

Application No.	Drug	Applicant
ANDA 83-533	Diphenhydramine Hydrochloride Injection USP, 10 mg/mL	Do.
ANDA 83-534	Thiamine Hydrochloride Injection USP, 100 mg/mL and 200 mg/mL	Do.
ANDA 83-535	Procaine Hydrochloride Injection USP, 1% and 2%	Do.
ANDA 83-595	Testosterone Propionate Injection USP, 100 mg/mL	Do.
ANDA 83-627	Lidocaine Hydrochloride Injection USP, 1% and 2%	Do.
ANDA 83-654	Sterile Prednisolone Acetate Suspension USP, 25 mg/mL	Do.
ANDA 83-667	Testosterone Enanthate Injection USP, 100 mg/mL and 200 mg/mL	Do.
ANDA 83-759	Sterile Hydrocortisone Acetate Sterile Suspension USP, 25 mg/mL and 50 mg/mL	Do.
ANDA 83-760	Pyridoxine Hydrochloride Injection USP, 100 mg/mL	Do.
ANDA 84-355	Dexamethasone Sodium Phosphate Injection USP, 4 mg/mL (base)	Do.
ANDA 84-401	Testosterone Cypionate Injection USP, 100 mg/mL and 200 mg/mL	Do.
ANDA 84-740	Phendimetrazine Tartrate Tablets, 35 mg (Gray)	Inwood Laboratories, Inc., 909 Third Ave., New York, NY 10022-4731.
ANDA 84-741	Phendimetrazine Tartrate Tablets, 35 mg (Yellow)	Do.
ANDA 84-742	Phendimetrazine Tartrate Tablets, 35 mg (Pink)	Do.
ANDA 84-743	Phendimetrazine Tartrate Tablets, 35 mg (Green)	Do.
ANDA 85-374	Sterile Methylprednisolone Acetate Sterile Suspension USP, 40 mg/mL	Steris Laboratories, Inc.
ANDA 85-463	Lidocaine Hydrochloride and Epinephrine Injection USP 1%; 0.01 mg/mL	Do.
ANDA 85-528	Hydroxocobalamin Injection USP, 1,000 µg/mL	Do.
ANDA 85-529	Sterile Triamcinolone Diacetate Suspension USP, 40 mg/mL	Do.
ANDA 85-781	Sterile Prednisolone Acetate Suspension USP, 50 mg/mL	Do.
ANDA 86-052	Hydrocortisone Acetate Cream, 1%	Purepac Pharmaceutical Co.
ANDA 86-507	Sterile Methylprednisolone Acetate Suspension USP, 80 mg/mL	Steris Laboratories, Inc.
ANDA 87-192	Triamcinolone Acetonide Lotion USP, 1%	Alpharma, U.S. Pharmaceuticals Div.
ANDA 87-214	Phendimetrazine (Extended-release Capsules, 105 mg)	D. M. Graham Laboratories, Inc., 58 Pearl St., P.O. Box P, Hobart, NY 13788.
ANDA 87-248	Sterile Methylprednisolone Acetate Suspension USP, 20 mg/mL	Steris Laboratories, Inc.
ANDA 87-598	Nandrolone Decanoate Injection USP, 50 mg/mL	Do.
ANDA 87-599	Nandrolone Decanoate Injection USP, 100 mg/mL	Do.
ANDA 88-062	Hyrex-105 (Phendimetrazine Tartrate Extended-release Capsules, 105 mg)	D. M. Graham Laboratories, Inc.
ANDA 88-305	Axotal Tablets (Butalbital and Aspirin Tablets USP) 50 mg/650 mg	Savage Laboratories, 60 Baylis Rd., Melville, NY 11747.

Therefore, under section 505(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(e)) and under authority delegated to the Director, Center for Drug Evaluation and Research (21 CFR 5.82), approval of the applications listed in the table in this document, and all amendments and supplements thereto, is hereby withdrawn, effective September 8, 1997.

Dated: July 17, 1997.

**Janet Woodcock,**

*Director, Center for Drug Evaluation and Research.*

[FR Doc. 97-20871 Filed 8-6-97; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

#### Grantee Reporting Requirements for the Rural Health Network Grant Program—New—

The Rural Health Network Grant Program is authorized by Section 330A of the Public Health Service Act as amended by the Health Centers Consolidation Act of 1996 (Public Law 104-229). The purpose of the program is to assist in the development of vertically integrated networks of health care providers in rural communities. Grantees will be working to change the delivery system in their service areas and will be using the federal funds to develop network capabilities.

