENUE
LAURELTON NY 11413
DD 03/14/94 MA / /

TIZANIDINE HCL
TN= ZANAFLEX

TREATMENT OF SPASTICITY ASSOCIATED WITH MULTIPLE SCLEROSIS AND SPINAL CORD INJURY.

ATHENA NEUROSCIENCES, INC.
800F GATEWAY BOULEVARD
SOUTH SAN FRANCISCO CA 94080
DD 01/31/94 MA / /

TREOSULFAN
TN= OVASTAT

TREATMENT OF OVARIAN CANCER.

MEDAC GmbH c/o PRINCETON REG.
ASSOC.
65 SOUTH MAIN STREET
PENNINGTON NJ 08534
DD 05/16/94 MA / /

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

NO MAY 1994 ADDITIONS

BIOPHARMACEUTIC GUIDANCE AVAILABILITY

| DRUG NAME (DOSAGE FORM) | DATE | REVISED DATE |
|-------------------------|------|--------------|
|-------------------------|------|--------------|

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, 13TH EDITION FOR A FULL LISTING OF BIOPHARMACEUTIC GUIDANCE AVAILABILITY DATA. ONLY NEW DATA WILL BE ADDED TO THE CUMULATIVE SUPPLEMENT.

| | | |
|--|--------------|--------------|
| ALBUTEROL (METERED DOSE INHALER - <i>IN VIVO</i>) | JAN 27, 1994 | |
| FLURBIPROFEN (TABLET) | DEC 24, 1992 | FEB 04, 1994 |
| PHENYTOIN (SUSPENSION AND CHEWABLE TABLET) | MAR 04, 1994 | |
| PHENYTOIN SODIUM (CAPSULE, EXTENDED AND PROMPT) | MAR 04, 1994 | |

ANDA SUITABILITY PETITIONS

PETITIONS APPROVED

| DRUG NAME DOSAGE FORM; ROUTE | STRENGTH (CONTAINER SIZE) | DOCKET NUMBER | PETITIONER | REASON FOR PETITION | STATUS |
|---------------------------------|------------------------------|---------------|------------|------------------------|--------|
|---------------------------------|------------------------------|---------------|------------|------------------------|--------|

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

REFER BACK TO THE APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS, 13TH EDITION FOR A FULL LISTING OF ANDA SUITABILITY PETITIONS DATA. ONLY NEW DATA WILL BE ADDED TO THE CUMULATIVE SUPPLEMENT.

| | | | | | |
|---|---------------|-------------------|---------------------------|--------------------|--------------------------|
| ACYCLOVIR TABLET; ORAL | 200MG | 93 P-0339/ CP1 | NOVOPHARM | NEW DOSAGE FORM | APPROVED FEB 08, 1994 |
| LOPERAMIDE HYDROCHLORIDE TABLET, EFFERVESCENT; ORAL | 1MG | 93 P-0332/ CP1 | ELLIS PHARM CONSULTING | NEW DOSAGE FORM | APPROVED FEB 08, 1994 |
| PSEUDOEPHENIDINE HYDROCHLORIDE; TERFENADINE CAPSULE, EXTENDED RELEASE; ORAL | 120MG 60MG | 93 P-0367/ CP1 | EURAND AMERICA | NEW DOSAGE FORM | APPROVED FEB 08, 1994 |

ERRATA

| | | | | | |
|--|----------------------------------|--------------------|------------------|--------------------|--------------------------|
| CIMETIDINE TABLET, EFFERVESCENT; ORAL | 200MG 300MG 400MG 800MG | 93 P-0048/ CP1* | FLEMINGTON PHARM | NEW DOSAGE FORM | APPROVED SEP 18, 1993 |
|--|----------------------------------|--------------------|------------------|--------------------|--------------------------|

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, 14TH 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-21 ALTERNATIVE DOSAGE OF 300MG ONCE DAILY AFTER THE EVENING MEAL

