DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Food and Drug
Administration
Rockville MD 20857

NDA 17-386/S-034
NDA 19-532/S-015

Celltech Pharmaceuticals, Inc.
Attention: Ms. Norma J. Cappetti
755 Jefferson Road
P.O. Box 31710
Rochester, NY 14603-1710

Dear Ms. Cappetti:

Please refer to your supplemental new drug applications dated August 23, 2002 submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Zaroxolyn (metolazone) 2.5, 5 and 10 mg Tablets (NDA 17-386) and Mykrox (metolazone) 0.5 mg Tablets (NDA 19-532).

These supplemental new drug applications provide for final printed labeling (FPL) revised to add a **Geriatric Use** section to the **PRECAUTIONS** section as follows:

NDA 17-386/ S-034 (Zaroxolyn)

PRECAUTIONS
Geriatric Use: Clinical studies of Zaroxolyn did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy.

This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

NDA 19-532/ S-015 (Mykrox)

PRECAUTIONS
Geriatric Use: Clinical studies of Mykrox did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the

low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy.

This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

We have completed the review of these supplemental applications, as amended, and have concluded that adequate information has been presented to demonstrate that these drug products are safe and effective for use as recommended in the submitted final printed labeling (package insert). Accordingly, these supplemental applications are approved effective on the date of this letter.

If a letter communicating important information about this drug product (i.e., a "Dear Health Care Professional" letter) is issued to physicians and others responsible for patient care, we request that you submit a copy of the letter to this NDA and a copy to the following address:

MEDWATCH, HF-2
FDA
5600 Fishers Lane
Rockville, MD 20857

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions, please call:

Mr. Daryl Allis
Regulatory Health Project Manager
(301) 594-5309

Sincerely,

{See appended electronic signature page}

Douglas C. Throckmorton M.D.
Director
Division of Cardio-Renal Drug Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Doug Throckmorton

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