

CDER Therapeutic Biologic Products

This list is intended to include all the Center for Drug Evaluation and Research (CDER) user fee billable therapeutic biological products and potencies approved under Section 351 of the Public Health Service Act. The Orange Book includes a section entitled "Drug Products with Approval under Section 505 of the Act Administered by CBER." Included on that list are several products that have been transferred to CDER which would be considered billable also.

Program fees are assessed for each potency in which the approved (non-revoked, non-suspended) product is manufactured in final dosage form. When evaluating the specific strength or potency of a drug in final dosage form for purposes of assessing program fees for liquid parenteral biological products, CDER intends to take into consideration both the total amount of drug substance in mass or units of activity in a product and the concentration of drug substance (mass or units of activity per unit volume of product). Biologic products considered to have a different strength or potency in a final dosage form will be given separate entries in the Biologics List and assessed separate program fees. An auto-injector that has the same strength or potency as a prefilled syringe or vial will generally be assessed a separate prescription drug program fee. In certain circumstances, products which have been discontinued from marketing but are still licensed are not assessed program fees. Those products are identified on the CDER Discontinued Biologic Product List section.

The potency information contained in this list is based on information in our database. Companies are responsible for alerting CDER to any discrepancies regarding potency information. For product approvals after October 1, 2005, the Biologics License Application Submission Tracking Number (BLA STN) approval date reflects the approval date of the product. For product approvals prior to October 1, 2005, the BLA STN approval date reflects the approval date of the original BLA. Product Number is the FDA assigned number to identify the application products. Each strength is a separate product.

The list is updated three times a year. (Latest Update – April 2023)

***** CDER Billable Biologic Product List *****

Applicant/License No: ABBVIE INC / 1889

Trade Name: CREON

Proper Name: PANCRELIPASE (AMYLASE;LIPASE;PROTEASE)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020725 / 0	1	4/30/2009	30,000USP UNITS; 6,000USP UNITS; 19,000USP UNITS (30,000USP UNITS; 6,000USP UNITS; 19,000USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
020725 / 0	2	4/30/2009	60,000USP UNITS; 12,000USP UNITS; 38,000USP UNITS (60,000USP UNITS; 12,000USP UNITS; 38,000USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
020725 / 0	3	4/30/2009	120,000USP UNITS; 24,000USP UNITS; 76,000USP UNITS (120,000USP UNITS; 24,000USP UNITS; 76,000USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /

Applicant/License No: ABBVIE INC / 1889

020725 / 0	4	7/12/2011	15,000USP UNITS; 3,000USP UNITS; 9,500USP UNITS (15,000USP UNITS; 3,000USP UNITS; 9,500USP UNITS)
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CAPSULE, DELAYED RELEASE / ORAL /

020725 / 0	5	3/14/2013	180,000USP UNITS; 36,000USP UNITS; 114,000USP UNITS (180,000USP UNITS; 36,000USP UNITS; 114,000USP UNITS)
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CAPSULE, DELAYED RELEASE / ORAL /

Trade Name: HUMIRA**Proper Name:** ADALIMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125057 / 0	2	11/23/2015	40 MG/0.4 ML (40 MG/0.4 ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

125057 / 0	5	12/31/2002	40 MG/0.8 ML (40 MG/0.8 ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

125057 / 0	6	12/31/2002	10 MG/0.1 ML (10 MG/0.1 ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

125057 / 0	7	12/31/2002	20 MG/0.2 ML (20 MG/0.2 ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

125057 / 0	8	12/31/2002	40 MG/0.4 ML (40 MG/0.4 ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

125057 / 0	9	12/31/2002	80 MG/0.8 ML (80 MG/0.8 ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: ABBVIE INC / 1889

 125057 / 0 10 12/31/2002 80 MG/0.8 ML (80 MG/0.8 ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: SKYRIZI**Proper Name:** RISANKIZUMAB-RZAA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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 761105 / 0 1 4/23/2019 75 MG/0.83 ML (75 MG/0.83 ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

 761105 / 0 2 4/26/2021 150 MG/ML (150 MG/ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

 761105 / 0 3 4/26/2021 150 MG/ML (150 MG/ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

 761105 / 0 4 6/16/2022 360 MG/2.4ML (150 MG/ML)

SOLUTION / SUBCUTANEOUS / KIT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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 761262 / 0 1 6/16/2022 600 MG/10 ML (60 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

 761262 / 0 2 9/23/2022 180 MG/1.2 ML (150 MG/ML)

SOLUTION / INTRAVENOUS / CARTRIDGE

Trade Name: SURVANTA**Proper Name:** BERACTANT

Applicant/License No: ABBVIE INC / 1889

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020032 / 0	1	7/1/1991	100 MG/4 ML & 200 MG/ 8 ML (25 MG/ML)

SUSPENSION / INTRATRACHEAL / SINGLE-DOSE VIAL

Applicant/License No: ABLYNX NV / 2085**Trade Name:** CABLIVI**Proper Name:** CAPLACIZUMAB-YHDP

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761112 / 0	1	2/6/2019	11 MG (11 MG/VIAL)

POWDER / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: ACROTECH BIOPHARMA LLC / 2159**Trade Name:** ZEVALIN**Proper Name:** IBRITUMOMAB TIUXETAN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125019 / 0	1	2/19/2002	3.2 MG/2 ML (1.6 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: ADC THERAPEUTICS SA / 2166**Trade Name:** ZYNLONTA**Proper Name:** LONCASTUXIMAB TESIRINE-LPYL

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761196 / 0	1	4/23/2021	10MG (10MG)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: ALEXION PHARMACEUTICALS INC / 1743**Trade Name:** KANUMA**Proper Name:** SEBELIPASE ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125561 / 0	1	12/8/2015	20 MG/10 ML (2 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: SOLIRIS**Proper Name:** ECULIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125166 / 0	1	3/16/2007	10 MG/ML (10 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: STRENSIQ**Proper Name:** ASFOTASE ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125513 / 0	1	10/23/2015	18 MG/0.45 ML (18 MG/0.45 ML)

SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: ALEXION PHARMACEUTICALS INC / 1743

125513 / 0	2	10/23/2015	80 MG/0.8 ML (80 MG/0.8 ML)
			SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

125513 / 0	3	10/23/2015	28 MG/0.7 ML (28 MG/0.7 ML)
			SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

125513 / 0	4	10/23/2015	40 MG/ML (40 MG/ML)
			SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: ULTOMIRIS**Proper Name:** RAVULIZUMAB-CWVZ

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761108 / 0	1	12/21/2018	300 MG/30 ML (10 MG/ML)
			SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
761108 / 0	2	10/9/2020	300 MG/3 ML (100 MG/ML)
			SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
761108 / 0	3	10/9/2020	1,100 MG/11 ML (100 MG/ML)
			SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
761108 / 0	4	7/22/2022	245 MG/3.5ML (70 MG/ML)
			SOLUTION / SUBCUTANEOUS / CARTRIDGE

Applicant/License No: ALLERGAN INC / 1145

Trade Name: BOTOX

Proper Name: BOTULINUM TOXIN TYPE A

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103000 / 0	1	12/9/1991	100 U (100 U/VIAL) POWDER / INTRAMUSCULAR, INTRADERMAL, INTRADETRUSOR / SINGLE-DOSE VIAL
103000 / 5101	3	4/14/2005	50 U (50 U/VIAL) POWDER / INTRAMUSCULAR, INTRADERMAL, INTRADETRUSOR / SINGLE-DOSE VIAL
103000 / 5122	5	11/10/2005	200 U (200 U/VIAL) POWDER / INTRAMUSCULAR, INTRADERMAL, INTRADETRUSOR / SINGLE-DOSE VIAL

Trade Name: BOTOX COSMETIC

Proper Name: BOTULINUM TOXIN TYPE A

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103000 / 5000	2	4/12/2002	100 U (100 U/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL
103000 / 5101	4	4/14/2005	50 U (50 U/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: AMGEN INC / 1080

Trade Name: AIMOVIG

Proper Name: ERENUMAB-AOOE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761077 / 0	1	5/17/2018	70 MG (70 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
761077 / 0	2	5/17/2018	70 MG (70 MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
761077 / 1	3	3/11/2019	140 MG (140 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
761077 / 1	4	3/11/2019	140 MG (140 MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: ARANESP

Proper Name: DARBEPOETIN ALFA IN POLYSORBATE SOLUTION

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103951 / 0	1	9/17/2001	25 MCG/ML (25 MCG/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL
103951 / 0	2	9/17/2001	40 MCG/ML (40 MCG/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL
103951 / 0	3	9/17/2001	60 MCG/ML (60 MCG/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: AMGEN INC / 1080

103951 / 0	4	9/17/2001	100 MCG/ML (100 MCG/ML)
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL			
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103951 / 0	6	9/17/2001	200 MCG/ML (200 MCG/ML)
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL			
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103951 / 0	7	9/17/2001	300 MCG/ML (300 MCG/ML)
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL			
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103951 / 0	8	9/17/2001	25 MCG/0.42 ML (25 MCG/0.42 ML)
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE			
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103951 / 0	9	9/17/2001	40 MCG/0.4 ML (40 MCG/0.4 ML)
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE			
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103951 / 0	10	9/17/2001	60 MCG/0.3 ML (60 MCG/0.3 ML)
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE			
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103951 / 0	11	9/17/2001	100 MCG/0.5 ML (100 MCG/0.5 ML)
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE			
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103951 / 0	12	9/17/2001	150 MCG/0.3 ML (150 MCG/0.3 ML)
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE			
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103951 / 0	13	9/17/2001	200 MCG/0.4 ML (200 MCG/0.4 ML)
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE			

Applicant/License No: AMGEN INC / 1080

103951 / 0	14	9/17/2001	300 MCG/0.6 ML (300 MCG/0.6 ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE

103951 / 0	15	9/17/2001	500 MCG/ML (500 MCG/ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE

103951 / 0	31	9/17/2001	10 MCG/0.4 ML (10 MCG/0.4 ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: BLINCYTO**Proper Name:** BLINATUMOMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125557 / 0	1	12/3/2014	35 MCG (35 MCG/VIAL)
			POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: EPOGEN**Proper Name:** EPOETIN ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103234 / 0	6	6/1/1989	10,000 U/ML (10,000 U/ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / MULTI-DOSE VIAL
103234 / 0	7	6/1/1989	20,000 U/ML (10,000 U/ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / MULTI-DOSE VIAL

Proper Name: EPOETIN ALFA - PRESERVATIVE FREE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation

Applicant/License No: AMGEN INC / 1080

103234 / 0	1	6/1/1989	2000 U/ML (2000 U/ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL

103234 / 0	2	6/1/1989	3000 U/ML (3000 U/ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL

103234 / 0	3	6/1/1989	4000 U/ML (4000 U/ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL

103234 / 0	4	6/1/1989	10,000 U/ML (10,000 U/ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: EVENITY**Proper Name:** ROMOSUZUMAB-AQQG

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761062 / 0	1	4/9/2019	105 MG/1.17 ML (90 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: NEULASTA**Proper Name:** PEGFILGRASTIM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125031 / 0	1	1/31/2002	6 MG/0.6 ML (6 MG/0.6 ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: NEULASTA ONPRO**Proper Name:** PEGFILGRASTIM

Applicant/License No: AMGEN INC / 1080

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125031 / 181	2	9/23/2015	6 MG/0.6 ML (6 MG/0.6 ML)
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SOLUTION / SUBCUTANEOUS / KIT

Trade Name: NEUPOGEN**Proper Name:** FILGRASTIM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103353 / 0	1	2/20/1991	300 MCG/ML (300 MCG/ML)
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SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL

103353 / 0	2	2/20/1991	300 MCG/0.5 ML (300 MCG/0.5 ML)
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SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE

103353 / 0	3	2/20/1991	480 MCG/1.6 ML (300 MCG/ML)
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SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL

103353 / 0	4	2/20/1991	480 MCG/0.8 ML (480 MCG/0.8 ML)
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SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: NPLATE**Proper Name:** ROMIPLOSTIM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125268 / 0	1	8/22/2008	250 MCG (250 MCG/VIAL)
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POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: AMGEN INC / 1080

125268 / 0	2	8/22/2008	500 MCG (500 MCG/VIAL)
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POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

125268 / 165	3	7/22/2019	125 MCG (125 MCG/VIAL)
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POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: PROCRIT**Proper Name:** EPOETIN ALFA - PRESERVATIVE FREE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103234 / 0	5	6/1/1989	40,000 U/ML (40,000 U/ML)
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SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: PROLIA**Proper Name:** DENOSUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125320 / 0	1	6/1/2010	60 MG/ML (60 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: REPATHA**Proper Name:** EVOLOCUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125522 / 0	1	8/27/2015	140 MG/ML (140 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: AMGEN INC / 1080

125522 / 1	2	7/11/2016	420 MG/3.5 ML (120 MG/ML)
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SOLUTION / SUBCUTANEOUS / KIT

125522 / 0	3	8/27/2015	140 MG/ML (140 MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: VECTIBIX**Proper Name:** PANITUMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125147 / 0	1	9/27/2006	100 MG/5 ML (20 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

125147 / 0	3	9/27/2006	400 MG/20 ML (20 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: XGEVA**Proper Name:** DENOSUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125320 / 7	2	11/18/2010	120 MG/1.7 ML (70 MG/ML)
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SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: AMPHASTAR PHARMACEUTICAL INC / 2179**Trade Name:** AMPHADASE**Proper Name:** HYALURONIDASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021665 / 0	1	10/26/2004	150 UNITS/ML (150 UNITS/ML)

SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: AMRYT PHARMACEUTICALS DAC / 2208**Trade Name:** MYALEPT**Proper Name:** METRELEPTIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125390 / 0	1	2/24/2014	11.3 MG (11.3 MG/VIAL)

POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: ARGENX BV / 2217**Trade Name:** VYVGART**Proper Name:** EFGARTIGIMOD ALFA-FCAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761195 / 0	1	12/17/2021	400 MG/20 ML (20 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: ASCENDIS PHARMA ENDOCRINOLOGY DIVISION AS / 2165**Trade Name:** SKYTROFA**Proper Name:** LONAPEGSOMATROPIN-TCGD

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761177 / 0	1	8/26/2021	3 MG (3 MG) POWDER / SUBCUTANEOUS / CARTRIDGE
761177 / 0	2	8/26/2021	3.6 MG (3.6 MG) POWDER / SUBCUTANEOUS / CARTRIDGE
761177 / 0	3	8/26/2021	4.3 MG (4.3 MG) POWDER / SUBCUTANEOUS / CARTRIDGE
761177 / 0	4	8/26/2021	5.2 MG (5.2 MG) POWDER / SUBCUTANEOUS / CARTRIDGE
761177 / 0	5	8/26/2021	6.3 MG (6.3 MG) POWDER / SUBCUTANEOUS / CARTRIDGE
761177 / 0	6	8/26/2021	7.6 MG (7.6 MG) POWDER / SUBCUTANEOUS / CARTRIDGE
761177 / 0	7	8/26/2021	9.1 MG (9.1 MG) POWDER / SUBCUTANEOUS / CARTRIDGE
761177 / 0	8	8/26/2021	11 MG (11 MG) POWDER / SUBCUTANEOUS / CARTRIDGE

Applicant/License No: ASCENDIS PHARMA ENDOCRINOLOGY DIVISION AS / 2165

761177 / 0 9 8/26/2021 13.3 MG (13.3 MG)

POWDER / SUBCUTANEOUS / CARTRIDGE

Applicant/License No: ASTELLAS PHARMA US INC / 2124**Trade Name:** PADCEV**Proper Name:** ENFORTUMAB VEDOTIN-EJFV

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761137 / 0 1 12/18/2019 20 MG (20 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

761137 / 0 2 12/18/2019 30 MG (30 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: ASTRAZENECA AB / 2059**Trade Name:** IMJUDO**Proper Name:** TREMELIMUMAB-ACTL

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761270 / 0 1 11/10/2022 25 MG/1.25 ML (20 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

761270 / 0 2 11/10/2022 300 MG/15 ML (20 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: SAPHNELO**Proper Name:** ANIFROLUMAB-FNIA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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Applicant/License No: ASTRAZENECA AB / 2059

761123 / 0 1 7/30/2021 300 MG/2 ML (150 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: TEZSPIRE**Proper Name:** TEZEPELUMAB-EKKO

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761224 / 0 1 12/17/2021 210 MG/1.91 ML (110 MG/ML)

SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

761224 / 0 2 12/17/2021 210 MG/1.91 ML (110 MG/ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

761224 / 0 3 2/1/2023 210 MG/1.91 ML (110 MG/ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Applicant/License No: ASTRAZENECA UK LTD / 2043**Trade Name:** FASENRA**Proper Name:** BENRALIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761070 / 0 1 11/14/2017 30 MG/ML (30 MG/ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