REFERENCES NEW INDICATION

| | |
|-------|---|
| I-99 | PEDIATRIC ANESTHESIA IN CHILDREN 3 YEARS AND OLDER |
| I-100 | TO DECREASE THE INCIDENCE OF CANDIDIASIS IN PATIENTS UNDERGOING BONE MARROW TRANSPLANTATION WHO RECEIVE CYTOTOXIC CHEMOTHERAPY AND/OR RADIATION THERAPY |
| I-101 | TREATMENT OF DIABETIC NEPHROPATHY IN PATIENTS WITH TYPE I INSULIN-DEPENDENT DIABETES MELLITUS AND RETINOPATHY |
| I-102 | TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER |
| I-103 | PROPHYLAXIS AGAINST PNEUMOCYSTIS CARINII PNEUMONIA IN INDIVIDUALS WHO ARE IMMUNOCOMPROMISED AND CONSIDERED TO BE AT RISK OF DEVELOPING PNEUMOCYSTIS CARINII PNEUMONIA |
| I-104 | TREATMENT OF PULMONARY AND EXTRAPULMONARY ASPERGILLOSIS IN PATIENTS WHO ARE INTOLERANT OF OR WHO ARE REFRACTORY TO AMPHOTERICIN B THERAPY |
| I-105 | TREATMENT OF METASTATIC CARCINOMA OF THE BREAST AFTER FAILURE OF FIRST-LINE OR SUBSEQUENT CHEMOTHERAPY |
| I-106 | TREATMENT OF ACROMEGALY |

REFERENCES PATENT USE CODE

| | |
|------|--|
| U-91 | ALTERNATIVE THERAPY TO TRIMETHOPRIM-SULFAMETHOXAZOLE FOR TREATMENT OF MODERATE-TO-SEVERE PNEUMOCYSTIS CARINII PNEUMONIA IN IMMUNOCOMPROMISED AND AIDS PATIENTS |
| U-92 | TREATMENT OF DIABETIC NEPHROPATHY IN PATIENTS WITH TYPE I INSULIN DEPENDENT DIABETES MELLITUS AND RETINOPATHY |
| U-93 | USE AS AN ANTIHISTAMINE/DECONGESTANT |

