

CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER: 83972

CHEMISTRY REVIEW(S)

7-26-72

None

Barr Laboratories, Inc.
265 Livingston Street
Northvale, New Jersey 07647

Technical ☒
Microfilm ☐
Photocopy ☐
Correspondence ☐
Report ☐
Other ☐

8-30-73

Antihypertensive

Hydrochlorothiazide

Tablet

Strength (mg)
25 mg. and 50 mg.

Low Disp. ☒

Rx

☒

CFO

Reference 10/1/73 (S)

Submitted

request

Satisfactory (JTBascabi)

~~XX~~

Bio protocol under reviewed send to BD 220 10-1-73

Satisfactory BD 340 memo 9-4-73

Active ingredient and drug dosage forms complies to USP specs.

Request FPI, samples and bio under review.

rev w/f

RJWalters

Rpi 10.23.73

CHEMIST'S REVIEW FOR
ABBREVIATED NEW DRUG APPLICATION
OR SUPPLEMENT

Federal Register
Statement Date

NDA Number **83-972**

AF Number **42-189**

Name and Address of Applicant (City and State)

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

Original _____
Amendment _____
Supplement _____
Resubmission **XXX**
Correspondance _____
Report _____
Other _____

Purpose of Amendment/Supplement

Date(s) of Submission(s)

July 23, 1974
August 23, 1974
May 15, 1974

Pharmacological Category
Thiazide

Name of Drug
Hydrochlorothiazide

Dosage Form(s)
Tablet

Potency(ies)
25 mg. and 50 mg.

How Dispensed
RXXXXX

OTC

Packaging/Sterilization
Satisfactory

Samples dosage
Active and drug XXXXX form
met specs confirmed orally by
Jesse Roe of Dallas DO
written confirmation 9-30-74

Related IND/NDA/MF

Labeling

Satisfactory (JBacsanyi)

Biologic Availability

Data satisfactory (MSeife)

Establishment Inspection

Satisfactory 9-4-73

Components, Composition, Manufacturing and Controls

Drug dosage form and active ^{ingredient} tested to compendium specs.

Remarks

none

XXXXXXXXXX Manufacturer of active:

Conclusion **Approve with above supplier of active.**

J. Taylor 9-10-74

REVIEWER

/S/

DATE

AF Number 42-189

Name and Address of Applicant (City and State)

Barr Laboratories, Inc.
Northvale, NJ 07647

Original _____
Amendment _____
Supplement _____
Resubmission _____
Correspondence **xxx** _____
Report _____
Other _____

Purpose of Amendment/Supplement

Samples and amended manufacturing process

Date(s) of Submission

June 19, 1974
July 2, 1974

Pharmacological Category

Thiazide

Name of Drug

Hydrochlorothiazide

Dosage Form(s)

Tablet

Potency (ies)

25 and 50 mg.

How Dispensed

Rx ☒

OTC ☐

Environmental Impact Analysis
Report

Submitted

Samples

Received July 8, 1974

*Requested structure
7-14-74*

Related File/Ref/ID, etc.

Labeling

Satisfactory ((JBacsanyi))

Biologic Availability

Protocol and study results found satisfactory. (Marvin Seife)

Establishment Inspection

Satisfactory 9-4-73

Components, Composition, Manufacturing and Controls

Drug dosage form and active ingredient tested to USP specs.

Remarks

1. Request identification of manufacturer of active ingredient.
2. Clarify discrepancy between batch number in bio study and lot number in submitted samples.

Conclusion

J Taylor 7-14-74 Rev w/f

/S/

**CHEMIST'S REVIEW FOR
ABBREVIATED NEW DRUG APPLICATION
OR SUPPLEMENT**

Federal Register
Statement Date

NDA Number 83-972

7-26-72

AF Number none

Name and Address of Applicant (City and State)

Barr Laboratories, Inc.
Northvale, NJ 07647

Original _____
Amendment _____
Supplement _____
Resubmission ☒ _____
Correspondance _____
Report _____
Other _____

Purpose of Amendment/Supplement
FPL submission

Date(s) of Submission,
April 15, 1974

Pharmacological Category
Antihypertensive

Name of Drug
Hydrochlorothizide

Dosage Form(s)
Tablet

Potency(ies)
25 mg. and 50 mg.

How Dispensed
Rx XXX
OTC

Packaging
Satisfactory

Samples
Requested

Sterilization
NA

Related IND/INDA/MF

Labeling
Satisfactory (JBacsanyi)

Biologic Availability
Under review (protocol submitted) by DCR

Establishment Inspection
Satisfactory BD-340 memo 9-4-73

Components, Composition, Manufacturing and Controls
Active ingredient and drug dosage form comply to USP.

Remarks
Ask firm to ~~submit samples of two manufacturers/suppliers of active ingredients~~, to submit samples of identified active ingredient and drug dosage form with results of tests.

Conclusion Rev w/f

REVIEWER

/S/

DATE

6-11-74