761070 / 5 2 10/3/2019 30 MG/ML (30 MG/ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: IMFINZI**Proper Name:** DURVALUMAB

Applicant/License No: ASTRAZENECA UK LTD / 2043

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761069 / 0	1	5/1/2017	120 MG/2.4 ML (50 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
761069 / 0	2	5/1/2017	500 MG/10 ML (50 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: AUXILIUM PHARMACEUTICALS INC / 1816**Trade Name:** XIAFLEX**Proper Name:** CLOSTRIDIAL COLLAGENASE HISTOLYTICUM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125338 / 0	1	2/2/2010	0.9 MG (0.9 MG/VIAL) POWDER / INTRALESIONAL / SINGLE-DOSE VIAL

Applicant/License No: BAUSCH AND LOMB INC / 2180**Trade Name:** VITRASE**Proper Name:** HYALURONIDASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021640 / 0	2	12/2/2004	200 UNITS/ML (200 UNITS/ML) SOLUTION / INTERSTITIAL, INTRAMUSCULAR, INTRAOCULAR, PERIBULBAR, RETROBULBAR, SOFT TISSUE, SUBCUTANEOUS / SINGLE- DOSE VIAL

Applicant/License No: BAXTER HEALTHCARE CORP / 0140**Trade Name:** MYXREDLIN**Proper Name:** INSULIN HUMAN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
208157 / 0	1	6/20/2019	100 UNITS/100 ML (100 UNITS/100 ML) SOLUTION / INTRAVENOUS / SINGLE DOSE CONTAINER

Applicant/License No: BAYER HEALTHCARE PHARMACEUTICALS INC / 1778**Trade Name:** BETASERON**Proper Name:** INTERFERON BETA-1B

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103471 / 0	1	7/23/1993	0.3 MG (0.3 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: BIOGEN INC / 1697**Trade Name:** ADUHELM**Proper Name:** ADUCANUMAB-AVWA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761178 / 0	1	6/7/2021	170 MG/1.7 ML (100 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
761178 / 0	2	6/7/2021	300 MG/3 ML (100 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: AVONEX**Proper Name:** INTERFERON BETA 1A

Applicant/License No: BIOGEN INC / 1697

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103628 / 0	2	5/17/1996	30 MCG/0.5 ML (30 MCG/0.5 ML) SOLUTION / INTRAMUSCULAR / PREFILLED SYRINGE
103628 / 0	3	5/17/1996	30 MCG/0.5 ML (30 MCG/0.5 ML) SOLUTION / INTRAMUSCULAR / AUTOINJECTOR-PREFILLED PEN

Trade Name: PLEGRIDY**Proper Name:** PEGINTERFERON BETA-1A

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125499 / 0	1	8/15/2014	63 MCG/0.5 ML (63 MCG/0.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
125499 / 0	2	8/15/2014	125 MCG/0.5 ML (125 MCG/0.5 ML) SOLUTION / INTRAMUSCULAR, SUBCUTANEOUS / PREFILLED SYRINGE
125499 / 0	3	8/15/2014	63 MCG/0.5 ML (63 MCG/0.5 ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
125499 / 0	4	8/15/2014	94 MCG/0.5 ML (94 MCG/0.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
125499 / 0	5	8/15/2014	94 MCG/0.5 ML (94 MCG/0.5 ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Applicant/License No: BIOGEN INC / 1697

125499 / 0	6	8/15/2014	125 MCG/0.5 ML (125 MCG/0.5 ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: TYSABRI**Proper Name:** NATALIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125104 / 0	1	11/23/2004	300 MG/15 ML (20 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: BIOMARIN PHARMACEUTICAL INC / 1649**Trade Name:** ALDURAZYME**Proper Name:** LARONIDASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125058 / 0	1	4/30/2003	2.9 MG/5 ML (0.58 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: BRINEURA**Proper Name:** CERLIPONASE ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761052 / 0	1	4/27/2017	150 MG/5 ML (30 MG/ML)
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SOLUTION / INTRAVENTRICULAR / SINGLE-DOSE VIAL

Trade Name: NAGLAZYME**Proper Name:** GALSULFASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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Applicant/License No: BIOMARIN PHARMACEUTICAL INC / 1649

125117 / 0	1	5/31/2005	5 MG/ 5ML (1 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: PALYNZIQ**Proper Name:** PEGVALIASE-PQPZ

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761079 / 0	1	5/24/2018	2.5 MG (5 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

761079 / 0	2	5/24/2018	10 MG (20 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

761079 / 0	3	5/24/2018	20 MG (20 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: VIMIZIM**Proper Name:** ELOSULFASE ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125460 / 0	1	2/14/2014	5 MG/5 ML (1 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: BIOVERATIV THERAPEUTICS INC / 2078**Trade Name:** ENJAYMO**Proper Name:** SUTIMLIMAB-JOME

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761164 / 0	1	2/4/2022	1,100 MG/22 ML (50 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: BOEHRINGER INGELHEIM PHARMACEUTICALS INC / 2006**Trade Name:** PRAXBIND**Proper Name:** IDARUCIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761025 / 0	1	10/16/2015	2500 MG/50 ML (50 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: SPEVIGO**Proper Name:** SPESOLIMAB-SBZO

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761244 / 0	1	9/1/2022	450 MG/7.5 ML (60 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: BRISTOL MYERS SQUIBB CO / 1713

Trade Name: EMLICITI

Proper Name: ELOTUZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761035 / 0	1	11/30/2015	300 MG (300 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL
761035 / 0	2	11/30/2015	400 MG (400 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: NULOJIX

Proper Name: BELATACEPT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125288 / 0	1	6/15/2011	250 MG (250 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: OPDIVO

Proper Name: NIVOLUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125554 / 0	1	12/22/2014	40 MG/4 ML (10 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
125554 / 0	2	12/22/2014	100 MG/10 ML (10 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: BRISTOL MYERS SQUIBB CO / 1713

125554 / 0	3	12/22/2014	240 MG/24 ML (10 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

125554 / 0	4	8/27/2021	120 MG/12 ML (10 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: OPDUALAG**Proper Name:** NIVOLUMAB AND RELATLIMAB-RMBW

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761234 / 0	1	3/18/2022	240 MG AND 80 MG/20 ML (12 MG AND 4 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: ORENCIA**Proper Name:** ABATACEPT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125118 / 0	1	12/23/2005	250 MG (250 MG/VIAL)
			POWDER / INTRAVENOUS / SINGLE-DOSE VIAL
125118 / 122	2	7/29/2011	50 MG/0.4 ML (50 MG/0.4 ML)
			SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
125118 / 122	3	7/29/2011	87.5 MG/0.7 ML (87.5 MG/0.7 ML)
			SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
125118 / 122	4	7/29/2011	125 MG/ML (125 MG/ML)
			SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: BRISTOL MYERS SQUIBB CO / 1713

125118 / 122 5 7/29/2011 125 MG/ML (125 MG/ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: YERVOY**Proper Name:** IPILIMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125377 / 0 1 3/25/2011 50 MG/10 ML (5 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

125377 / 0 2 3/25/2011 200 MG/40 ML (5 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: BTG INTERNATIONAL INC / 1861**Trade Name:** VORAXAZE**Proper Name:** GLUCARPIDASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125327 / 0 1 1/17/2012 1,000 U (1,000 U/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: CELGENE CORPORATION / 2114**Trade Name:** REBLOZYL**Proper Name:** LUSPATERCEPT-AAMT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761136 / 0 1 11/8/2019 25 MG (25 MG/VIAL)

POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: CELGENE CORPORATION / 2114

761136 / 0 2 11/8/2019 75 MG (75 MG/VIAL)

POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: CHIESI FARMACEUTICI SPA / 2245**Trade Name:** LAMZEDE**Proper Name:** VELMANASE ALFA-TYCV

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761278 / 0 1 2/16/2023 10 MG/VIAL (10 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: CHIESI USA INC / 2150**Trade Name:** CUROSURF**Proper Name:** PORACTANT ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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020744 / 0 1 11/18/1999 120 MG/1.5ML & 240 MG/3ML (80 MG/ML)

SUSPENSION / INTRATRACHEAL / SINGLE-DOSE VIAL

Trade Name: REVCOVI**Proper Name:** ELAPEGADEMASE-LVLR

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761092 / 0 1 10/5/2018 2.4 MG/1.5 ML (1.6 MG/ML)

SOLUTION / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: CIS BIO INTERNATIONAL / 2204**Trade Name:** PULMOTECH MAA**Proper Name:** TECHNETIUM TC 99M ALBUMIN AGGREGATED

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
210089 / 0	1	3/20/2020	2 MG (2 MG)

POWDER / INTRAVENOUS, INTRAPERITONEAL / MULTI-DOSE VIAL

Applicant/License No: CLINIGEN INC / 2154**Trade Name:** PROLEUKIN**Proper Name:** ALDESLEUKIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103293 / 0	1	5/5/1992	22 MIU (22 MIU/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: DAIICHI SANKYO INC / 2128**Trade Name:** ENHERTU**Proper Name:** FAM-TRASTUZUMAB DERUXTECAN-NXKI

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761139 / 0	1	12/20/2019	100 MG (100 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: DIGESTIVE CARE INC / 2184**Trade Name:** PERTZYE**Proper Name:** PANCRELIPASE (AMYLASE;LIPASE;PROTEASE)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
022175 / 0	1	5/17/2012	30,250USP UNITS; 8,000USP UNITS; 28,750USP UNITS (30,250USP UNITS; 8,000USP UNITS; 28,750USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022175 / 0	2	5/17/2012	60,500USP UNITS; 16,000USP UNITS; 57,500USP UNITS (60,500USP UNITS; 16,000USP UNITS; 57,500USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022175 / 0	3	10/6/2016	15,125USP UNITS; 4,000USP UNITS; 14,375USP UNITS (15,125USP UNITS; 4,000USP UNITS; 14,375USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022175 / 0	4	7/13/2017	90,750USP UNITS; 24,000USP UNITS; 86,250USP UNITS (90,750USP UNITS; 24,000USP UNITS; 86,250USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /

Applicant/License No: DOMPE FARMACEUTICI SPA / 2074**Trade Name:** OXERVATE**Proper Name:** CENEGERMIN-BKBJ

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761094 / 0	1	8/22/2018	20 MCG/ML (0.002%) SOLUTION / OPHTHALMIC / MULTI-DOSE VIAL

Applicant/License No: DYAX CORPORATION / 1789**Trade Name:** KALBITOR**Proper Name:** ECALLANTIDE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125277 / 0	1	12/1/2009	10 MG/ML (10 MG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: TAKHZYRO**Proper Name:** LANADELUMAB-FLYO

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761090 / 0	1	8/23/2018	300 MG/2 ML (150 MG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: EISAI INC / 1862**Trade Name:** LEQEMBI**Proper Name:** LECANEMAB-IRMB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761269 / 0	1	1/6/2023	500 MG/5 ML (100 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
761269 / 0	2	1/6/2023	200 MG/2 ML (100 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: EKR THERAPEUTICS INC / 1814**Trade Name:** RETAVASE**Proper Name:** RETEPLASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103786 / 0	1	5/6/1998	10 U (10 U/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: ELI LILLY AND CO / 1891**Trade Name:** BASAGLAR KWIKPEN**Proper Name:** INSULIN GLARGINE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
205692 / 0	1	12/16/2015	300 UNITS/3 ML (100 UNITS/ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: BASAGLAR TEMPO PEN**Proper Name:** INSULIN GLARGINE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
205692 / 0	2	11/15/2019	300 UNITS/3 ML (100 UNITS/ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: CYRAMZA**Proper Name:** RAMUCIRUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125477 / 0	1	4/21/2014	100 MG/10 ML (10 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: ELI LILLY AND CO / 1891

125477 / 0	2	4/21/2014	500 MG/50 ML (10 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: EMGALITY**Proper Name:** GALCANEZUMAB-GNLM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761063 / 0	1	9/27/2018	120 MG/ML (120 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

761063 / 0	2	9/27/2018	120 MG/ML (120 MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

761063 / 3	3	6/4/2019	100 MG/ML (100 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: HUMALOG**Proper Name:** INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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020563 / 0	1	6/14/1996	1000 UNITS/10 ML (100 UNITS/ML)
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SOLUTION / INTRAVENOUS, SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: HUMALOG KWIKPEN**Proper Name:** INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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Applicant/License No: ELI LILLY AND CO / 1891

020563 / 0	3	9/6/2007	300 UNITS/3 ML (100 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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205747 / 0	1	5/26/2015	600 UNITS/3 ML (200 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: HUMALOG KWIKPEN JUNIOR**Proper Name:** INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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020563 / 0	4	6/6/2017	300 UNITS/3 ML (100 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: HUMALOG MIX 50/50**Proper Name:** INSULIN LISPRO PROTAMINE RECOMBINANT; INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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021018 / 0	1	12/22/1999	500 UNITS/10 ML; 500 UNITS/10 ML (50 UNITS/ML; 50 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: HUMALOG MIX 50/50 KWIKPEN**Proper Name:** INSULIN LISPRO PROTAMINE RECOMBINANT; INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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021018 / 0	2	12/22/1999	150 UNITS/3 ML; 150 UNITS/3 ML (50 UNITS/ML; 50 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: HUMALOG MIX 75/25

Applicant/License No: ELI LILLY AND CO / 1891**Proper Name:** INSULIN LISPRO PROTAMINE RECOMBINANT; INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021017 / 0	1	12/22/1999	750 UNITS/10 ML; 250 UNITS/10 ML (75 UNITS/ML; 25 UNITS/ML) SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: HUMALOG MIX 75/25 KWIKPEN**Proper Name:** INSULIN LISPRO PROTAMINE RECOMBINANT; INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021017 / 0	2	9/6/2007	225 UNITS/3 ML; 75 UNITS/3 ML (75 UNITS/ML; 25 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: HUMALOG PEN**Proper Name:** INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020563 / 0	2	8/6/1998	300 UNITS/3 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / CARTRIDGE

Trade Name: HUMALOG TEMPO PEN**Proper Name:** INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020563 / 0	5	11/15/2019	300 UNITS/3ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: HUMATROPE**Proper Name:** SOMATROPIN RECOMBINANT

Applicant/License No: ELI LILLY AND CO / 1891

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
019640 / 0	5		6 MG (6 MG) POWDER / SUBCUTANEOUS / CARTRIDGE
019640 / 0	6		12 MG (12 MG) POWDER / SUBCUTANEOUS / CARTRIDGE
019640 / 0	7		24 MG (24 MG) POWDER / SUBCUTANEOUS / CARTRIDGE

Trade Name: HUMULIN R**Proper Name:** INSULIN HUMAN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
018780 / 0	4	3/31/1994	10000 UNITS/20 ML (500 UNITS/ML) SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: HUMULIN R KWIKPEN**Proper Name:** INSULIN HUMAN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
018780 / 0	2	12/29/2015	1500 UNITS/3 ML (500 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: LYUMJEV**Proper Name:** INSULIN LISPRO-AABC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation

Applicant/License No: ELI LILLY AND CO / 1891

761109 / 0	1	6/15/2020	1000 UNITS/10 ML (100 UNITS/ML)
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SOLUTION / INTRAVENOUS, SUBCUTANEOUS / MULTI-DOSE VIAL

761109 / 0	5	6/15/2020	300 UNITS/3 ML (100 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / CARTRIDGE

Trade Name: LYUMJEV JUNIOR KWIKPEN**Proper Name:** INSULIN LISPRO-AABC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761109 / 0	3	6/15/2020	300 UNITS/3 ML (100 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: LYUMJEV KWIKPEN**Proper Name:** INSULIN LISPRO-AABC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761109 / 0	2	6/15/2020	300 UNITS/3 ML (100 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

761109 / 0	6	6/15/2020	600 UNITS/3 ML (200 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: LYUMJEV TEMPO PEN**Proper Name:** INSULIN LISPRO-AABC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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Applicant/License No: ELI LILLY AND CO / 1891

761109 / 0 4 6/15/2020 300 UNITS/3 ML (100 UNITS/ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: PORTRAZZA**Proper Name:** NECITUMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125547 / 0	1	11/24/2015	800 MG/50 ML (16 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: TALTZ**Proper Name:** IXEKIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125521 / 0	1	3/22/2016	80 MG/ML (80 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

125521 / 0	2	3/22/2016	80 MG/ML (80 MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: TRULICITY**Proper Name:** DULAGLUTIDE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125469 / 0	3	9/18/2014	0.75 MG/0.5 ML (0.75 MG/0.5 ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Applicant/License No: ELI LILLY AND CO / 1891

125469 / 0	4	9/18/2014	1.5 MG/0.5 ML (1.5 MG/0.5 ML)
			SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

125469 / 36	5	9/3/2020	3 MG/0.5 ML (3 MG/0.5 ML)
			SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

