Dear Ms. DeVenezia-Tobias:


This supplemental new drug application was submitted in response to requests from the Division to revise the Pregnancy, Fertility, and Reproduction Section and the Nursing Mothers Section the package insert (PI) by adding the following language:

“Antiretroviral Pregnancy Registry: To monitor maternal-fetal outcomes of pregnant women exposed to HIVID®, an Antiretroviral Pregnancy Registry has been established. Physicians are encouraged to register patients by calling 1-800-258-4263.

Nursing Mothers: The Centers for Disease Control and Prevention recommend HIV-infected mothers not breastfeed their infants to avoid risking postnatal transmission of HIV. It is not known whether zalcitabine is excreted in human milk. Because of both the potential for HIV transmission and the potential for serious adverse reactions in nursing infants, mothers should be instructed not to breastfeed if they are receiving HIVID®.”

We have completed the review of this supplemental application, as amended, and have concluded that adequate information has been presented to demonstrate that the drug product is safe and effective for use as recommended in the agreed upon enclosed labeling text. Accordingly, the supplemental application is approved effective on the date of this letter.

The final printed labeling (FPL) must be identical to the enclosed labeling (text for the package insert).

Please submit the copies of final printed labeling (FPL) electronically according to the guidance for industry titled Providing Regulatory Submissions in Electronic Format - NDA (January 1999).
Alternatively, you may submit 20 paper copies of the FPL as soon as it is available but no more than 30
days after it is printed. Please individually mount ten of the copies on heavy-weight paper or similar
material. For administrative purposes, this submission should be designated "FPL for approved
supplement NDA 20-199/SLR-014." Approval of this submission by FDA is not required before the
labeling is used.

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, call Marsha S. Holloman, BS Pharm, JD, Regulatory Health Project
Manager, at (301) 827-2335.

Sincerely,

*See appended electronic signature page*

Debra Birnkrant, MD
Director
Division of Antiviral Drug Products
Office of Drug Evaluation IV
Center for Drug Evaluation and Research

Enclosure: HIVID® Package Insert
This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Debra Birnkrant
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NDA 20-199, SLR 014