Food and TRANSMITTAL	EVELLI VIAD LION					
	DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration TRANSMITTAL OF ADVERTISEMENTS			2015	Type: NDA Number: 202236  ☑ Single product ☐ Multiple products	
				2013		
AND PROMOTIONAL LABELING FOR DRUGS AND BIOLOGICS FOR HUMAN USE			Label Review Number (Biologics)		For multiple products, submit completed form an specimen of advertising/promotional materials to one application of choice, and attach separate sheet addressing items 3-5 for remainder of products. Refer to No. 3 on instruction sheet.	
NOTE: Form I	FDA 2253 is requi	ired by law. Repo	orts are	required for approve	ed NDAs and ANDAs (21 CFR 314.81).	
4. Proprietary Name				5. Established Nam		
DYMISTA  6. Package Insert Date and ID Number (Latest final printed labeling) IN-023A6-05 02/2015				Product Code No.	loride and fluticasone propionate :	
			7. Manufacturer Name MEDA Pharmaceuticals Inc. License No. (Biologics):			
					8.	
a. Please check only on	e: Profession	nal Consu	umer			
Material Type Dissemination/ (use FDA codes) Publication Material ID  Date		Material ID Co	ode	Material Description		
b.	C.	d.	0.072	e.  Competitive vs Flonase Banner: 300 x 250		
www-banner 06/22/2015 US/DYM		US/DYM/0515/	5/00/3 Competitive vs Flona		Delet Row	
f. Comments						
	s) Return Address				COPY  10. Responsible Official's (or Agent's)	
Applicant's (or Agent's Address 1 (Street address)	ess, P.O. box, comp					
Applicant's (or Agent's)	ess, P.O. box, comp				10. Responsible Official's (or Agent's)	
Applicant's (or Agent's Address 1 (Street address 1)	ess, P.O. box, comp als Inc. suite, unit, building, fi	any name c/o)			10. Responsible Official's (or Agent's) a. Telephone Number (Include area code) 732-564-2284 b. FAX Number (Include area code)	
P. Applicant's (or Agent's Address 1 (Street address Meda Pharmaceutica Address 2 (Apartment, s 265 Davidson Avenu City	ess, P.O. box, comp als Inc. suite, unit, building, fi	loor, etc.)  State/Province			10. Responsible Official's (or Agent's) a. Telephone Number (Include area code) 732-564-2284 b. FAX Number (Include area code) 732-564-2377	
O. Applicant's (or Agent's Address 1 (Street addre Meda Pharmaceutica Address 2 (Apartment, s 265 Davidson Avenu	ess, P.O. box, comp als Inc. suite, unit, building, fi	any name c/o) loor, etc.)			10. Responsible Official's (or Agent's) a. Telephone Number (Include area code) 732-564-2284 b. FAX Number (Include area code) 732-564-2377 c. Email Address	
Applicant's (or Agent's Address 1 (Street addre Meda Pharmaceutica Address 2 (Apartment, s 265 Davidson Avenu	ess, P.O. box, comp als Inc. suite, unit, building, fi	State/Province   New Jersey   ZIP			10. Responsible Official's (or Agent's) a. Telephone Number (Include area code) 732-564-2284 b. FAX Number (Include area code) 732-564-2377	
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Applicant's (or Agent's Address 1 (Street addre Meda Pharmaceutica Address 2 (Apartment, s 265 Davidson Avenu City Somerset Country	ess, P.O. box, comp als Inc. nuite, unit, building, fi ne	State/Province   New Jersey   ZIP   08	or Postal	20	10. Responsible Official's (or Agent's) a. Telephone Number (Include area code) 732-564-2284 b. FAX Number (Include area code) 732-564-2377 c. Email Address lorna-jane.bremer@meda.us	

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FORM FDA 2253 (12/14) PREVIOUS EDITION IS OBSOLETE

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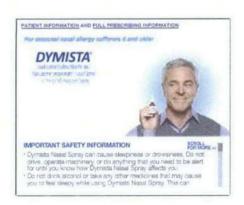


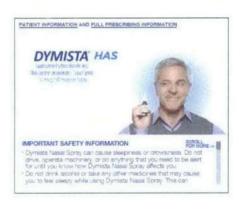










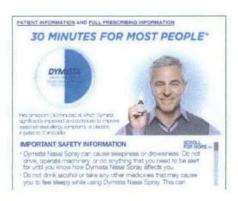




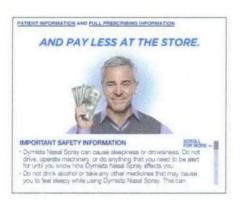






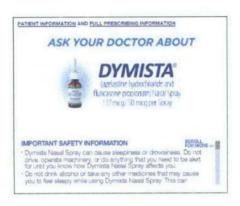


















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