125469 / 36	6	9/3/2020	4.5 MG/0.5 ML (4.5 MG/0.5 ML)
			SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Applicant/License No: ELUSYS THERAPEUTICS INC / 1907**Trade Name:** ANTHIM**Proper Name:** OBILTOXAXIMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125509 / 1	1	3/18/2016	600 MG/6 ML (100 MG/ML)
			SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: EMD SERONO INC / 1773**Trade Name:** BAVENCIO**Proper Name:** AVELUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761049 / 0	1	3/23/2017	200 MG/10 ML (20 MG/ML)
			SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: GONAL-F**Proper Name:** FOLLITROPIN ALFA/BETA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation

Applicant/License No: EMD SERONO INC / 1773

020378 / 0	4	2/28/2001	1,050 IU/VIAL (600 IU/ML)
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POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL

020378 / 0	5	3/26/2004	450 IU/VIAL (600 IU/ML)
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POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: GONAL-F RFF**Proper Name:** FOLLITROPIN ALFA/BETA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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021765 / 0	2	3/25/2004	82 IU/VIAL (82 IU/VIAL)
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POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: GONAL-F RFF REDI-JECT**Proper Name:** FOLLITROPIN ALFA/BETA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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021684 / 0	1	5/25/2004	300 IU/0.5ML (300 IU/0.5ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

021684 / 0	2	5/25/2004	450 IU/0.75 ML (450 IU/0.75 ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

021684 / 0	3	5/25/2004	900 IU/1.5 ML (600 IU/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: OVIDREL**Proper Name:** CHORIOGONADOTROPIN ALFA

Applicant/License No: EMD SERONO INC / 1773

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021149 / 0	2	9/20/2000	0.25 MG /0.5 ML (0.25 MG /0.5 ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: REBIF**Proper Name:** INTERFERON BETA 1A

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103780 / 0	1	3/7/2002	8.8 MCG/0.2 ML (8.8 MCG/0.2 ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

103780 / 0	2	3/7/2002	8.8 MCG/0.2 ML (8.8 MCG/0.2 ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

103780 / 0	3	3/7/2002	22 MCG/0.5 ML (22 MCG/0.5 ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

103780 / 0	4	3/7/2002	22 MCG/0.5 ML (22 MCG/0.5 ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

103780 / 0	5	3/7/2002	44 MCG/0.5 ML (44 MCG/0.5 ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

103780 / 0	6	3/7/2002	44 MCG/0.5 ML (44 MCG/0.5 ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: SAIZEN**Proper Name:** SOMATROPIN

Applicant/License No: EMD SERONO INC / 1773

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
019764 / 0	2	10/8/1996	5 MG/VIAL (5 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
019764 / 0	3	8/29/2000	8.8 MG/VIAL (8.8 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: SEROSTIM**Proper Name:** SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020604 / 0	1	8/23/1996	6 MG/VIAL (6 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
020604 / 0	2	8/23/1996	5 MG/VIAL (5 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
020604 / 0	3	7/25/1997	4 MG/VIAL (4 MG/VIAL) POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL

Applicant/License No: EMERGENT MANUFACTURING OPERATIONS BALTIMORE LLC / 2083**Trade Name:** RAXIBACUMAB**Proper Name:** RAXIBACUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125349 / 0	1	12/14/2012	1700 MG/34 ML (50 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: ENDO GLOBAL AESTHETICS LTD / 2136**Trade Name:** QWO**Proper Name:** COLLAGENASE CLOSTRIDIUM HISTOLYTICUM-AAES

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761146 / 0	1	7/6/2020	0.92 MG (0.92 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
761146 / 0	2	7/6/2020	1.84 MG (1.84 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: EUSA PHARMA UK LIMITED / 2145**Trade Name:** SYLVANT**Proper Name:** SILTUXIMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125496 / 0	1	4/23/2014	100 MG (100 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL
125496 / 0	2	4/23/2014	400 MG (400 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: EVOLUS INC / 2070**Trade Name:** JEUVEAU**Proper Name:** PRABOTULINUMTOXINA-XVFS

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761085 / 0	1	2/1/2019	100 UNITS (100 UNITS/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: FERRING PHARMACEUTICALS INC / 2112**Trade Name:** MENOPUR**Proper Name:**

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021663 / 0	1	10/29/2004	75 IU/VIAL (75 IU/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: NOVAREL**Proper Name:** GONADOTROPIN, CHORIONIC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
017016 / 0	6	1/15/1974	5000 UNITS/VIAL (5000 UNITS/VIAL) POWDER / INTRAMUSCULAR / MULTI-DOSE VIAL
017016 / 0	7	1/15/1974	10000 UNITS/VIAL (10000 UNITS/VIAL) POWDER / INTRAMUSCULAR / MULTI-DOSE VIAL

Trade Name: ZOMACTON**Proper Name:** SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
019774 / 0	2	1/4/2002	5 MG/VIAL (5 MG/VIAL) POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL
019774 / 0	3	3/7/2012	10 MG/VIAL (10 MG/VIAL) POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL

Applicant/License No: FRESENIUS KABI USA LLC / 2146**Trade Name:** CHORIONIC GONADOTROPIN**Proper Name:** GONADOTROPIN, CHORIONIC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
017067 / 0	2	3/5/1973	10000 UNITS/VIAL (10000 UNITS/VIAL) POWDER / INTRAMUSCULAR / MULTI-DOSE VIAL

Applicant/License No: GENENTECH INC / 1048**Trade Name:** ACTEMRA**Proper Name:** TOCILIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125276 / 0	1	1/8/2010	80 MG/4 ML (20 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
125276 / 0	2	1/8/2010	200 MG/10 ML (20 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
125276 / 0	3	1/8/2010	400 MG/20 ML (20 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125472 / 1	1	10/21/2013	162 MG/0.9 ML (162 MG/0.9 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
125472 / 29	2	11/19/2018	162 MG/0.9 ML (162 MG/0.9 ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Applicant/License No: GENENTECH INC / 1048

Trade Name: ACTIVASE

Proper Name: ALTEPLASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103172 / 0	2	11/13/1987	50 MG (50 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL
103172 / 0	3	3/2/1992	100 MG (100 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: AVASTIN

Proper Name: BEVACIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125085 / 0	1	2/26/2004	100 MG/4 ML (25 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
125085 / 0	2	2/26/2004	400 MG/16 ML (25 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: CATHFLO ACTIVASE

Proper Name: ALTEPLASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103172 / 0	1	9/4/2001	2 MG (2 MG/VIAL) POWDER / INTRACATHETER / SINGLE-DOSE VIAL

Trade Name: ENSPRYNG

Proper Name: SATRALIZUMAB-MWGE

Applicant/License No: GENENTECH INC / 1048

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761149 / 0	1	8/14/2020	120 MG/ML (120 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: GAZYVA**Proper Name:** OBINUYUZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125486 / 0	1	11/1/2013	1000 MG/40 ML (25 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: HEMLIBRA**Proper Name:** EMICIZUMAB-KXWH

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761083 / 0	1	11/16/2017	30 MG/ML (30 MG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL
761083 / 0	2	11/16/2017	60 MG/0.4 ML (60 MG/0.4 ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL
761083 / 0	3	11/16/2017	105 MG/0.7 ML (105 MG/0.7 ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL
761083 / 0	4	11/16/2017	150 MG/ML (150 MG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: HERCEPTIN

Applicant/License No: GENENTECH INC / 1048

Proper Name: TRASTUZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103792 / 5336	2	2/10/2017	150 MG (150 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: HERCEPTIN HYLECTA

Proper Name: TRASTUZUMAB AND HYALURONIDASE-OYSK

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761106 / 0	1	2/28/2019	600 MG/10000 UNITS/5ML (120 MG/2000 UNITS/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: KADCYLA

Proper Name: ADO-TRASIUZUMAB EMTANSINE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125427 / 0	1	2/22/2013	100 MG (100 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL
125427 / 0	2	2/22/2013	160 MG (160 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: LUCENTIS

Proper Name: RANIBIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125156 / 0	1	6/30/2006	0.5 MG/0.05 ML (0.5 MG/0.05 ML) SOLUTION / INTRAVITREAL / SINGLE-DOSE VIAL & PREFILLED SYRINGE

Applicant/License No: GENENTECH INC / 1048

125156 / 076	2	8/10/2012	0.3 MG/0.05 ML (0.3 MG/0.05 ML)
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SOLUTION / INTRAVITREAL / SINGLE-DOSE VIAL & PREFILLED SYRINGE

Trade Name: LUNSUMIO**Proper Name:** MOSUNETUZUMAB-AXGB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761263 / 0	1	12/22/2022	1 MG/ML (1 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

761263 / 0	2	12/22/2022	30 MG/30 ML (1 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: NUTROPIN AQ NUSPIN**Proper Name:** SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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020522 / 0	3	1/3/2008	5 MG/2ML (2.5 MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

020522 / 0	4	1/3/2008	20 MG/2ML (10 MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

020522 / 0	5	1/3/2008	10 MG/2ML (5 MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: OCREVUS**Proper Name:** OCRELIZUMAB

Applicant/License No: GENENTECH INC / 1048

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761053 / 0	1	3/28/2017	300 MG/10 ML (30 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: PERJETA**Proper Name:** PERTUZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125409 / 0	1	6/8/2012	420 MG/14 ML (30 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: PHESGO**Proper Name:** PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761170 / 0	1	6/29/2020	600 MG, 600 MG, 20000 UNITS/10 ML (60 MG, 60 MG, 2000 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

761170 / 0	2	6/29/2020	1200 MG, 600 MG, 30000 UNITS/15 ML (80 MG, 40 MG, 2000 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: POLIVY**Proper Name:** POLATUZUMAB VEDOTIN-PIIQ

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761121 / 0	1	6/10/2019	140 MG (140 MG/VIAL)
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POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: GENENTECH INC / 1048

761121 / 0 2 9/18/2020 30 MG (30 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: PULMOZYME**Proper Name:** DORNASE ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103532 / 0	1	12/30/1993	2.5 MG/2.5 ML (1 MG/ML)
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SOLUTION / INHALATION / AMPULE

Trade Name: RITUXAN**Proper Name:** RITUXIMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103705 / 0	1	11/26/1997	100 MG/10 ML (10 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

103705 / 0	2	11/26/1997	500 MG/50 ML (10 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: RITUXAN HYCELA**Proper Name:** RITUXIMAB AND HYALURONIDASE HUMAN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761064 / 0	1	6/22/2017	1400 MG AND 23400 U/11.7 ML (120 MG AND 2000 U/ML)
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SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: GENENTECH INC / 1048

761064 / 0	2	6/22/2017	1600 MG AND 26800 U/13.4 ML (120 MG AND 2000 U/ML)
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SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: SUSVIMO**Proper Name:** RANIBIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761197 / 0	1	10/22/2021	100 MG/ML (100 MG/ML)
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SOLUTION / INTRAVITREAL / SINGLE-DOSE VIAL

Trade Name: TECENTRIQ**Proper Name:** ATEZOLIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761034 / 0	1	5/18/2016	1200 MG/20 ML (60 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

761034 / 18	2	3/8/2019	840 MG/14 ML (60 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: TNKASE**Proper Name:** TENECTEPLASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103909 / 0	1	6/2/2000	50 MG (50 MG/VIAL)
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POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: VABYSMO**Proper Name:** FARICIMAB-SVOA

Applicant/License No: GENENTECH INC / 1048

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761235 / 0	1	1/28/2022	120 MG/ML (120 MG/ML) SOLUTION / INTRAVITREAL / SINGLE-DOSE VIAL

Trade Name: XOLAIR**Proper Name:** OMALIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103976 / 0	1	6/20/2003	150 MG (150 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
103976 / 5231	3	9/28/2018	75 MG/0.5 ML (75 MG/0.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
103976 / 5231	4	9/28/2018	150 MG/ML (150 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: GENZYME CORP / 1596**Trade Name:** CAMPATH**Proper Name:** ALEMTUZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103948 / 0	1	5/7/2001	30 MG/ML (30 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: CEREZYME**Proper Name:** IMIGLUCERASE

Applicant/License No: GENZYME CORP / 1596

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020367 / 0	2	9/22/1999	400 UNITS/VIAL (400 UNITS/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: FABRAZYME**Proper Name:** AGALSIDASE BETA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103979 / 0	1	4/24/2003	5 MG (5 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

103979 / 0	2	4/24/2003	35 MG (35 MG/VIAL)
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POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: LEMTRADA**Proper Name:** ALEMTUZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103948 / 5139	2	11/14/2014	12 MG/1.2 ML (10MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: LUMIZYME**Proper Name:** ALGLUCOSIDASE ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125291 / 0	1	5/24/2010	50 MG (50 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: NEXVIAZYME

Applicant/License No: GENZYME CORP / 1596**Proper Name:** AVALGLUCOSIDASE ALFA-NGPT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761194 / 0	1	8/6/2021	100 MG/VIAL (100 MG/VIAL)
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POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: THYROGEN**Proper Name:** THYROTROPIN ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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020898 / 0	1	11/30/1998	0.9 MG/VIAL (0.9 MG/VIAL)
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POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: GILEAD SCIENCES INC / 2258**Trade Name:** TRODELVY**Proper Name:** SACITUZUMAB GOVITECAN-HZIY

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761115 / 0	1	4/22/2020	180 MG (180 MG/VIAL)
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POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: GLAXOSMITHKLINE INTELLECTUAL PROPERTY DEVELOPMENT LTD ENGLAND / 2148**Trade Name:** BLENREP**Proper Name:** BELANTAMAB MAFODOTIN-BLMF

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761158 / 0	1	8/5/2020	100 MG (100 MG/VIAL)
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POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: GLAXOSMITHKLINE LLC / 1727

Trade Name: BENLYSTA

Proper Name: BELIMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125370 / 0	1	3/9/2011	120 MG (120 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

125370 / 0	2	3/9/2011	400 MG (400 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL
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BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761043 / 0	1	7/20/2017	200 MG/ML (200 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

761043 / 0	2	7/20/2017	200 MG/ML (200 MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
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Trade Name: JEMPERLI

Proper Name: DOSTARLIMAB-GXLY

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761174 / 0	1	4/22/2021	500 MG/10 ML (50 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: NUCALA

Proper Name: MEPOLIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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Applicant/License No: GLAXOSMITHKLINE LLC / 1727

125526 / 0	1	11/14/2015	100 MG (100 MG/VIAL)
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POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761122 / 0	1	6/6/2019	100 MG/ML (100 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

761122 / 0	2	6/6/2019	100 MG/ML (100 MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

761122 / 0	3	1/22/2022	40 MG/0.4 ML (40 MG/0.4 ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: HALOZYME THERAPEUTICS INC / 2187**Trade Name:** HYLENEX RECOMBINANT**Proper Name:** HYALURONIDASE RECOMBINANT HUMAN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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021859 / 0	1	12/2/2005	150 UNITS/VIAL (150 UNITS/ML)
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SOLUTION / INTERSTITIAL, INTRAMUSCULAR, INTRAOCULAR,
PERIBULBAR, RETROBULBAR, SOFT TISSUE, SUBCUTANEOUS / SINGLE-
DOSE VIAL

Applicant/License No: HOFFMANN LA ROCHE INC / 0136**Trade Name:** PEGASYS**Proper Name:** PEGINTERFERON ALFA 2A

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103964 / 0	1	10/16/2002	180 MCG/ML (180 MCG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL
103964 / 0	2	10/16/2002	180 MCG/0.5 ML (180 MCG/0.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: HORIZON THERAPEUTICS IRELAND DAC / 2022**Trade Name:** ACTIMMUNE**Proper Name:** INTERFERON GAMMA-1B

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103836 / 0	1	2/25/1999	100 MCG/0.5 ML (100 MCG/0.5 ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: KRYSTEXXA**Proper Name:** PEGLOTICASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125293 / 0	1	9/14/2010	8MG/ML (8MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: TEPEZZA**Proper Name:** TEPROTUMUMAB-TRBW

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation

Applicant/License No: HORIZON THERAPEUTICS IRELAND DAC / 2022

761143 / 0 1 1/21/2020 500 MG (500 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: UPLIZNA**Proper Name:** INEBILIZUMAB-CDON

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761142 / 0 1 6/11/2020 100 MG/10 ML (10 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: IMCLONE LLC / 1827**Trade Name:** ERBITUX**Proper Name:** CETUXIMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125084 / 0 1 2/12/2004 100 MG/50 ML (2 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

125084 / 0 2 2/12/2004 200 MG/100 ML (2 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: IMMUNEX CORP / 1132**Trade Name:** ENBREL**Proper Name:** ETANERCEPT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103795 / 0 1 11/2/1998 25 MG (25 MG/VIAL)

POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL

Applicant/License No: IMMUNEX CORP / 1132

103795 / 5184	2	9/27/2004	50 MG/ML (50 MG/ML)
			SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
103795 / 0	3	9/27/2004	50 MG/ML (50 MG/ML)
			SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
103795 / 5184/	4	9/27/2004	25 MG/0.5 ML (25 MG/0.5 ML)
			SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL & PREFILLED SYRINGE
103795 / 5556	5	9/14/2017	50 MG/ML (50 MG/ML)
			SOLUTION / SUBCUTANEOUS / CARTRIDGE

Applicant/License No: IMMUNOCORE LIMITED / 2239**Trade Name:** KIMMTRAK**Proper Name:** TEBENTAFUSP-TEBN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761228 / 0	1	1/25/2022	100 MCG/0.5 ML (100 MCG/0.5 ML)
			SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: IMMUNOGEN INC / 2288**Trade Name:** ELAHERE**Proper Name:** MIRVETUXIMAB SORAVTANSINE-GYNX

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761310 / 0	1	11/14/2022	100 MG/20 ML (5 MG/ML)
			SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: INCYTE CORPORATION / 2228**Trade Name:** ZYNYZ**Proper Name:** RETIFANLIMAB-DLWR

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761334 / 0	1	3/22/2023	500 MG/20ML (25 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: IPSEN BIOPHARM LIMITED / 1787**Trade Name:** DYSPORT**Proper Name:** ABOBOTULINUMTOXINA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125274 / 0	1	4/29/2009	300 UNITS (300 UNITS/VIAL)

POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL

125274 / 0	2	4/29/2009	500 UNITS (500 UNITS/VIAL)
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POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: IPSEN BIOPHARMACEUTICALS INC / 2194**Trade Name:** INCRELEX**Proper Name:** MECASERMIN RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021839 / 0	1	8/30/2005	40 MG/4 ML (10MG/ML)

SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL

Applicant/License No: ISO TEX DIAGNOSTICS INC / 2189**Trade Name:** JEANATOPE**Proper Name:** ALBUMIN IODINATED I-125 SERUM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
017836 / 0	2	2/23/1976	1,000uCi/ML (1,000uCi/ML) SOLUTION / INTRAVENOUS / MULTI-DOSE VIAL
017836 / 0	3	6/8/2004	100uCi/10 ML (10uCi/ML) SOLUTION / INTRAVENOUS / MULTI-DOSE VIAL

Trade Name: MEGATOPE**Proper Name:** ALBUMIN IODINATED I-131 SERUM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
017837 / 0	2	2/23/1976	1mCi/VIAL (1mCi/VIAL) SOLUTION / INTRAVENOUS / MULTI-DOSE VIAL

Applicant/License No: JANSSEN BIOTECH INC / 1864**Trade Name:** DARZALEX**Proper Name:** DARATUMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761036 / 0	1	11/16/2015	100 MG/5 ML (20 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
761036 / 0	2	11/16/2015	400 MG/20 ML (20 MG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: DARZALEX FASPRO

Applicant/License No: JANSSEN BIOTECH INC / 1864**Proper Name:** DARATUMUMAB AND HYALURONIDASE-FIHJ

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761145 / 0	1	5/1/2020	1800 MG/30000 UNITS/15 ML (120 MG/2000 UNITS/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: REMICADE**Proper Name:** INFLIXIMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103772 / 0	1	8/24/1998	100 MG (100 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: RYBREVANT**Proper Name:** AMIVANTAMAB-VMJW

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761210 / 0	1	5/21/2021	350 MG/7 ML (50 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: SIMPONI**Proper Name:** GOLIMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125289 / 0	1	4/24/2009	50 MG/0.5 ML (50 MG/0.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
125289 / 0	2	4/24/2009	50 MG/0.5 ML (50 MG/0.5 ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Applicant/License No: JANSSEN BIOTECH INC / 1864

125289 / 0	3	4/24/2009	100 MG/ML (100 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

125289 / 0	4	4/24/2009	100 MG/ML (100 MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: SIMPONI ARIA

Proper Name: GOLIMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125433 / 0	1	7/18/2013	50 MG/4 ML (12.5 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: STELARA

Proper Name: USTEKINUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125261 / 0	1	9/25/2009	90 MG/ML (90 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

125261 / 0	2	9/25/2009	45 MG/0.5 ML (45 MG/0.5 ML)
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SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL & PREFILLED SYRINGE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761044 / 0	1	9/23/2016	130 MG/26 ML (5 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: TECVAYLI

Applicant/License No: JANSSEN BIOTECH INC / 1864**Proper Name:** TECLISTAMAB-CQYV

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761291 / 0	1	10/25/2022	30 MG/3 ML (10 MG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL
761291 / 0	2	10/25/2022	153 MG/1.7ML (90 MG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: TREMFYA**Proper Name:** GUSELKUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761061 / 0	1	7/13/2017	100 MG/ML (100 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: JAZZ PHARMACEUTICALS IRELAND LIMITED / 2167**Trade Name:** RYLAZE**Proper Name:** ASPARAGINASE ERWINIA CHRYSANTHEMI (RECOMBINANT)-RYWN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761179 / 0	1	6/30/2021	10 MG/0.5 ML (10 MG/0.5 ML) SOLUTION / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: JUBILANT DRAXIMAGE INC / 2186**Trade Name:** DRAXIMAGE MAA**Proper Name:** TECHNETIUM TC 99M ALBUMIN AGGREGATED KIT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
017881 / 0	1	12/30/1987	2.5 MG/VIAL (2.5 MG/VIAL)

POWDER / INTRAVENOUS / MULTI-DOSE VIAL

Applicant/License No: KINIKSA PHARMACEUTICALS UK LTD / 2236**Trade Name:** ARCALYST**Proper Name:** RILONACEPT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125249 / 0	1	2/27/2008	220MG (220MG/VIAL)

POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: KYOWA KIRIN INC / 2077**Trade Name:** CRYSVITA**Proper Name:** BUROSUMAB-TWZA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761068 / 0	1	4/17/2018	10 MG/ML (10 MG/ML)

SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

761068 / 0	2	4/17/2018	20 MG/ML (20 MG/ML)
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SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

761068 / 0	3	4/17/2018	30 MG/ML (30 MG/ML)
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SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: KYOWA KIRIN INC / 2077**Trade Name:** POTELIGEO**Proper Name:** MOGAMULIZUMAB-KPKC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761051 / 0	1	8/8/2018	20 MG/5 ML (4 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: LEO PHARMA AS / 2169**Trade Name:** ADBRY**Proper Name:** TRALOKINUMAB-LDRM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761180 / 0	1	12/27/2021	150 MG/ML (150 MG/ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: LUNDBECK SEATTLE BIOPHARMACEUTICALS INC / 2097**Trade Name:** VYEPTI**Proper Name:** EPTINEZUMAB-JJMR

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761119 / 0	1	2/21/2020	100 MG/ML (100 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: MACROGENICS INC / 2139**Trade Name:** MARGENZATM**Proper Name:** MARGETUXIMAB-CMKB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761150 / 0	1	12/16/2020	250 MG/10 ML (25 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: MANNKIND CORP / 2190**Trade Name:** AFREZZA**Proper Name:** INSULIN RECOMBINANT HUMAN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
022472 / 0	1	6/27/2014	4 UNITS/INH (4 UNITS/INH)

POWDER / INHALATION / CARTRIDGE

022472 / 0	2	6/27/2014	8 UNITS/INH (8 UNITS/INH)
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POWDER / INHALATION / CARTRIDGE

022472 / 0	3	4/17/2015	12 UNITS/INH (12 UNITS/INH)
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POWDER / INHALATION / CARTRIDGE

Applicant/License No: MEDIWOUND LTD / 2215**Trade Name:** NEXOBRID**Proper Name:** ANACAULASE-BCDB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761192 / 0	1	12/28/2022	2 GM LYOPHILIZED POWDER/20 GM GEL (8.8% W/W (2 GM LYOPHILIZED POWDER/20 GM GEL))

GEL / TOPICAL / KIT

Applicant/License No: MEDIWOUND LTD / 2215

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761192 / 0	2	12/28/2022	5 GM LYOPHILIZED POWDER/50 GM GEL (8.8% W/W (5 GM LYOPHILIZED POWDER/50 GM GEL)) GEL / TOPICAL / KIT

Applicant/License No: MERCK AND CO INC DIV MERCK SHARP AND DOHME / 0002**Trade Name:** KEYTRUDA**Proper Name:** PEMBROLIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125514 / 1	2	1/15/2015	100 MG/4 ML (25 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: ZINPLAVA**Proper Name:** BEZLOTOXUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761046 / 0	1	10/21/2016	1000 MG/40 ML (25 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: MERZ PHARMACEUTICALS GMBH / 1830**Trade Name:** XEOMIN**Proper Name:** INCOBOTULINUMTOXINA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125360 / 0	1	7/30/2010	50 U (50 U/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL
125360 / 0	2	7/30/2010	100 U (100 U/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: MERZ PHARMACEUTICALS GMBH / 1830

125360 / 3	3	11/20/2015	200 U (200 U/VIAL)
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POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: MORPHOSYS US INC / 2152**Trade Name:** MONJUVI**Proper Name:** TAFASITAMAB-CXIX

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761163 / 0	1	7/31/2020	200 MG (200 MG/VIAL)
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POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: NOVARTIS PHARMACEUTICALS CORP / 1244**Trade Name:** ADAKVEO**Proper Name:** CRIZANLIZUMAB-TMCA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761128 / 0	1	11/15/2019	100 MG/10 ML (10 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: ARZERRA**Proper Name:** OFATUMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125326 / 0	1	10/26/2009	100 MG/5 ML (20 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

125326 / 0	2	10/26/2009	1000 MG/50 ML (20 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: NOVARTIS PHARMACEUTICALS CORP / 1244**Trade Name:** BEOVU**Proper Name:** BROLUCIZUMAB-DBLL

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761125 / 0	1	10/7/2019	6 MG/0.05 ML (6 MG/0.05 ML)

SOLUTION / INTRAVITREAL / SINGLE-DOSE VIAL

Trade Name: COSENTYX**Proper Name:** SECUKINUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125504 / 0	2	1/21/2015	150 MG/ML (150 MG/ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

125504 / 0	3	1/21/2015	150 MG/ML (150 MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

125504 / 0	4	5/28/2021	75 MG/0.5 ML (75 MG/0.5 ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: EXTAVIA**Proper Name:** INTERFERON BETA-1B

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125290 / 0	1	8/14/2009	0.3 MG (0.3 MG/VIAL)

POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: ILARIS**Proper Name:** CANAKINUMAB

Applicant/License No: NOVARTIS PHARMACEUTICALS CORP / 1244

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125319 / 0	3	12/22/2016	150 MG/ML (150 MG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: KESIMPTA**Proper Name:** OFATUMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125326 / 70	3	8/20/2020	20 MG/0.4 ML (20 MG/0.4 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

125326 / 70	4	8/20/2020	20 MG/0.4 ML (20 MG/0.4 ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
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Trade Name: SIMULECT**Proper Name:** BASILIXIMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103764 / 0	1	5/12/1998	10 MG (10 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

103764 / 0	2	5/12/1998	20 MG (20 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL
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Applicant/License No: NOVO NORDISK INC / 1261

Trade Name: FIASP

Proper Name: INSULIN ASPART

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
208751 / 0	1	9/27/2017	1000 UNITS/10 ML (100 UNITS/ML)

SOLUTION / INTRAVENOUS, SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: FIASP FLEXTOUCH

Proper Name: INSULIN ASPART

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
208751 / 0	2	9/27/2017	300 UNITS/3 ML (100 UNITS/ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: FIASP PENFILL

Proper Name: INSULIN ASPART

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
208751 / 0	3	9/24/2018	300 UNITS/3 ML (100 UNITS/ML)

SOLUTION / SUBCUTANEOUS / CARTRIDGE

Trade Name: LEVEMIR

Proper Name: INSULIN DETEMIR RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021536 / 0	1	6/16/2005	1000 UNITS/10 ML (100 UNITS/ML)

SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: LEVEMIR FLEXPEN

Proper Name: INSULIN DETEMIR RECOMBINANT

Applicant/License No: NOVO NORDISK INC / 1261

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021536 / 0	2	6/16/2005	300 UNITS/3 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: NORDITROPIN FLEXPRO**Proper Name:** SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021148 / 0	8	3/1/2010	5MG/1.5ML (3.33MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
021148 / 0	9	3/1/2010	10 MG/1.5ML (6.67 MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
021148 / 0	10	3/1/2010	15MG/1.5ML (10MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
021148 / 0	11	1/23/2015	30MG/3ML (10MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: NOVOLOG**Proper Name:** INSULIN ASPART RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020986 / 0	1	6/7/2000	1000 UNITS/10 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: NOVOLOG FLEXPEN

Applicant/License No: NOVO NORDISK INC / 1261

Proper Name: INSULIN ASPART RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020986 / 0	3	1/19/2001	300 UNITS/3 ML (100 UNITS/ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: NOVOLOG MIX 70/30

Proper Name: INSULIN ASPART PROTAMINE RECOMBINANT; INSULIN ASPART RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021172 / 0	1	11/1/2001	700 UNITS/10ML; 300 UNITS/10 ML (70 UNITS/ML; 30 UNITS/ML)

SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: NOVOLOG MIX 70/30 FLEXPEN

Proper Name: INSULIN ASPART PROTAMINE RECOMBINANT; INSULIN ASPART RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021172 / 0	4	5/3/2002	210 UNITS/3ML; 90 UNITS/3 ML (70 UNITS/ML; 30 UNITS/ML)

SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: NOVOLOG PENFILL

Proper Name: INSULIN ASPART RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020986 / 0	2	6/7/2000	300 UNITS/3 ML (100 UNITS/ML)

SOLUTION / SUBCUTANEOUS / CARTRIDGE

Trade Name: SOGROYA

Proper Name: SOMAPACITAN-BECO

Applicant/License No: NOVO NORDISK INC / 1261

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761156 / 0	1	8/28/2020	10 MG/1.5 ML (6.7 MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

761156 / 0	2	10/1/2021	5 MG/1.5 ML (3.3 MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
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Trade Name: TRESIBA**Proper Name:** INSULIN DEGLUDEC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
203314 / 0	1	9/25/2015	300 UNITS/3 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

203314 / 0	2	9/25/2015	600 UNITS/3 ML (200 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
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203314 / 0	3	11/21/2018	1000 UNITS/10 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL
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Trade Name: XULTOPHY 100/3.6**Proper Name:** INSULIN DEGLUDEC; LIRAGLUTIDE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
208583 / 0	1	11/21/2016	300 UNITS/3 ML; 10.8MG/3 ML (100 UNITS/ML; 3.6MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Applicant/License No: NPS PHARMACEUTICALS INC / 1908**Trade Name:** NATPARA**Proper Name:** PARATHYROID HORMONE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125511 / 1	1	1/23/2015	0.4 MG/CARTRIDGE (25 MCG/DOSE) POWDER / SUBCUTANEOUS / CARTRIDGE
125511 / 1	2	1/23/2015	0.8 MG/CARTRIDGE (50 MCG/DOSE) POWDER / SUBCUTANEOUS / CARTRIDGE
125511 / 1	3	1/23/2015	1.21 MG/CARTRIDGE (75 MCG/DOSE) POWDER / SUBCUTANEOUS / CARTRIDGE
125511 / 1	4	1/23/2015	1.61 MG/CARTRIDGE (100 MCG/DOSE) POWDER / SUBCUTANEOUS / CARTRIDGE

Applicant/License No: ONY INC / 2192**Trade Name:** INFASURF PRESERVATIVE FREE**Proper Name:** CALFACTANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020521 / 0	1	7/1/1998	105 MG/ 3 ML & 210 MG/ 6 ML (35 MG/ML) SUSPENSION / INTRATRACHEAL / SINGLE-DOSE VIAL

Applicant/License No: ORGANON USA INC / 2193**Trade Name:** FOLLISTIM AQ**Proper Name:** FOLLITROPIN ALFA/BETA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021211 / 0	1	3/23/2004	350 IU/0.42 ML (350 IU/0.42 ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
021211 / 0	2	3/23/2004	650 IU/0.78 ML (650 IU/0.78 ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
021211 / 0	4	2/11/2005	975 IU/1.17 ML (833.33 IU/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: PREGNYL**Proper Name:** GONADOTROPIN, CHORIONIC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
017692 / 0	1	10/20/1976	10000 UNITS/VIAL (10000 UNITS/VIAL) POWDER / INTRAMUSCULAR / MULTI-DOSE VIAL

