

**CENTER FOR DRUG EVALUATION AND RESEARCH**

**Approval Package for:**

**Application Number:83-972**

**Trade Name:Hydrochlorothiazide Tablets USP 25 &50mg**

**Generic Name: Hydrochlorothiazide Tablets USP 25 &50mg**

**Sponsor: Barr Laboratories Inc.**

**Approval Date: 10/3/74**

**INDICATION(s): Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis and corticosteroid and estrogen therapy.**

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**APPLICATION: 83-972**

## CONTENTS

	Included	Pending Completion	Not Prepared	Not Required
Approval Letter	X			
Tentative Approval Letter				X
Approvable Letter				X
Printed Labeling	X			
Medical Review(s)	X			
Chemistry Review(s)	X			
EA/FONSI				X
Pharmacology Review(s)				X
Statistical Review(s)				
Microbiology Review(s)				X
Clinical Pharmacology Biopharmaceutics Review(s)				X
Bioequivalence Review(s)	X			
Administrative/ Correspondence Document(s)	X			

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**Application Number: 83972**

**APPROVAL LETTER**

NDA 83-972  
AF 42-189

Barr Laboratories, Inc.  
Attention: Ms. Sandi Feldman  
265 Livingston Street  
Northvale, NJ 07647

OCT 0 3 1974

Gentlemen:

Reference is made to your abbreviated new drug application submitted pursuant to Section 505(b) of the Federal Food, Drug, and Cosmetic Act for Hydrochlorothiazide Tablets, 25 mg. and 50 mg.

We acknowledge receipt of your communications dated May 15, 1974, July 23, 1974 and August 23, 1974.

We have completed the review of this abbreviated new drug application and have concluded that the drug is safe and effective for use as recommended in the submitted labeling. Accordingly, the application is approved. The approved source of the active ingredient is

Any significant change in the conditions outlined in this abbreviated new drug application requires an approved supplemental application before the change may be made, except for changes made in conformance with other provisions of Section 314.8 of the new drug regulations.

This Administration should be advised of any change in the marketing status of this drug.

The enclosures summarize the conditions relating to the approval of this application.

Sincerely yours,

/S/

Paul A. Bryan, M.D.  
Deputy Director for  
Medical Activities  
Office of Scientific Evaluation  
/Bureau of Drugs

1-94

via Application

ORIG

<p align="center"><b>NOTICE OF APPROVAL</b> NEW DRUG APPLICATION OR SUPPLEMENT</p>		NDA NUMBER <b>83-972</b>
		DATE APPROVAL LETTER ISSUED <b>OCT 2 1974</b>
TO:  Press Relations Staff (PA-40)	FROM:  <input checked="" type="checkbox"/> Bureau of Drugs  <input type="checkbox"/> Bureau of Veterinary Medicine	
<p align="center"><b>ATTENTION</b></p> <p>Forward original of this form for publication only after approval letter has been issued and the date of approval has been entered above.</p>		
TYPE OF APPLICATION <input type="checkbox"/> ORIGINAL NDA <input type="checkbox"/> SUPPLEMENT TO NDA <input checked="" type="checkbox"/> ABBREVIATED ORIGINAL NDA <input type="checkbox"/> SUPPLEMENT TO ANDA		CATEGORY <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY
TRADE NAME (or other designated name) AND ESTABLISHED OR NONPROPRIETARY NAME (if any) OF DRUG <p align="center"><b>Hydrochlorothiazide</b></p>		
DOSAGE FORM <p align="center"><b>Tablet</b></p>	HOW DISPENSED <input checked="" type="checkbox"/> RX <input type="checkbox"/> OTC	
ACTIVE INGREDIENT(S) (as declared on label. List by established or nonproprietary name(s) and include amount(s), if amount is declared on label.)  <p align="center"><b>Hydrochlorothiazide 25 mg. and 50 mg.</b></p>		
NAME OF APPLICANT (Include City and State) <p align="center"><b>Barr Laboratories, Inc.</b> <b>Northvale, NJ 07647</b></p>		
PRINCIPAL INDICATION OR PHARMACOLOGICAL CATEGORY <p align="center"><b>Thiazide</b></p>		
COMPLETE FOR VETERINARY ONLY		
ANIMAL SPECIES FOR WHICH APPROVED		
COMPLETE FOR SUPPLEMENT ONLY		
CHANGE APPROVED TO PROVIDE FOR		
NAME <b>J. Taylor</b>	FORM PREPARED BY <i>J Taylor</i>	DATE
NAME <b>J. L. Meyer</b>	FORM APPROVED BY	DATE