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 |
|------------------|--|---------------|----------------|----------|--------------|----------------|
| 19806 001 | ACRIVASTINE; SEMPREX-D | 4650807 | MAR 17, 2004 | U-93 | NC | MAR 25, 1997 |
| 18700 001 | AMBRINONE LACTATE; INDOCOR | 4501893 | FEB 26, 2002 | U-7 | NCE | JUL 31, 1994 |
| 20304 001 | APROTININ BOVINE; TRASYLOL | 4072746 | JUL 31, 1998 | | OOE | DEC 29, 2000 |
| 20233 001 | BUDESONIDE; RHINOCORT | | | | NCE | FEB 14, 1999 |
| 18731 001 | BUSPIRONE HYDROCHLORIDE; BUSPAR | 5015646 | MAR 14, 2008 | U-13 | | |
| 18731 002 | BUSPIRONE HYDROCHLORIDE; BUSPAR | 5015646 | MAR 14, 2008 | U-13 | | |
| 18343 001 | CAPTOPRIL; CAPOTEN | 5238924 | AUG 24, 2010 | U-92 | I-101 | JAN 28, 1997 |
| 18343 002 | CAPTOPRIL; CAPOTEN | 5238924 | AUG 24, 2010 | U-92 | I-101 | JAN 28, 1997 |
| 18343 003 | CAPTOPRIL; CAPOTEN | 5238924 | AUG 24, 2010 | U-92 | I-101 | JAN 28, 1997 |
| 18343 005 | CAPTOPRIL; CAPOTEN | 5238924 | AUG 24, 2010 | U-92 | I-101 | JAN 28, 1997 |
| 18343 006 | CAPTOPRIL; CAPOTEN | 4105776 | AUG 08, 1995 | I-95 | NP | SEP 23, 1996 |
| 20355 001 | DESMOPRESSIN ACETATE; DESMOPRESSIN ACETATE | | | NP | MAR 07, 1997 | |
| 20062 001 | DILTIAZEM HYDROCHLORIDE; CARDIZEM CD | 5286497 | FEB 14, 2011 | | | |
| 20062 002 | DILTIAZEM HYDROCHLORIDE; CARDIZEM CD | 5286497 | FEB 14, 2011 | | | |
| 20062 003 | DILTIAZEM HYDROCHLORIDE; CARDIZEM CD | 5286497 | FEB 14, 2011 | | | |
| 20062 004 | DILTIAZEM HYDROCHLORIDE; CARDIZEM CD | 5286497 | FEB 14, 2011 | | | |
| 20249 001 | FAMOTIDINE; PEPcid | 4283408 | AUG 11, 2000 | | I-69 | DEC 10, 1994 |
| 19304 001 | FENOFLIBRATE; LIPIDIL | 4058532 | NOV 15, 1994 | | NCE | DEC 31, 1998 |
| 19949 001 | FLUCONAZOLE; DIFLUCAN | 4416682 | NOV 22, 2000 | | I-100 | DEC 30, 1996 |
| 19949 002 | FLUCONAZOLE; DIFLUCAN | 4416682 | NOV 22, 2000 | | I-100 | DEC 30, 1996 |
| 19949 003 | FLUCONAZOLE; DIFLUCAN | 4416682 | NOV 22, 2000 | | I-100 | DEC 30, 1996 |
| 19950 001 | FLUCONAZOLE; DIFLUCAN | 4416682 | NOV 22, 2000 | | I-100 | DEC 30, 1996 |
| 18936 001 | FLUOXETINE HYDROCHLORIDE; PROZAC | 401895 | APR 19, 1994 | U-12 | I-102 | FEB 28, 1997 |
| 18936 006 | FLUOXETINE HYDROCHLORIDE; PROZAC | 4314081 | FEB 02, 2001 | | I-102 | FEB 28, 1997 |
| 20101 001 | FLUOXETINE HYDROCHLORIDE; PROZAC | 4314081 | FEB 02, 2001 | | I-102 | FEB 28, 1997 |
| 20235 001 | GABAPENTIN; NEURONTIN | 4894476 | JAN 16, 2007 | | | |
| 20235 002 | GABAPENTIN; NEURONTIN | 4894476 | JAN 16, 2007 | | | |
| 20235 003 | GABAPENTIN; NEURONTIN | 4894476 | JAN 16, 2007 | | | |
| 20329 001 | GLIPIZIDE; GLUCOTROL XL | | | | NDF | APR 26, 1997 |
| 20329 002 | GLIPIZIDE; GLUCOTROL XL | | | | NDF | APR 26, 1997 |
| 19778 003 | HYDROCHLOROTHIAZIDE; PRINZIDE 10-12.5 | 4472380 | SEP 18, 2001 | | NS | NOV 18, 1996 |
| | | 4374829 | DEC 30, 2001 | U-3 | | |