Applicant/License No: PARTNER THERAPEUTICS INC / 2087**Trade Name:** LEUKINE**Proper Name:** SARGRAMOSTIM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103362 / 0	1	3/5/1991	250 MCG (250 MCG/VIAL) POWDER / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: PFIZER INC / 2001**Trade Name:** ELELYSO**Proper Name:** TALIGLUCERASE ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
022458 / 0	1	5/1/2012	200 UNITS/VIAL (200 UNITS/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: PHARMACIA AND UPJOHN CO / 1216**Trade Name:** GENOTROPIN**Proper Name:** SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020280 / 0	6	8/24/1995	5.8 MG/VIAL (5.8 MG/VIAL)

POWDER / SUBCUTANEOUS / CARTRIDGE

020280 / 0	7	10/23/1996	13.8 MG/VIAL (13.8 MG/VIAL)
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POWDER / SUBCUTANEOUS / CARTRIDGE

Trade Name: GENOTROPIN PRESERVATIVE FREE**Proper Name:** SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020280 / 0	1	1/27/1998	0.2 MG/VIAL (0.2 MG/VIAL)

POWDER / SUBCUTANEOUS / PREFILLED SYRINGE

020280 / 0	2	1/27/1998	0.4 MG/VIAL (0.4 MG/VIAL)
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POWDER / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: PHARMACIA AND UPJOHN CO / 1216

020280 / 0	3	1/27/1998	0.6 MG/VIAL (0.6 MG/VIAL)
			POWDER / SUBCUTANEOUS / PREFILLED SYRINGE
020280 / 0	5	1/27/1998	0.8 MG/VIAL (0.8 MG/VIAL)
			POWDER / SUBCUTANEOUS / PREFILLED SYRINGE
020280 / 0	8	1/27/1998	1 MG/VIAL (1 MG/VIAL)
			POWDER / SUBCUTANEOUS / PREFILLED SYRINGE
020280 / 0	9	1/27/1998	1.2 MG/VIAL (1.2 MG/VIAL)
			POWDER / SUBCUTANEOUS / PREFILLED SYRINGE
020280 / 0	10	1/27/1998	1.4 MG/VIAL (1.4 MG/VIAL)
			POWDER / SUBCUTANEOUS / PREFILLED SYRINGE
020280 / 0	11	1/27/1998	1.6 MG/VIAL (1.6 MG/VIAL)
			POWDER / SUBCUTANEOUS / PREFILLED SYRINGE
020280 / 0	12	1/27/1998	1.8 MG/VIAL (1.8 MG/VIAL)
			POWDER / SUBCUTANEOUS / PREFILLED SYRINGE
020280 / 0	13	1/27/1998	2 MG/VIAL (2 MG/VIAL)
			POWDER / SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: SOMAVERT**Proper Name:** PEGVISOMANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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Applicant/License No: PHARMACIA AND UPJOHN CO / 1216

021106 / 0	1	3/25/2003	10MG/VIAL (10MG/VIAL)
			POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
021106 / 0	2	3/25/2003	15MG/VIAL (15MG/VIAL)
			POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
021106 / 0	3	3/25/2003	20MG/VIAL (20MG/VIAL)
			POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
021106 / 0	4	7/31/2014	25MG/VIAL (25MG/VIAL)
			POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
021106 / 0	5	7/31/2014	30MG/VIAL (30MG/VIAL)
			POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: PHARMAESSENTIA CORPORATION / 2155**Trade Name:** BESREMI**Proper Name:** ROPEGINTERFERON ALFA-2B-NJFT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761166 / 0	1	11/12/2021	500 MCG/ML (500 MCG/ML)
			SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: PROVENTION BIO INC / 2170**Trade Name:** TZIELD**Proper Name:** TEPLIZUMAB-MZWV

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761183 / 0	1	11/17/2022	2 MG/2 ML (1 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: QOL MEDICAL LLC / 2195**Trade Name:** SUCRAID**Proper Name:** SACROSIDASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
020772 / 0	1	4/9/1998	1003000 IU/118 ML (8500 IU/ML)

SOLUTION / ORAL / MULTI-DOSE VIAL

020772 / 0	2	5/25/2022	17,000 IU/2 ML (8500 IU/ML)
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SOLUTION / ORAL / SINGLE DOSE CONTAINER

Applicant/License No: REGENERON PHARMACEUTICALS INC / 1760**Trade Name:** DUPIXENT**Proper Name:** DUPILUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761055 / 0	1	3/28/2017	300 MG/2 ML (150 MG/ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

761055 / 7	2	10/19/2018	200 MG/1.14 ML (175 MG/ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: REGENERON PHARMACEUTICALS INC / 1760

761055 / 0	3	6/18/2020	300 MG/2 ML (150 MG/ML)
SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN			

761055 / 0	4	6/14/2021	200 MG/1.14 ML (175 MG/ML)
SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN			

761055 / 0	5	10/20/2021	100 MG/0.67 ML (150 MG/ML)
SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN			

Trade Name: EVKEEZA**Proper Name:** EVINACUMAB-DGNB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761181 / 0	1	2/11/2021	345 MG/2.3ML (150 MG/ML)
SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL			

761181 / 0	2	2/11/2021	1200 MG/8 ML (150 MG/ML)
SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL			

Trade Name: EYLEA**Proper Name:** AFLIBERCEPT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125387 / 0	1	11/18/2011	2 MG/0.05 ML (2 MG/0.05 ML)
SOLUTION / INTRAVITREAL / SINGLE-DOSE VIAL & PREFILLED SYRINGE			

Trade Name: INMAZEB**Proper Name:** ATOLTIVIMAB, MAFTIVIMAB, AND ODESIVIMAB-EBGN

Applicant/License No: REGENERON PHARMACEUTICALS INC / 1760

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761169 / 0	1	10/14/2020	241.7 MG/241.7 MG/241.7 MG/14.5 ML (16.67 MG/16.67 MG 16.67 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
761169 / 0	2	9/29/2021	483.3 MG/483.3 MG/483.3 MG/14.5 ML (33.33 MG/33.33 MG/33.33 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: LIBTAYO**Proper Name:** CEMIPILIMAB-RWLC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761097 / 0	1	9/28/2018	350 MG/7 ML (50 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: PRALUENT**Proper Name:** ALIROCUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125559 / 0	3	7/24/2015	75 MG/ML (75 MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
125559 / 0	4	7/24/2015	150 MG/ML (150 MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Applicant/License No: REVANCE THERAPEUTICS INC / 2101**Trade Name:** DAXXIFY**Proper Name:** DAXIBOTULINUMTOXINA-LANM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761127 / 0	1	9/7/2022	50 UNITS/VIAL (50 UNITS/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL
761127 / 0	2	9/7/2022	100 UNITS/VIAL (100 UNITS/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: RIDGEBACK BIOTHERAPEUTICS / 2162**Trade Name:** EBANGA**Proper Name:** ANSUVIMAB-ZYKL

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761172 / 0	1	12/21/2020	400 MG/VIAL (400 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: SANDOZ INC / 2003**Trade Name:** OMNITROPE**Proper Name:** SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021426 / 0	1	5/30/2006	5.8 MG/VIAL (5.8 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
021426 / 0	3	1/16/2008	5 MG/1.5ML (3.33 MG/ML) SOLUTION / SUBCUTANEOUS / CARTRIDGE

Applicant/License No: SANDOZ INC / 2003

021426 / 0	4	8/25/2008	10 MG/1.5 ML (6.67 MG/ML)
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SOLUTION / SUBCUTANEOUS / CARTRIDGE

Applicant/License No: SANOFI AVENTIS US LLC / 1752**Trade Name:** ADLYXIN**Proper Name:** LIXISENATIDE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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208471 / 0	1	7/27/2016	0.15MG/3ML (0.05MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

208471 / 0	2	7/27/2016	0.3MG/3ML (0.1MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: ADMELOG**Proper Name:** INSULIN LISPRO

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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209196 / 0	1	12/11/2017	1000 UNITS/10 ML (100 UNITS/ML)
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SOLUTION / INTRAVENOUS, SUBCUTANEOUS / MULTI-DOSE VIAL

209196 / 0	3	10/19/2018	300 UNITS/3 ML (100 UNITS/ML)
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SOLUTION / INTRAVENOUS, SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: ADMELOG SOLOSTAR**Proper Name:** INSULIN LISPRO

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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Applicant/License No: SANOFI AVENTIS US LLC / 1752

209196 / 0	2	12/11/2017	300 UNITS/3 ML (100 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: APIDRA**Proper Name:** INSULIN GLULISINE RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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021629 / 0	1	4/16/2004	1000 UNITS/10 ML (100 UNITS/ML)
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SOLUTION / INTRAVENOUS, SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: APIDRA SOLOSTAR**Proper Name:** INSULIN GLULISINE RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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021629 / 0	3	2/24/2009	300 UNITS/3 ML (100 UNITS/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: ELITEK**Proper Name:** RASBURICASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103946 / 0	1	7/12/2002	1.5 MG (1.5 MG/VIAL)
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POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

103946 / 5020	2	1/6/2006	7.5 MG (7.5 MG/VIAL)
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POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: KEVZARA**Proper Name:** SARILUMAB

Applicant/License No: SANOFI AVENTIS US LLC / 1752

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761037 / 0	1	5/22/2017	150 MG/1.14 ML (131.58 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
761037 / 0	2	5/22/2017	200 MG/1.14 ML (175.44 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
761037 / 1	3	4/13/2018	150 MG/1.14 ML (131.58 MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN
761037 / 1	4	4/13/2018	200 MG/1.14 ML (175.44 MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: LANTUS**Proper Name:** INSULIN GLARGINE RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021081 / 0	1	4/20/2000	1000 UNITS/10 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL

Trade Name: LANTUS SOLOSTAR**Proper Name:** INSULIN GLARGINE RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
021081 / 0	2	4/27/2007	300 UNITS/3 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: SARCLISA

Applicant/License No: SANOFI AVENTIS US LLC / 1752**Proper Name:** ISATUXIMAB-IRFC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761113 / 0	1	3/2/2020	100 MG/5 ML (20 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
761113 / 0	2	3/2/2020	500 MG/25 ML (20 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: SOLIQUA 100/33**Proper Name:** INSULIN GLARGINE; LIXISENATIDE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
208673 / 0	1	11/21/2016	300 UNITS/3 ML; 99MCG/3 ML (100 UNITS/ML; 33MCG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: TOUJEO MAX SOLOSTAR**Proper Name:** INSULIN GLARGINE RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
206538 / 0	2	3/26/2018	900 UNITS/3 ML (300 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Trade Name: TOUJEO SOLOSTAR**Proper Name:** INSULIN GLARGINE RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
206538 / 0	1	2/25/2015	450 UNITS/1.5 ML (300 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Applicant/License No: SANOFI AVENTIS US LLC / 1752**Trade Name:** ZALTRAP**Proper Name:** ZIV-AFLIBERCEPT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125418 / 0	1	8/3/2012	100 MG/4 ML (25 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL
125418 / 0	2	8/3/2012	200 MG/8 ML (25 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: SEAGEN INC / 2257**Trade Name:** ADCETRIS**Proper Name:** BRENTUXIMAB VEDOTIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125388 / 1	1	8/19/2011	50 MG (50 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: TIVDAK**Proper Name:** TISOTUMAB VEDOTIN-TFTV

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761208 / 0	1	9/22/2021	40 MG/VIAL (40 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: SERVIER PHARMACEUTICALS LLC / 2125**Trade Name:** ASPARLAS**Proper Name:** CALASPARGASE PEGOL-MKNL

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761102 / 0	1	12/20/2018	3750 UNITS/5 ML (750 UNITS/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: ONCASPAR**Proper Name:** PEGASPARGASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103411 / 0	1	2/1/1994	3750 IU/5 ML (750 IU/ML)

SOLUTION / INTRAVENOUS, INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: SHIRE HUMAN GENETIC THERAPIES INC / 1593**Trade Name:** ELAPRASE**Proper Name:** IDURSULFASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125151 / 0	1	7/24/2006	6 MG/3 ML (2 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: VPRIV**Proper Name:** VELAGLUCERASE ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
022575 / 0	1	2/26/2010	400 UNITS/VIAL (400 UNITS/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: SICOR BIOTECH UAB / 1803**Trade Name:** GRANIX**Proper Name:** TBO-FILGRASTIM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125294 / 0	1	8/29/2012	300 MCG/0.5 ML (300 MCG/0.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
125294 / 0	2	8/29/2012	480 MCG/0.8 ML (480 MCG/0.8 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE
125294 / 45	3	7/31/2018	300 MCG/ML (300 MCG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL
125294 / 45	4	7/31/2018	480MCG/1.6 ML (300 MCG/ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL

Applicant/License No: SMITH AND NEPHEW INC / 2004**Trade Name:** REGRANEX**Proper Name:** BECAPLERMIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
103691 / 0	1	12/16/1997	15 GM TUBE (100 UG/GM) GEL / TOPICAL /

Trade Name: SANTYL**Proper Name:** COLLAGENASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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Applicant/License No: SMITH AND NEPHEW INC / 2004

101995 / 0 1 6/4/1965 30 GM & 90 GM TUBE (250 U/GM)

OINTMENT / TOPICAL /

Applicant/License No: SOLSTICE NEUROSCIENCES LLC / 1718**Trade Name:** MYOBLOC**Proper Name:** RIMABOTULINUM TOXIN B

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103846 / 0 1 12/8/2002 2500 IU/0.5 ML (2500 IU/0.5 ML)

SOLUTION / INTRAMUSCULAR / SINGLE-DOSE VIAL

103846 / 0 3 12/8/2002 10,000 IU/2 ML (5000 IU/ML)

SOLUTION / INTRAMUSCULAR / SINGLE-DOSE VIAL

Proper Name: RIMABOTULINUMTOXINB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103846 / 0 2 12/8/2002 5000 IU/ML (5000 IU/ML)

SOLUTION / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: SPECTRUM PHARMACEUTICALS INC / 2312**Trade Name:** ROLVEDON**Proper Name:** EFLAPEGRASTIM-XNST

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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761148 / 0 1 9/9/2022 13.2 MG/0.6ML (13.2 MG/0.6 ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: STEMLINE THERAPEUTICS INC / 2088**Trade Name:** ELZONRIS**Proper Name:** TAGRAXOFUSP-ERZS

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761116 / 0	1	12/21/2018	1000 MCG/ML (1000 MCG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: SUN PHARMA GLOBAL FZE / 2092**Trade Name:** ILUMYA**Proper Name:** TILDRAKIZUMAB-ASMN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761067 / 0	1	3/20/2018	100 MG/ML (100 MG/ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: SWEDISH ORPHAN BIOVITRUM AB / 1859**Trade Name:** GAMIFANT**Proper Name:** EMAPALUMAB-LZSG

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761107 / 0	1	11/20/2018	10 MG/2 ML (5 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

761107 / 0	2	11/20/2018	50 MG/10 ML (5 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

761107 / 0	3	6/26/2020	100 MG/20 ML (5 MG/ML)
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SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: SWEDISH ORPHAN BIOVITRUM AB / 1859**Trade Name:** KEPIVANCE**Proper Name:** PALIFERMIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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125103 / 0	1	12/15/2004	6.25 MG (6.25 MG/VIAL)
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POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: KINERET**Proper Name:** ANAKINRA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103950 / 0	1	11/14/2001	100 MG/0.67 ML (100 MG/0.67 ML)
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SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Trade Name: SYNAGIS**Proper Name:** PALIVIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
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103770 / 0	1	6/19/1998	50 MG/0.5 ML (50 MG/0.5 ML)
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SOLUTION / INTRAMUSCULAR / SINGLE-DOSE VIAL

103770 / 0	2	6/19/1998	100 MG/ML (100 MG/ML)
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SOLUTION / INTRAMUSCULAR / SINGLE-DOSE VIAL

Applicant/License No: TAKEDA PHARMACEUTICALS USA INC / 1898**Trade Name:** ENTYVIO**Proper Name:** VEDOLIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125476 / 0	1	5/20/2014	300 MG (300 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: TEVA PHARMACEUTICALS USA INC / 2016**Trade Name:** AJOVY**Proper Name:** FREMANEZUMAB-VFRM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761089 / 0	1	9/14/2018	225 MG/1.5 ML (150 MG/ML)

SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

761089 / 2	2	1/27/2020	225MG/1.5 ML (150 MG/ML)
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SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN

Applicant/License No: TEVA RESPIRATORY LLC / 2047**Trade Name:** CINQAIR**Proper Name:** RESLIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761033 / 0	1	3/23/2016	100 MG/10 ML (10 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: TG THERAPEUTICS INC / 2090**Trade Name:** BRIUMVI**Proper Name:** UBLITUXIMAB-XIY

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761238 / 0	1	12/28/2022	150 MG/6 ML (25 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: THERATECHNOLOGIES INC / 2091**Trade Name:** EGRIFTA SV**Proper Name:** TESAMORELIN ACETATE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
022505 / 0	2	11/10/2010	2MG BASE/VIAL (2MG BASE/VIAL)

POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL

Trade Name: TROGARZO**Proper Name:** IBALIZUMAB-UIYK

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761065 / 0	1	3/6/2018	200 MG/1.33 ML (150 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: UCB INC / 1736**Trade Name:** CIMZIA**Proper Name:** CERTOLIZUMAB PEGOL

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125160 / 0	1	4/22/2008	200 MG (200 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL
125160 / 080	2	5/13/2009	200 MG/ML (200 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: ULTRAGENYX PHARMACEUTICAL INC / 2040**Trade Name:** MEPSEVII**Proper Name:** VESTRONIDASE ALFA-VJBK

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761047 / 0	1	11/15/2017	10 MG/5 ML (2 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: UNITED THERAPEUTICS CORP / 1993**Trade Name:** UNITUXIN**Proper Name:** DINUTUXIMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125516 / 0	1	3/10/2015	17.5 MG/5 ML (3.5 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: VALEANT PHARMACEUTICALS LUXEMBOURG SARL / 2053**Trade Name:** SILIQ**Proper Name:** BRODALUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761032 / 0	1	2/15/2017	210 MG/1.5 ML (140 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: VIFOR INTERNATIONAL AG / 2039**Trade Name:** MIRCERA**Proper Name:** METHOXPOLYETHYLENE GLYCOL EPOETIN BETA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
125164 / 0	1	11/14/2007	50 MCG/0.3 ML (50 MCG/0.3 ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE
125164 / 0	2	11/14/2007	75 MCG/0.3 ML (75 MCG/0.3 ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE
125164 / 0	3	11/14/2007	100 MCG/0.3 ML (100 MCG/0.3 ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE
125164 / 0	4	11/14/2007	150 MCG/0.3 ML (150 MCG/0.3 ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE
125164 / 0	5	11/14/2007	200 MCG/0.3 ML (200 MCG/0.3 ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: VIFOR INTERNATIONAL AG / 2039

125164 / 0	6	11/14/2007	250 MCG/0.3 ML (250 MCG/0.3 ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE
125164 / 073	7	4/28/2016	30 MCG/0.3 ML (30 MCG/0.3 ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE
125164 / 073	8	4/28/2016	120 MCG/0.3 ML (120 MCG/0.3 ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE
125164 / 073	9	4/28/2016	360 MCG/0.6 ML (360 MCG/0.6 ML)
			SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE

Applicant/License No: VIOKACE LLC / 2196**Trade Name:** VIOKACE**Proper Name:** PANCRELIPASE (AMYLASE;LIPASE;PROTEASE)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
022542 / 0	1	3/1/2012	39,150USP UNITS; 10,440USP UNITS; 39,150USP UNITS (39,150USP UNITS; 10,440USP UNITS; 39,150USP UNITS)
			TABLET / ORAL /
022542 / 0	2	3/1/2012	78,300USP UNITS; 20,880USP UNITS; 78,300USP UNITS (78,300USP UNITS; 20,880USP UNITS; 78,300USP UNITS)
			TABLET / ORAL /

Applicant/License No: VIVUS INC / 2197**Trade Name:** PANCREAZE**Proper Name:** PANCRELIPASE (AMYLASE;LIPASE;PROTEASE)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
022523 / 0	1	4/12/2010	24,600USP UNITS; 4,200USP UNITS; 14,200USP UNITS (24,600USP UNITS; 4,200USP UNITS; 14,200USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022523 / 0	2	4/12/2010	61,500USP UNITS; 10,500USP UNITS; 35,500USP UNITS (61,500USP UNITS; 10,500USP UNITS; 35,500USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022523 / 0	3	4/12/2010	98,400USP UNITS; 16,800USP UNITS; 56,800USP UNITS (98,400USP UNITS; 16,800USP UNITS; 56,800USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022523 / 0	4	4/12/2010	83,900USP UNITS; 21,000USP UNITS; 54,700USP UNITS (83,900USP UNITS; 21,000USP UNITS; 54,700USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022523 / 0	5	3/7/2014	10,850USP UNITS; 2,600USP UNITS; 6,200USP UNITS (10,850USP UNITS; 2,600USP UNITS; 6,200USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022523 / 0	6	4/26/2021	149,900USP UNITS; 37,000USP UNITS; 97,300USP UNITS (149,900USP UNITS; 37,000USP UNITS; 97,300USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /

Applicant/License No: WYETH PHARMACEUTICALS INC / 0003**Trade Name:** BESPONSA**Proper Name:** INOTUZUMAB OZOGAMICIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761040 / 0	1	8/17/2017	0.9 MG (0.9 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Trade Name: MYLOTARG**Proper Name:** GEMTUZUMAB OZOGAMICIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761060 / 0	1	9/1/2017	4.5 MG (4.5 MG/VIAL)

POWDER / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: Y-MABS THERAPEUTICS INC / 2209**Trade Name:** DANYELZA**Proper Name:** NAXITAMAB-GQGK

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
761171 / 0	1	11/25/2020	40 MG/10 ML (4 MG/ML)

SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL

Applicant/License No: ZENPEP LLC / 2198**Trade Name:** ZENPEP**Proper Name:** PANCRELIPASE (AMYLASE;LIPASE;PROTEASE)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation
022210 / 0	1	8/27/2009	24,000USP UNITS; 5,000USP UNITS; 17,000USP UNITS (24,000USP UNITS; 5,000USP UNITS; 17,000USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022210 / 0	2	8/27/2009	42,000USP UNITS; 10,000USP UNITS; 32,000USP UNITS (42,000USP UNITS; 10,000USP UNITS; 32,000USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022210 / 0	3	8/27/2009	63,000USP UNITS; 15,000USP UNITS; 47,000USP UNITS (63,000USP UNITS; 15,000USP UNITS; 47,000USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022210 / 0	4	8/27/2009	84,000USP UNITS; 20,000USP UNITS; 63,000USP UNITS (84,000USP UNITS; 20,000USP UNITS; 63,000USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022210 / 0	5	6/15/2011	14,000USP UNITS; 3,000USP UNITS; 10,000USP UNITS (14,000USP UNITS; 3,000USP UNITS; 10,000USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022210 / 0	6	7/13/2011	105,000USP UNITS; 25,000USP UNITS; 79,000USP UNITS (105,000USP UNITS; 25,000USP UNITS; 79,000USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /
022210 / 0	7	3/25/2014	168,000USP UNITS; 40,000USP UNITS; 126,000USP UNITS (168,000USP UNITS; 40,000USP UNITS; 126,000USP UNITS) CAPSULE, DELAYED RELEASE / ORAL /

Applicant/License No: ABBVIE INC / 1889

Trade Name: HUMIRA

Proper Name: ADALIMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125057 / 0	1	12/31/2002	40 MG/0.8 ML (40 MG/0.8 ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL & PREFILLED SYRINGE	7/18/2022
125057 / 0	3	12/31/2002	10 MG/0.2 ML (10 MG/0.2 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE	7/23/2020
125057 / 0	4	12/31/2002	20 MG/0.4 ML (20 MG/0.4 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE	7/23/2020

Applicant/License No: AKORN INC / 2173

Trade Name: HYDASE

Proper Name: HYALURONIDASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021716 / 0	1	10/25/2005	150 UNITS/ML (150 UNITS/ML) SOLUTION / INTERSTITIAL, INTRAOCULAR, RETROBULBAR, SOFT TISSUE, SUBCUTANEOUS / SINGLE-DOSE VIAL	5/5/2020

Applicant/License No: AMGEN INC / 1080

Trade Name: ARANESP

Proper Name: DARBEPOETIN ALFA (ALBUMIN SOLUTION)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103951 / 0	16	9/17/2001	25 MCG/ML (25 MCG/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL	9/27/2012
103951 / 0	17	9/17/2001	25 MCG/0.42 ML (25 MCG/0.42 ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE	9/27/2012

Applicant/License No: AMGEN INC / 1080

Trade Name: ARANESP

103951 / 0	18	9/17/2001	40 MCG/ML (40 MCG/ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL				
103951 / 0	19	9/17/2001	40 MCG/0.4 ML (40 MCG/0.4 ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE				
103951 / 0	20	9/17/2001	60 MCG/ML (60 MCG/ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL				
103951 / 0	21	9/17/2001	60 MCG/0.3 ML (60 MCG/0.3 ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE				
103951 / 0	22	9/17/2001	100 MCG/ML (100 MCG/ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL				
103951 / 0	23	9/17/2001	100 MCG/0.5 ML (100 MCG/0.5 ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE				
103951 / 0	24	9/17/2001	150 MCG/0.75 ML (150 MCG/0.75 ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL				
103951 / 0	25	9/17/2001	150 MCG/0.3 ML (150 MCG/0.3 ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE				
103951 / 0	26	9/17/2001	200 MCG/ML (200 MCG/ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL				
103951 / 0	27	9/17/2001	200 MCG/0.4 ML (200 MCG/0.4 ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE				
103951 / 0	28	9/17/2001	300 MCG/ML (300 MCG/ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL				

Applicant/License No: AMGEN INC / 1080

Trade Name: ARANESP

103951 / 0	29	9/17/2001	300 MCG/0.6 ML (300 MCG/0.6 ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE				

103951 / 0	30	9/17/2001	500 MCG/ML (500 MCG/ML)	9/27/2012
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL				

Proper Name: DARBEPOETIN ALFA IN POLYSORBATE SOLUTION

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103951 / 0	5	9/17/2001	150 MCG/0.75 ML (150 MCG/0.75 ML)	12/20/2018
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL				

Trade Name: VECTIBIX

Proper Name: PANITUMUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125147 / 0	2	9/27/2006	200 MG/10 ML (20 MG/ML)	6/29/2017
SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL				

Applicant/License No: ASTELLAS PHARMACEUTICALS US INC / 1748

Trade Name: AMEVIVE

Proper Name: ALEFACEPT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125036 / 0	1	1/30/2003	7.5 MG (7.5 MG/VIAL)	9/24/2008
POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL				

125036 / 0	2	1/30/2003	15 MG (15 MG/VIAL)	9/28/2012
POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL				

Applicant/License No: AYTU BIOSCIENCES INC / 2035

Trade Name: PROSTASCINT

Proper Name: CAPROMAB PENDETIDE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103608 / 0	1	10/28/1996	0.5 MG/ML (0.5 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL	5/16/2019

Applicant/License No: BAUSCH AND LOMB INC / 2180

Trade Name: VITRASE

Proper Name: HYALURONIDASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021640 / 0	1	5/5/2004	6200 UNITS/ML (6200 UNITS/ML) SOLUTION / INTERSTITIAL, INTRAMUSCULAR, INTRAOCULAR, PERIBULBAR, RETROBULBAR, SOFT TISSUE, SUBCUTANEOUS / SINGLE- DOSE VIAL	9/23/2009

Applicant/License No: BAUSCH HEALTH US LLC / 2181

Trade Name: IPRIVASK

Proper Name: DESIRUDIN RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021271 / 0	1	4/4/2003	15 MG/VIAL (15 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	9/27/2018

Applicant/License No: BAYER HEALTHCARE PHARMACEUTICALS INC / 1778

Trade Name: TRASYLOL

Proper Name: APROTININ

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020304 / 0	1	12/29/1993	1,000,000 KIU/100 ML (10000 KIU/ ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL	5/25/2012

Applicant/License No: BAYER HEALTHCARE PHARMACEUTICALS INC / 1778

Trade Name: TRASYLOL

020304 / 0	2	12/29/1993	2,000,000 KIU/200 ML (10000 KIU/ ML)	5/25/2012
SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL				

Applicant/License No: BEL MAR LABORATORIES INC / 2182

Trade Name: CHORIONIC GONADOTROPIN

Proper Name: GONADOTROPIN, CHORIONIC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
017054 / 0	1	3/26/1974	5000 UNITS/VIAL (5000 UNITS/VIAL) / /	1/1/1990
017054 / 0	2	3/26/1974	10000 UNITS/VIAL (10000 UNITS/VIAL) / /	1/1/1990

Applicant/License No: BIOGEN INC / 1697

Trade Name: AVONEX

Proper Name: INTERFERON BETA 1A

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103628 / 0	1	5/17/1996	30 MCG (30 MCG/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL	10/30/2018

Applicant/License No: BOEHRINGER INGELHEIM PHARMA KG / 1251

Trade Name: VERLUMA

Proper Name: NOFETUMOMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103769 / 0	1	10/13/1998	10 MG/ML (10 MG/ML) / INTRAVENOUS /	8/13/2013

Applicant/License No: BRACCO DIAGNOSTICS INC / 2183

Trade Name: MACROTEC

Proper Name: TECHNETIUM TC-99M ALBUMIN AGGREGATED KIT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
017833 / 0	1	2/23/1976	1.5 MG/10 MG/0.07 MG/0.19 MG/1.8 MG/VIAL (1.5 MG/10 MG/0.07 MG/0.19 MG/1.8 MG/VIAL) POWDER / INTRAVENOUS /	2/5/2018

Applicant/License No: CENTOCOR ORTHO BIOTECH PRODUCTS LP / 1824

Trade Name: ORTHOCLONE OKT3

Proper Name: MUROMONAB-CD3

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103463 / 0	1	9/14/1992	1 MG/ML (1 MG/ML) SOLUTION / INTRAVENOUS / AMPULE	1/11/2012

Applicant/License No: DISCURE MEDICAL LLC / 2185

Trade Name: CHYMODIACTIN

Proper Name: CHYMOPAPAIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
018663 / 0	1	11/10/1982	10000 UNITS/VIAL (10000 UNITS/VIAL) POWDER / INTRADISCAL / MULTI-DOSE VIAL	1/1/1900
018663 / 0	2	8/21/1984	4000 UNITS/VIAL (4000 UNITS/VIAL) POWDER / INTRADISCAL / MULTI-DOSE VIAL	7/16/2002

Applicant/License No: EISAI INC / 1862

Trade Name: ONTAK

Proper Name: DENILEUKIN DIFTITOX

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103767 / 0	1	2/5/1999	300 MCG/2 ML (150 MCG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL	1/30/2014

Applicant/License No: ELI LILLY AND CO / 1891

Trade Name: HUMALOG MIX 50/50 PEN

Proper Name: INSULIN LISPRO PROTAMINE RECOMBINANT; INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021018 / 0	3	12/22/1999	150 UNITS/3 ML; 150 UNITS/3 ML (50 UNITS/ML; 50 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	6/22/2012

Trade Name: HUMALOG MIX 75/25 PEN

Proper Name: INSULIN LISPRO PROTAMINE RECOMBINANT; INSULIN LISPRO RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021017 / 0	3	12/22/1999	226 UNITS/3 ML; 75 UNITS/3 ML (75 UNITS/ML; 25 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	6/22/2012

Trade Name: HUMATROPE

Proper Name: SOMATROPIN RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
019640 / 0	1	6/23/1987	2 MG/VIAL (2 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	1/1/1900
019640 / 0	4		5 MG/VIAL (5 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	5/27/2022

Trade Name: TRULICITY

Proper Name: DULAGLUTIDE

Applicant/License No: ELI LILLY AND CO / 1891

Trade Name: TRULICITY

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125469 / 0	1	9/18/2014	0.75 MG/0.5 ML (0.75 MG/0.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE	6/28/2018
125469 / 0	2	9/18/2014	1.5 MG/0.5 ML (1.5 MG/0.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE	6/28/2018

Trade Name: XIGRIS

Proper Name: DROTRECOGIN ALFA (ACTIVATED)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125029 / 0	1	11/21/2001	5 MG (5 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL	10/26/2011
125029 / 0	2	11/21/2001	20 MG (20 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL	10/10/2011

Applicant/License No: EMD SERONO INC / 1773

Trade Name: GONAL-F

Proper Name: FOLLITROPIN ALFA/BETA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020378 / 0	1	9/29/1997	75 IU/VIAL (NF) / /	7/8/2004
020378 / 0	2	9/29/1997	150 IU/VIAL (NF) / /	7/8/2004
020378 / 0	3	9/29/1997	37.5 IU/VIAL (NF) / /	6/25/2002
BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List

Applicant/License No: EMD SERONO INC / 1773

Trade Name: GONAL-F

021765 / 0	1	3/25/2004	37.5 IU/VIAL (NF)	6/7/2004
			/ /	

021765 / 0	3	3/25/2004	150 IU/VIAL (NF)	6/7/2004
			/ /	

Trade Name: GONAL-F RFF REDI-JECT

Proper Name: FOLLITROPIN ALFA/BETA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021684 / 0	4	11/25/2019	150 IU/0.25 ML (150 IU/0.25 ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	2/27/2020

Trade Name: OVIDREL

Proper Name: CHORIOGONADOTROPIN ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021149 / 0	1	9/20/2000	0.25 MG/VIAL (0.25 MG/VIAL) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL	6/7/2004

Trade Name: PERGONAL

Proper Name: MENOTROPINS (FSH;LH)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
017646 / 0	1	8/22/1975	75 IU/VIAL (75 IU/VIAL) POWDER / /	2/1/2002
017646 / 0	2	8/22/1975	150 IU/VIAL (150 IU/VIAL) POWDER / /	6/7/2004

Trade Name: SAIZEN

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
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Applicant/License No: EMD SERONO INC / 1773

Trade Name: SAIZEN

019764 / 0	1	10/8/1996	6 MG/VIAL (6 MG/VIAL)	6/7/2004
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				

019764 / 0	5	1/16/2007	4 MG/VIAL (4 MG/VIAL)	6/7/2004
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				

Trade Name: SEROSTIM

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020604 / 0	4	9/6/2001	8.8 MG/VIAL (8.8 MG/VIAL)	5/14/2008
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				

Trade Name: SEROSTIM LQ

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020604 / 0	5	2/11/2005	6 MG/0.5 ML (6 MG/0.5 ML)	5/14/2008
SOLUTION / SUBCUTANEOUS / CARTRIDGE				

Trade Name: ZORBTIVE

Proper Name: SOMATROPIN RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021597 / 0	1	12/1/2003	4 MG/VIAL (4 MG/VIAL)	6/7/2004
POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL				
021597 / 0	2	12/1/2003	5 MG/VIAL (5 MG/VIAL)	6/7/2004
POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL				
021597 / 0	3	12/1/2003	6 MG/VIAL (6 MG/VIAL)	6/7/2004
POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL				

Applicant/License No: EMD SERONO INC / 1773

Trade Name: ZORBTIVE

021597 / 0	4	12/1/2003	8.8 MG/VIAL (8.8 MG/VIAL)	9/30/2021
POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL				

Applicant/License No: FERRING PHARMACEUTICALS INC / 2112

Trade Name: A.P.L.