Grantees will be asked to submit a baseline report and semiannual tracking reports which provide information on progress towards goals and objectives of the network, progress toward developing the governance and organizational arrangements for the network, specific network activities,

certain financial data related to the grant budget, and health care services provided by the network.

The information will be used to evaluate progress on the grants, to understand barriers to network

development in rural areas, to identify grantees in need of technical assistance, and to identify best practices in the development of provider networks in rural communities.

To minimize the burden on grantees, the reports will be submitted electronically. The estimated burden is as follows:

Form name	No. of re-spondents	Responses per re-spondent	Total re-sponses	Hours per response	Total hour burden	Wage cost	Total hour cost
First Year (Baseline report and first semiannual report)							
Baseline .....	40	1	40	2.0	80	\$25	\$2000
Semi-annual tracking .....	40	1	40	1.0	40	25	1000
Total first year burden .....	40	2	80	1.5	120	25	3000
Second and Subsequent Years							
Semi-annual tracking .....	40	2	80	1.0	80	\$25	\$2000

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Laura Oliven, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: August 4, 1997.

**Jane Harrison,**

*Acting Director, Division of Policy Review and Coordination.*

[FR Doc. 97-20875 Filed 8-6-97; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Notification of Expiring Project Periods for Community and Migrant Health Centers**

**AGENCY:** Health Resources and Services Administration, Public Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces that a total of 83 Community Health Center and Migrant Health Center (C/MHC) grantees will reach the end of their project periods during fiscal year (FY) 1998. Assuming the availability of sufficient appropriated funds in FY 1998, it is the intent of HRSA to continue to support health services in these areas, given the unmet need inherent in their provision of services to a medically underserved population. HRSA will open competition for awards under section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b(e) for CHCs and

U.S.C. 254b(g) for MHCs) to support health services in the areas currently served by these grants.

This notice provides interested parties the opportunity to gather information and decide whether to pursue Federal funding as a C/MHC. During this process, communication with Field Office staff is essential (see Appendix I). A subsequent **Federal Register** notice, the *HRSA Preview*, will announce the availability of funds for FY 1998.

**DATES:** Current grant expiration dates vary by area throughout FY 1998. Applications for competing continuation grants are normally due 120 days prior to the expiration of the current grant award.

**SUPPLEMENTARY INFORMATION:** The C/MHC programs are carried out under the authority of section 330 of the Public Health Service Act. The program regulations are codified in Title 42 of the Code of Federal Regulation (CFR), parts 51c and 56. The C/MHC programs are designed to promote the development and operation of community-based primary health care service systems in medically underserved areas for medically underserved populations.

The list of service areas for which a current section 330 grant project period expires in FY 1998 is set forth in Appendix II. The service areas are listed by city and county. Detailed information about each service area, such as census tracts, can be obtained by contacting the appropriate PHS field office (see Appendix I).

A project period is the total amount of time for which a section 330 grant has been programmatically approved. For the purposes of this notice, grant awards will be made for a one year budget period and project periods will be for up to three years.

Dated: August 4, 1997.

**Claude Earl Fox,**

*Acting Administrator.*

**Appendix I—Field Office Staff**

Field Office I: Bruce Riegel, Acting Director, Division of Health Services Delivery, DHHS—Field Office I, Rm 1826, JFK Federal Building #1401, Boston, MA 02203

Field Office II: Ron Moss, Director, Division of Health Services Delivery, DHHS—Field Office II, Rm 3337, 26 Federal Plaza, New York, NY 10278

Field Office III: Bruce Riegel, Director, Division of Health Services Delivery, DHHS—Field Office III, Rm 10200, MS 14, 3535 Market Street, Philadelphia, PA 19104

Field Office IV: Marlene Lockwood, Director, Division of Health Services Delivery, DHHS—Field Office IV, 101 Marietta Tower, Atlanta, GA 30323

Field Office V: Martin Bree, Acting Director, Division of Health Services Delivery, DHHS—Field Office V, 105 West Adams Street, 17th Floor, Chicago, IL 60603

Field Office VI: Frank Cantu, Director, Division of Health Services Delivery, DHHS—Field Office VI, Rm 1800, 1200 Main Tower Bldg, Dallas, TX 75202

Field Office VII: Hollis Hensley, Acting Director, Division of Health Services Delivery, DHHS—Field Office VII, Federal Office Building, 601 East 12th Street, Kansas City, MO 64106

Field Office VIII: Barbara Bailey, Director, Division of Health Services Delivery, DHHS—Field Office VIII, Federal Office Building, 1961 Stout Street, Denver, CO 80294

Field Office IX: Gordon Soares, Director, Division of Health Services Delivery, DHHS—Field Office IX, 50 United Nations Plaza, San Francisco, CA 94102