

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

20-972 / S-014

Trade Name: Sustiva

Generic Name: (efavirenz)

Sponsor: Bristol Myers Squibb

Approval Date: February 28, 2002

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APPLICATION NUMBER:

20-972 / S-014

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APPROVAL LETTER



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Division of Antiviral Drug Products
Food and Drug Administration
Rockville MD 20857

NDA 20-972/S-014

Bristol-Myers Squibb Pharma Company
Attention: Cynthia Piccirillo
Associate Director, Regulatory Science
5 Research Parkway
2 CW-1038
Wallingford, CT 06492

Dear Ms. Piccirillo:

Please refer to your supplemental new drug application dated August 30, 2001, received August 31, 2001, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for SUSTIVA[®] (efavirenz) Capsules, 50, 100 and 200 mg.

This "Changes Being Effected" supplemental new drug application provides for addition ~~of a~~
~~new~~ substance.

We have completed the review of this supplemental application and it is approved.

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, call Virginia Yoerg, Regulatory Project Manager, at 301-827-2335.

Sincerely yours,

{See appended electronic signature page}

Stephen P. Miller, Ph.D.
Chemistry Team Leader for the
Division of Antiviral Drug Products, (HFD-530)
DNDC III, Office of New Drug Chemistry
Center for Drug Evaluation and Research

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/s/

Stephen Paul Miller
2/28/02 01:44:52 PM
20-972 S-014 is approved

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APPLICATION NUMBER:

20-972 / S-014

CHEMISTRY REVIEW(S)

SUPPLEMENTAL NDA CHEMIST'S REVIEW		1. ORGANIZATION HFD-530	2. NDA NUMBER 20-972
3. NAME AND ADDRESS OF APPLICANT (City and State) Bristol-Myers Squibb Pharma Co. Chestnut Run Plaza 974 Centre Road Wilmington, DE 19805		4. AF NUMBER 5. DOCUMENT(S) NUMBER(S) DATE(S) SCM-014 8/31/01	
6. NAME OF DRUG Sustiva capsules		7. NONPROPRIETARY NAME Efavirenz	
8. SUPPLEMENT(S) PROVIDES FOR: Addition of a C]		9. AMENDMENTS AND OTHER (Reports, etc.) DATES	
10. PHARMACOLOGICAL CATEGORY Anti-Retroviral	11. HOW DISPENSED <input checked="" type="checkbox"/> Rx <input type="checkbox"/> OTC	12. RELATED IND/NDA/DMF(S)	
13. DOSAGE FORM(S) capsule	14. POTENCY(IES) 50, 100, 200 mg	16. MEMORANDA	
15. CHEMICAL NAME AND STRUCTURE See current package insert			
17. COMMENTS The sponsor is requesting addition of their _____ _____ The supplement meets the criteria outlined under PAC-ATLS. The _____ site was found acceptable as a release and stability tester by Compliance on 12/10/01, based on inspection (see Attachment).			
18. CONCLUSIONS AND RECOMMENDATIONS It is recommended that this supplemental application for _____ _____			
19. REVIEWER			
NAME Dan Boring	SIGNATURE /see electronic signature/		DATE COMPLETED 02/13/02
20. CONCURRENCE: HFD-830/SMiller /see electronic signature/			

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/s/

Dan Boring
2/20/02 10:36:54 AM
CHEMIST

Stephen Paul Miller
2/22/02 03:28:07 PM
CHEMIST