Proper Name: GONADOTROPIN, CHORIONIC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
017055 / 0	1	12/13/1974	5000 UNITS/VIAL (5000 UNITS/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL	6/23/2003
017055 / 0	2	12/13/1974	10000 UNITS/VIAL (10000 UNITS/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL	6/23/2003
017055 / 0	3	12/13/1974	20000 UNITS/VIAL (20000 UNITS/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL	6/20/2002

Trade Name: ACTHREL

Proper Name: CORTICORELIN OVINE TRIFLUTATE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020162 / 0	1	5/23/1996	100 MCG/VIAL (100MCG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL	5/18/2021

Trade Name: BIO-TROPIN

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
019774 / 0	1	5/25/1995	4.8 MG/VIAL (4.8 MG/VIAL) POWDER / SUBCUTANEOUS / MULTI-DOSE VIAL	3/20/2003

Trade Name: BRAVELLE

Proper Name: UROFOLLITROPIN

Applicant/License No: FERRING PHARMACEUTICALS INC / 2112

Trade Name: BRAVELLE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021289 / 0	1	5/6/2002	82.5 IU/VIAL (82.5 IU/VIAL) POWDER / INTRAMUSCULAR, SUBCUTANEOUS / SINGLE-DOSE VIAL	6/30/2003

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021484 / 0	1		82.5 IU/VIAL (82.5 IU/VIAL) POWDER / INTRAMUSCULAR, SUBCUTANEOUS / SINGLE-DOSE VIAL	6/5/2018

Trade Name: NOVAREL

Proper Name: GONADOTROPIN, CHORIONIC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
017016 / 0	4	1/15/1974	20000 UNITS/VIAL (20000 UNITS/VIAL) POWDER / /	10/12/1994

017016 / 0	9	12/27/1984	2000 UNITS/VIAL (2000 UNITS/VIAL) POWDER / /	1/1/1900
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017016 / 0	10	1/15/1974	15000 UNITS/VIAL (15000 UNITS/VIAL) POWDER / /	10/12/1994
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017016 / 0	11	2/16/1990	2000 UNITS/VIAL (2000 UNITS/VIAL) POWDER / /	6/28/2002
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Trade Name: REPRONEX

Proper Name: MENOTROPINS (FSH;LH)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021047 / 0	1	8/27/1999	75 IU/VIAL (75 IU/VIAL) POWDER / INTRAMUSCULAR, SUBCUTANEOUS / SINGLE-DOSE VIAL	2/1/2002

021047 / 0	2	5/20/1985	150 IU/VIAL (150 IU/VIAL) POWDER / INTRAMUSCULAR, SUBCUTANEOUS / SINGLE-DOSE VIAL	5/6/2003
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Applicant/License No: FRESENIUS KABI USA LLC / 2146

Trade Name: CHORIONIC GONADOTROPIN

Proper Name: GONADOTROPIN, CHORIONIC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
017067 / 0	1	3/5/1973	5000 UNITS/VIAL (5000 UNITS/VIAL) POWDER / INTRAMUSCULAR / MULTI-DOSE VIAL	6/23/1994
017067 / 0	3	3/5/1973	15000 UNITS/VIAL (15000 UNITS/VIAL) POWDER / INTRAMUSCULAR / MULTI-DOSE VIAL	1/1/1900
017067 / 0	4	3/5/1973	20000 UNITS/VIAL (20000 UNITS/VIAL) POWDER / INTRAMUSCULAR / MULTI-DOSE VIAL	6/23/1994

Applicant/License No: GENENTECH INC / 1048

Trade Name: HERCEPTIN

Proper Name: TRASTUZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103792 / 0	1	9/25/1998	420 MG (420 MG/VIAL) POWDER / INTRAVENOUS / MULTI-DOSE VIAL	2/3/2021

Trade Name: NUTROPIN

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
019676 / 0	1	3/9/1994	5 MG/VIAL (5 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	7/1/2015
019676 / 0	2	3/9/1994	10 MG/VIAL (10 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	7/2/2015
BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List

Applicant/License No: GENENTECH INC / 1048

Trade Name: NUTROPIN

020168 / 0	1	11/17/1993	5 MG/VIAL (5 MG/VIAL)	7/2/2015
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				

020168 / 0	2	11/17/1993	10 MG/VIAL (10 MG/VIAL)	7/2/2015
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020656 / 0	1	12/30/1996	5 MG/VIAL (5 MG/VIAL)	7/1/2015
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				

020656 / 0	2	12/30/1996	10 MG/VIAL (10 MG/VIAL)	7/8/2015
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				

Trade Name: NUTROPIN AQ NUSPIN

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020522 / 0	1	12/29/1995	10 MG/2ML (5 MG/ML)	7/8/2015
SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN				

Trade Name: NUTROPIN AQ PEN

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020522 / 0	2	4/22/2002	10 MG/2ML (5 MG/ML)	6/28/2018
SOLUTION / SUBCUTANEOUS / CARTRIDGE				

020522 / 0	6	1/3/2008	20 MG/2ML (10 MG/ML)	6/26/2018
SOLUTION / SUBCUTANEOUS / CARTRIDGE				

Trade Name: RAPTIVA

Proper Name: EFALIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
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Applicant/License No: GENENTECH INC / 1048

Trade Name: RAPTIVA

125075 / 0	1	10/27/2003	125 MG (125 MG/VIAL)	9/1/2009
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				

Trade Name: XOLAIR

Proper Name: OMALIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103976 / 0	2	6/20/2003	125 MG (125 MG/VIAL)	8/25/2016
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				

Applicant/License No: GENZYME CORP / 1596

Trade Name: CAMPATH

Proper Name: ALEMTUZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103948 / 0	3	5/7/2001	10 MG/VIAL (10 MG/VIAL)	7/6/2011
SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL				

Trade Name: CEREZYME

Proper Name: IMIGLUCERASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020367 / 0	1	5/23/1994	200 UNITS/VIAL (200 UNITS/VIAL)	7/30/2021
POWDER / INTRAVENOUS / SINGLE-DOSE VIAL				

Trade Name: MYOZYME

Proper Name: ALGLUCOSIDASE ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125141 / 0	1	4/28/2006	50 MG (50 MG/VIAL)	10/17/2014
POWDER / INTRAVENOUS / SINGLE-DOSE VIAL				

Applicant/License No: GLAXOSMITHKLINE LLC / 1727

Trade Name: BEXXAR THERAPEUTIC REGIME

Proper Name: TOSITUMOMAB AND IODINE I-131 TOSITUMOMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125011 / 0	1	6/27/2003	0.1 MG/ML I-131 TOSITUMOMAB (0.1 MG/ML I-131 TOSITUMOMAB) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL	3/10/2014
125011 / 0	2	6/27/2003	1.1 MG/ML I-131 TOSITUMOMAB (1.1 MG/ML I-131 TOSITUMOMAB) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL	3/10/2014
125011 / 0	3	6/27/2003	14 MG/ML TOSITUMOMAB (14 MG/ML TOSITUMOMAB) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL	3/10/2014

Applicant/License No: HEMISPHERX BIOPHARMA INC / 1703

Trade Name: ALFERON N INJECTION

Proper Name: INTERFERON ALFA-N3 (HUMAN LEUKOCYTE DERIVED)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103158 / 0	1	10/10/1989	5 MIU/VIAL (5 MIU/VIAL) SOLUTION / INTRALESIONAL / MULTI-DOSE VIAL	6/27/2013

Applicant/License No: HOFFMANN LA ROCHE INC / 0136

Trade Name: PEGASYS

Proper Name: PEGINTERFERON ALFA 2A

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103964 / 5204	3	9/29/2011	135 MCG/0.5 ML (135 MCG/0.5 ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	7/28/2020
103964 / 5204	4	9/29/2011	180 MCG/0.5 ML (180 MCG/0.5 ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	7/28/2020

Trade Name: ROFERON A

Proper Name: INTERFERON ALFA-2A

Applicant/License No: HOFFMANN LA ROCHE INC / 0136

Trade Name: ROFERON A

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103145 / 0	1	6/4/1986	3 MIU/0.5 ML (3 MIU/0.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE	6/1/2009

Trade Name: ZENAPAX

Proper Name: DACLIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103749 / 0	1	12/10/1997	25 MG/5 ML (25 MG/5 ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL	7/7/2011

Applicant/License No: INSMED INC / 2188

Trade Name: IPLEX

Proper Name: MECASERMIN RINFABATE RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021884 / 0	1	12/12/2005	36 MG/0.6 ML (36 MG/0.6 ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL	12/19/2001

Applicant/License No: ISO TEX DIAGNOSTICS INC / 2189

Trade Name: CHROMALBIN

Proper Name: ALBUMIN CHROMATED CR-51 SERUM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
017835 / 0	1	2/23/1976	100 uCi/VIAL (100 uCi/VIAL) / /	7/1/1979
017835 / 0	2	2/24/1976	250 uCi/VIAL (250 uCi/VIAL) / /	7/1/1979

Applicant/License No: ISO TEX DIAGNOSTICS INC / 2189

Trade Name: CHROMALBIN

017835 / 0	3	2/25/1976	500 uCi/VIAL (500 uCi/VIAL)	7/1/1979
/ /				

Trade Name: JEANATOPE

Proper Name: ALBUMIN IODINATED I-125 SERUM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
017836 / 0	1	2/23/1976	500uCi/0.5 ML (500uCi/0.5 ML) SOLUTION / INTRAVENOUS / MULTI-DOSE VIAL	9/29/2022

Trade Name: MEGATOPE

Proper Name: ALBUMIN IODINATED I-131 SERUM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
017837 / 0	1	2/23/1976	0.5mCi/VIAL (0.5mCi/VIAL) SOLUTION / INTRAVENOUS / MULTI-DOSE VIAL	9/29/2022
017837 / 0	3	2/23/1976	2mCi/VIAL (2mCi/VIAL) SOLUTION / INTRAVENOUS / MULTI-DOSE VIAL	1/1/1900
017837 / 0	4	2/23/1976	5uCi/AMP (5uCi/AMP) SOLUTION / INTRAVENOUS / MULTI-DOSE VIAL	1/1/1900
017837 / 0	5	2/23/1976	20uCi/AMP (20uCi/AMP) SOLUTION / INTRAVENOUS / MULTI-DOSE VIAL	6/7/2002

Applicant/License No: JANSSEN BIOTECH INC / 1864

Trade Name: REOPRO

Proper Name: ABCIXIMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103575 / 0	1	12/22/1994	10 MG/5 ML (2 MG/ML) SOLUTION / INTRAVENOUS / SINGLE-DOSE VIAL	8/15/2019

Applicant/License No: JAZZ PHARMACEUTICALS INC / 1901

Trade Name: ERWINAZE

Proper Name: ASPARAGINASE ERWINIA CHRYSANTHEMI

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125359 / 0	1	11/18/2011	10000 IU (10000 IU/VIAL) POWDER / INTRAVENOUS, INTRAMUSCULAR / SINGLE-DOSE VIAL	7/23/2021

Applicant/License No: JUBILANT DRAXIMAGE INC / 2186

Trade Name: PULMOLITE

Proper Name: TECHNETIUM TC-99M ALBUMIN AGGREGATED KIT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
017776 / 0	1	11/16/1976	1 MG/10 MG/0.24 MG/0.7 MG0.13 MG/10 MG/VIAL (1 MG/10 MG/0.24 MG/0.7 MG0.13 POWDER / INTRAVENOUS /	6/25/2002

Applicant/License No: KADMON PHARMACEUTICALS LLC / 1867

Trade Name: INFERGEN

Proper Name: INTERFERON ALFACON-1

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103663 / 0	1	10/6/1997	9 MCG/0.3 ML (9 MCG/0.3 ML) SOLUTION / SUBCUTANEOUS / SINGLE-DOSE VIAL	7/25/2013

Applicant/License No: LEADIANT BIOSCIENCES INC / 2073

Trade Name: ADAGEN

Proper Name: PEGADEMASE BOVINE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
019818 / 0	1	3/21/1990	375 UNITS/1.5 ML (250 UNITS/ML) SOLUTION / INTRAMUSCULAR / SINGLE-DOSE VIAL	10/31/2019

Applicant/License No: MERCK AND CO INC DIV MERCK SHARP AND DOHME / 0002

Trade Name: INTRON A

Proper Name: INTERFERON ALFA-2B

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103132 / 0	1	6/4/1986	10 MIU (10 MIU/VIAL) POWDER / INTRAMUSCULAR, SUBCUTANEOUS, INTRALESIONAL, INTRAVENOUS / SINGLE-DOSE VIAL	3/26/2021
103132 / 0	2	6/4/1986	18 MIU (18 MIU/VIAL) POWDER / INTRAMUSCULAR, SUBCUTANEOUS, INTRAVENOUS / SINGLE- DOSE VIAL	3/26/2021
103132 / 0	3	6/4/1986	50 MIU (50 MIU/VIAL) POWDER / INTRAMUSCULAR, SUBCUTANEOUS, INTRAVENOUS / SINGLE- DOSE VIAL	3/26/2021
103132 / 0	4	6/4/1986	22.8 MIU/3.8 ML (6 MIU/ML) SOLUTION / INTRAMUSCULAR, SUBCUTANEOUS / MULTI-DOSE VIAL	3/26/2021
103132 / 0	5	6/4/1986	32 MIU/3.2 ML (10 MIU/ML) SOLUTION / INTRAMUSCULAR, SUBCUTANEOUS, INTRALESIONAL / MULTI- DOSE VIAL	3/26/2021
103132 / 0	6	6/4/1986	10 MIU/ML (10 MIU/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL	9/23/2013
103132 / 0	7	6/4/1986	22.5 MIU/1.5 ML (22.5 MIU/1.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED PEN	9/23/2013
103132 / 0	8	6/4/1986	37.5 MIU/1.5 ML (37.5 MIU/1.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED PEN	9/23/2013
103132 / 0	9	6/4/1986	75 MIU/1.5 ML (75 MIU/1.5 ML) SOLUTION / SUBCUTANEOUS / PREFILLED PEN	9/23/2013

Trade Name: KEYTRUDA

Proper Name: PEMBROLIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
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Applicant/License No: MERCK AND CO INC DIV MERCK SHARP AND DOHME / 0002

Trade Name: KEYTRUDA

125514 / 0	1	9/4/2014	50 MG (50 MG/VIAL)	6/13/2018
POWDER / INTRAVENOUS / SINGLE-DOSE VIAL				

Trade Name: PEGINTRON

Proper Name: PEGINTERFERON ALFA-2B

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103949 / 0	1	1/19/2001	74 MCG (74 MCG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	3/26/2021
103949 / 0	5	1/19/2001	67.5 MCG (67.5 MCG/PEN) POWDER / SUBCUTANEOUS / PREFILLED PEN	10/14/2016
103949 / 0	6	1/19/2001	108 MCG (108 MCG/PEN) POWDER / SUBCUTANEOUS / PREFILLED PEN	10/14/2016
103949 / 0	7	1/19/2001	118.4 MCG (118.4 MCG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	10/1/2016
103949 / 0	8	1/19/2001	162 MCG (162 MCG/PEN) POWDER / SUBCUTANEOUS / PREFILLED PEN	10/14/2016
103949 / 0	9	1/19/2001	177.6 MCG (177.6 MCG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	10/1/2016
103949 / 0	10	1/19/2001	202.5 MCG (202.5 MCG/PEN) POWDER / SUBCUTANEOUS / PREFILLED PEN	10/14/2016
103949 / 0	11	1/19/2001	222 MCG (222 MCG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	10/1/2016