PREScription AND OTC DRUG PRODUCT
PATENT AND EXCLUSIVITY DATA

PREScription AND OTC DRUG PRODUCT
PATENT AND EXCLUSIVITY DATA

| APPL/PROD NUMBER | INGREDIENT NAME; TRADE NAME | PATENT NUMBER | PATENT EXPIRES | USE CODE | EXCLUS IVE CODE | EXCLUS IVE EXPIRES |
|---------------------|--------------------------------------|--------------------|------------------------------|-------------|--------------------|-----------------------|
| 20251 001 | RANITIDINE HYDROCHLORIDE; ZANTAC 150 | 5102665 4521431 | APR 07, 2009 JUN 04, 2002 | 1-75 | MAY 19, 1995 | D-21 FEB 28, 1997 |
| 20251 002 | RANITIDINE HYDROCHLORIDE; ZANTAC 150 | 4128658 5102665 | DEC 05, 1995 APR 07, 2009 | 1-75 | MAY 19, 1995 | D-21 FEB 28, 1997 |
| 20214 001 | ROCUROTUM BROMIDE; ZEMURON (P/F) | 4521431 | JUN 04, 2002 | 1-75 | MAY 19, 1995 | D-21 FEB 28, 1997 |
| 20214 002 | ROCUROTUM BROMIDE; ZEMURON | 4128658 | DEC 05, 1995 | 1-75 | MAY 19, 1995 | D-21 FEB 28, 1997 |
| 20236 001 | SALMETEROL XINAFOATE; SEREVENT | 4894369 | JAN 16, 2007 | NCE | MAR 17, 1999 | NCE MAR 17, 1999 |
| >ADD> | SOMATROPIN, BIOSYNTHETIC; HUMATROPE | 4894369 | JAN 16, 2007 | NCE | FEB 04, 1999 | NCE FEB 04, 1999 |
| >ADD> | SOMATROPIN, BIOSYNTHETIC; HUMATROPE | 4992474 | FEB 12, 2008 | D-23 | APR 15, 1997 | D-23 APR 15, 1997 |
| >ADD> | SOTALOL HYDROCHLORIDE; BETAPACE | | | NCE | OCT 30, 1997 | NCE OCT 30, 1997 |
| >ADD> | | | | ODE | OCT 30, 1999 | ODE OCT 30, 1999 |
| 17376 001 | SULFAMETHOXAZOLE; SEPTRA | 4209513 | JUN 24, 1997 | 1-103 | JAN 07, 1997 | 1-103 JAN 07, 1997 |
| 17376 002 | SULFAMETHOXAZOLE; SEPTRA DS | 4209513 | JUN 24, 1997 | 1-103 | JAN 07, 1997 | 1-103 JAN 07, 1997 |
| 17377 001 | SULFAMETHOXAZOLE; BACTRIM | | | 1-103 | JAN 07, 1997 | 1-103 JAN 07, 1997 |
| 17377 002 | SULFAMETHOXAZOLE; BACTRIM DS | | | 1-103 | JAN 07, 1997 | 1-103 JAN 07, 1997 |
| 17560 002 | SULFAMETHOXAZOLE; BACTRIM PEDIATRIC | | | 1-103 | JAN 07, 1997 | 1-103 JAN 07, 1997 |
| 17598 001 | SULFAMETHOXAZOLE; SEPTRA | | | 1-103 | JAN 07, 1997 | 1-103 JAN 07, 1997 |
| 17598 002 | SULFAMETHOXAZOLE; SEPTRA GRAPE | | | 1-103 | JAN 07, 1997 | 1-103 JAN 07, 1997 |
| >ADD> | TAMOXIFEN CITRATE; NOLVADEX | | | | | |
| 19762 001 | TESTOSTERONE; TESTODERM | 4536516 4867982 | AUG 20, 2002 FEB 16, 2005 | 1-103 | JAN 07, 1997 | 1-103 JAN 07, 1997 |
| 19762 002 | TESTOSTERONE; TESTODERM | 4725439 4704282 | FEB 16, 2005 NOV 03, 2004 | NDF | OCT 12, 1996 | NDF OCT 12, 1996 |
| 20330 001 | TIMOLOL MALEATE; TIMOPTIC-XE | 4867982 4725439 | FEB 16, 2005 FEB 16, 2005 | NDF | OCT 12, 1996 | NDF OCT 12, 1996 |
| 20330 002 | TIMOLOL MALEATE; TIMOPTIC-XE | 4704282 4861760 | NOV 03, 2004 AUG 29, 2006 | NP | NOV 04, 1996 | NP NOV 04, 1996 |
| 20326 001 | TRIMETREXATE GLUCURONATE; NEUTREXIN | 4195085 4694007 | MAR 25, 1997 SEP 15, 2004 | NP | NOV 04, 1996 | NP NOV 04, 1996 |
| | | | U-91 | ODE | DEC 17, 2000 | ODE DEC 17, 2000 |