Trade Name: SYLATRON

Proper Name: PEGINTERFERON ALFA-2B

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
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Applicant/License No: MERCK AND CO INC DIV MERCK SHARP AND DOHME / 0002

Trade Name: SYLATRON

103949 / 5153	2	3/29/2011	296 MCG (296 MCG/VIAL)	12/13/2017
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				
103949 / 5153	3	3/29/2011	444 MCG (444 MCG/VIAL)	12/13/2017
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				
103949 / 5153	4	3/29/2011	888 MCG (888 MCG/VIAL)	5/23/2019
POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL				

Applicant/License No: MICROBIX BIOSYSTEMS INC / 2191

Trade Name: KINLYTIC

Proper Name: UROKINASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021846 / 0	1	1/16/1978	250000 IU/VIAL (250000 IU/VIAL) POWDER / INTRAVENOUS / MULTI-DOSE VIAL	8/25/2009
021846 / 0	2	1/16/1978	9000 IU/VIAL (9000 IU/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL	8/25/2009
021846 / 0	3	1/16/1978	5000 IU/VIAL (5000 IU/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL	6/30/2003

Applicant/License No: MYLAN PHARMACEUTICALS INC / 2210

Trade Name: SEMGLEE

Proper Name: INSULIN GLARGINE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
210605 / 0	1	6/11/2020	1000 UNITS/10 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL	9/27/2022

Applicant/License No: MYLAN PHARMACEUTICALS INC / 2210

Trade Name: SEMGLEE

210605 / 0	2	6/11/2020	300 UNITS/3 ML (100 UNITS/ML)	9/27/2022
SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN				

Applicant/License No: NOVARTIS PHARMACEUTICALS CORP / 1244

Trade Name: ILARIS

Proper Name: CANAKINUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125319 / 0	1	6/17/2009	180 MG/VIAL (180 MG/VIAL) / /	5/25/2018
125319 / 88	2	12/22/2016	150 MG (150 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	5/25/2018

Applicant/License No: NOVO NORDISK INC / 1261

Trade Name: LEVEMIR FLEXTOUCH

Proper Name: INSULIN DETEMIR RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021536 / 0	5	10/31/2013	300 UNITS/3 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	12/8/2022

Trade Name: LEVEMIR INNOLET

Proper Name: INSULIN DETEMIR RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021536 / 0	3	6/16/2005	300 UNITS/3 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	12/12/2012

Trade Name: LEVEMIR PENFILL

Proper Name: INSULIN DETEMIR RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List

Applicant/License No: NOVO NORDISK INC / 1261

Trade Name: LEVEMIR PENFILL

021536 / 0	4	6/16/2005	300 UNITS/3 ML (100 UNITS/ML)	12/12/2012
SOLUTION / SUBCUTANEOUS / CARTRIDGE				

Trade Name: NORDITROPIN

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021148 / 0	1	6/20/2000	5MG/1.5ML (3.33MG/ML) SOLUTION / SUBCUTANEOUS /	8/10/2012
021148 / 0	2	6/20/2000	10MG/1.5ML (6.67MG/ML) SOLUTION / SUBCUTANEOUS /	8/10/2012
021148 / 0	3	6/20/2000	15MG/1.5ML (10MG/ML) SOLUTION / SUBCUTANEOUS /	9/25/2012

Trade Name: NORDITROPIN NORDIFLEX

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021148 / 0	4	10/1/2004	5MG/1.5ML (3.33MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	9/25/2012
021148 / 0	5	10/1/2004	10MG/1.5ML (6.67MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	9/25/2012
021148 / 0	6	10/1/2004	15MG/1.5ML (10MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	7/21/2015
021148 / 0	7	3/10/2009	30MG/3ML (10MG/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	7/21/2015

Trade Name: NOVOLOG FLEXTOUCH

Proper Name: INSULIN ASPART RECOMBINANT

Applicant/License No: NOVO NORDISK INC / 1261

Trade Name: NOVOLOG FLEXTOUCH

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020986 / 0	5	10/31/2013	300 UNITS/3 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	1/17/2018

Trade Name: NOVOLOG INNOLET

Proper Name: INSULIN ASPART RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020986 / 0	4	4/23/2004	300 UNITS/3 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	12/12/2012

Trade Name: NOVOLOG MIX 50/50 - FLEXPEN

Proper Name: INSULIN ASPART PROTAMINE RECOMBINANT; INSULIN ASPART RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021810 / 0	2	8/26/2008	150 UNITS/ML; 150 UNITS/3 ML (50 UNITS/ML; 50 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	11/25/2008

Trade Name: NOVOLOG MIX 50/50 - PENFILL

Proper Name: INSULIN ASPART PROTAMINE RECOMBINANT; INSULIN ASPART RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021810 / 0	1	8/26/2008	150 UNITS/ML; 150 UNITS/3 ML (50 UNITS/ML; 50 UNITS/ML) SOLUTION / SUBCUTANEOUS / CARTRIDGE	11/25/2008

Trade Name: NOVOLOG MIX 70/30 PENFILL

Proper Name: INSULIN ASPART PROTAMINE RECOMBINANT; INSULIN ASPART RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021172 / 0	2	11/1/2001	210 UNITS/3ML; 90 UNITS/3 ML (70 UNITS/ML; 30 UNITS/ML) SOLUTION / SUBCUTANEOUS / CARTRIDGE	12/12/2012

Trade Name: NOVOLOG MIX 70/30 PFS

Applicant/License No: NOVO NORDISK INC / 1261

Trade Name: NOVOLOG MIX 70/30 PFS

Proper Name: INSULIN ASPART PROTAMINE RECOMBINANT; INSULIN ASPART RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021172 / 0	3	11/1/2001	210 UNITS/3 ML; 90 UNITS/3 ML (70 UNITS/ML; 30 UNITS/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE	12/12/2012

Trade Name: RYZODEG 70/30

Proper Name: INSULIN ASPART; INSULIN DEGLUDEC

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
203313 / 0	1	9/25/2015	90 UNITS/3 ML; 210 UNITS/3 ML (30 UNITS/ML; 70 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	1/12/2018

Applicant/License No: ORGANON USA INC / 2193

Trade Name: COTAZYM

Proper Name: PANCRELIPASE (AMYLASE;LIPASE;PROTEASE)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020580 / 0	1	12/9/1996	30,000USP UNITS; 8,000USP UNITS; 30,000USP UNITS (30,000USP UNITS; 8,000USP UNITS; CAPSULE, DELAYED RELEASE / ORAL /	9/27/2001

Trade Name: FOLLISTIM

Proper Name: FOLLITROPIN ALFA/BETA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020582 / 0	1	9/29/1997	75 IU/VIAL (75 IU/VIAL) POWDER / INTRAMUSCULAR, SUBCUTANEOUS / SINGLE-DOSE VIAL	9/1/2004
020582 / 0	2	9/29/1997	150 IU/VIAL (150 IU/VIAL) POWDER / INTRAMUSCULAR, SUBCUTANEOUS / SINGLE-DOSE VIAL	9/1/2004

Trade Name: FOLLISTIM AQ

Proper Name: FOLLITROPIN ALFA/BETA

Applicant/License No: ORGANON USA INC / 2193

Trade Name: FOLLISTIM AQ

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021211 / 0	3	3/23/2004	175 IU/0.21 ML (175 IU/0.21 ML) SOLUTION / SUBCUTANEOUS / CARTRIDGE	6/27/2006

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021273 / 0	1	8/26/2005	75 IU/0.5 ML (75 IU/0.5 ML) SOLUTION / INTRAMUSCULAR, SUBCUTANEOUS / SINGLE-DOSE VIAL	6/3/2016

021273 / 0	2	8/26/2005	150 IU/0.5 ML (150 IU/0.5 ML) SOLUTION / INTRAMUSCULAR, SUBCUTANEOUS / SINGLE-DOSE VIAL	6/3/2016
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Trade Name: HUMEGON

Proper Name: MENOTROPINS (FSH;LH)

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020328 / 0	1	9/1/1994	75 IU/VIAL (75 IU/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL	12/19/2001

020328 / 0	2	9/1/1994	150 IU/VIAL (150 IU/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL	12/19/2001
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Applicant/License No: PALATIN TECHNOLOGIES INC / 1588

Trade Name: NEUTROSPEC TECHNETIUM (99M TC)

Proper Name: FANOLESOMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103928 / 0	1	7/2/2004	0.25 MG (0.25 MG/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL	9/22/2008

Applicant/License No: PARTNER THERAPEUTICS INC / 2087

Trade Name: LEUKINE

Proper Name: SARGRAMOSTIM

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103362 / 0	2	3/5/1991	500 MCG/ML (500 MCG/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / MULTI-DOSE VIAL	6/15/2018

Applicant/License No: PFIZER INC / 2001

Trade Name: ELASE-CHLOROMYCETIN

Proper Name: CHLORAMPHENICOL; DESOXYRIBONUCLEASE; FIBRINOLYSIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
050294 / 0	1	4/1/1964	(10MG/GM; 666 UNITS/GM; 1 UNITS/GM) OINTMENT / TOPICAL /	12/3/2003

Applicant/License No: PHARMACIA AND UPJOHN CO / 1216

Trade Name: GENOTROPIN PRESERVATIVE FREE

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
020280 / 0	4	8/24/1995	1.5 MG/VIAL (1.5 MG/VIAL) POWDER / SUBCUTANEOUS / PREFILLED SYRINGE	6/26/2018

Applicant/License No: PHARMALUCENCE INC / 2203

Trade Name: MICROLITE

Proper Name: TECHNETIUM TC-99M ALBUMIN COLLOID KIT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
018263 / 0	1	3/25/1983	N/A (N/A) / /	6/25/2002

Applicant/License No: RECORDATI RARE DISEASES INC / 1899

Trade Name: ELSPAR

Proper Name: ASPARAGINASE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
101063 / 0	1	1/10/1978	10000 IU (10000 IU/VIAL) POWDER / INTRAVENOUS, INTRAMUSCULAR / SINGLE-DOSE VIAL	4/9/2014

Applicant/License No: REGENERON PHARMACEUTICALS INC / 1760

Trade Name: PRALUENT

Proper Name: ALIROCUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125559 / 0	1	7/24/2015	75 MG/ML (75 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE	9/25/2020
125559 / 0	2	7/24/2015	150 MG/ML (150 MG/ML) SOLUTION / SUBCUTANEOUS / PREFILLED SYRINGE	9/25/2020

Applicant/License No: SANDOZ INC / 2003

Trade Name: OMNITROPE

Proper Name: SOMATROPIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021426 / 0	2	5/30/2006	1.5 MG/VIAL (1.5 MG/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	7/19/2021

Applicant/License No: SANOFI AVENTIS US LLC / 1752

Trade Name: APIDRA

Proper Name: INSULIN GLULISINE RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021629 / 0	2	12/20/2005	300 UNITS/3 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / AUTOINJECTOR-PREFILLED PEN	9/25/2018

Trade Name: LANTUS

Proper Name: INSULIN GLARGINE RECOMBINANT

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
021081 / 0	3	4/20/2000	500 UNITS/5 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / MULTI-DOSE VIAL	4/20/2000
021081 / 0	4	4/20/2000	300 UNITS/3 ML (100 UNITS/ML) SOLUTION / SUBCUTANEOUS / CARTRIDGE	3/31/2011

Applicant/License No: SCHERING CORP / 0994

Trade Name: PEGINTRON/REBETOL COMBO PACK

Proper Name: PEGINTERFERON ALFA-2B AND RIBAVIRIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125196 / 0	1	6/13/2008	(4 (120 MCG/0.5ML) REDIPEN & 140 (200 MG) CAPSULES RIBAVIRIN) POWDER & CAPSULE (COMBO KIT) / SUBCUTANEOUS, ORAL /	6/25/2009
125196 / 0	2	6/13/2008	(4 (150 MCG/0.5ML) REDIPEN & 168 (200 MG) CAPSULES RIBAVIRIN) POWDER & CAPSULE (COMBO KIT) / SUBCUTANEOUS, ORAL /	6/25/2009
125196 / 0	3	6/13/2008	(4 (150 MCG/0.5ML) REDIPEN & 196 (200 MG) CAPSULES RIBAVIRIN) POWDER & CAPSULE (COMBO KIT) / SUBCUTANEOUS, ORAL /	6/25/2009
125196 / 0	4	6/13/2008	(4 (50 MCG/0.5ML) REDIPEN & 112 (200 MG) CAPSULES RIBAVIRIN) POWDER & CAPSULE (COMBO KIT) / SUBCUTANEOUS, ORAL /	6/25/2009

Applicant/License No: SCHERING CORP / 0994

Trade Name: PEGINTRON/REBETOL COMBO PACK

125196 / 0	5	6/13/2008	(4 (80 MCG/0.5ML) REDIPEN & 112 (200 MG) CAPSULES RIBAVIRIN) POWDER & CAPSULE (COMBO KIT) / SUBCUTANEOUS, ORAL /	6/25/2009
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Applicant/License No: SHIRE HUMAN GENETIC THERAPIES INC / 1593

Trade Name: VPRIV

Proper Name: VELAGLUCERASE ALFA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
022575 / 0	2	2/26/2010	200 UNITS/VIAL (200 UNITS/VIAL) POWDER / INTRAVENOUS / SINGLE-DOSE VIAL	10/6/2011

Applicant/License No: SWEDISH ORPHAN BIOVITRUM AB / 1859

Trade Name: SYNAGIS

Proper Name: PALIVIZUMAB

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
103770 / 0	3	6/19/1998	50 MG (50 MG/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL	2/28/2007
103770 / 0	4	6/19/1998	100 MG (100 MG/VIAL) POWDER / INTRAMUSCULAR / SINGLE-DOSE VIAL	2/28/2007

Applicant/License No: THERATECHNOLOGIES INC / 2091

Trade Name: EGRIFTA SV

Proper Name: TESAMORELIN ACETATE

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
022505 / 0	1	11/10/2010	1MG BASE/VIAL (1MG BASE/VIAL) POWDER / SUBCUTANEOUS / SINGLE-DOSE VIAL	7/31/2020

Applicant/License No: THROMBOGENICS INC / 1866

Trade Name: JETREA

Proper Name: OCRIPLASMIN

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125422 / 038	1	2/22/2017	0.375 MG/0.3 ML (0.375 MG/0.3 ML) SOLUTION / INTRAVITREAL / SINGLE-DOSE VIAL	5/31/2020
125422 / 0	2	10/17/2012	0.5 MG (2.5 MG/ML) SOLUTION / INTRAVETREAL / SINGLE-DOSE VIAL	8/8/2017

Applicant/License No: VIFOR INTERNATIONAL AG / 2039

Trade Name: MIRCERA

Proper Name: METHOXYPOLYETHYLENE GLYCOL EPOETIN BETA

BLA#/STN	Product#	Approval Date	Total Drug Content (Concentration) Dosage Form/Route/Presentation	Date added to Discontinued List
125164 / 0	10	11/14/2007	50 MCG/ML (50 MCG/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL	9/24/2008
125164 / 0	11	11/14/2007	100 MCG/ML (100 MCG/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL	9/24/2008
125164 / 0	12	11/14/2007	200 MCG/ML (200 MCG/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL	9/24/2008
125164 / 0	13	11/14/2007	300 MCG/ML (300 MCG/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL	9/24/2008
125164 / 0	14	11/14/2007	400 MCG/ML (400 MCG/ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL	9/24/2008
125164 / 0	15	11/14/2007	400 MCG/0.6 ML (400 MCG/0.6 ML) SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE	9/24/2008

Applicant/License No: VIFOR INTERNATIONAL AG / 2039

Trade Name: MIRCERA

125164 / 0	16	11/14/2007	600 MCG/ML (600 MCG/ML)	9/24/2008
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL				
125164 / 0	17	11/14/2007	600 MCG/0.6 ML (600 MCG/0.6 ML)	9/24/2008
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE				
125164 / 0	18	11/14/2007	800 MCG/0.6 ML (800 MCG/0.6 ML)	9/24/2008
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / PREFILLED SYRINGE				
125164 / 0	19	11/14/2007	1000 MCG/ML (1000 MCG/ML)	9/24/2008
SOLUTION / INTRAVENOUS, SUBCUTANEOUS / SINGLE-DOSE VIAL				