DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

IND 34,526
NDA 20-550

GlaxoSmithKline
Attention: Grace A. Pagano, MS
Assistant Director, Antiviral/Antibacterial Regulatory Affairs
Five Moore Drive
P.O. Box 13398
Research Triangle Park, NC 27709

Dear Ms. Pagano:

Please refer to your correspondence dated October 24, 2002 requesting changes to FDA's August 2, 2001, Written Request for pediatric studies for Valacyclovir Hydrochloride Caplets.

We reviewed your proposed changes and are amending the below listed sections of the Written Request. All other terms stated in our Written Request issued on August 2, 2001 remain the same.

Original Written Request dated August 2, 2001:

Type of Studies

Study #1: A single-dose pharmacokinetic study in infants and children age one month to five years who are receiving suppressive therapy for recurrent episodes of central nervous system (CNS) or skin-eye-mouth disease due to neonatal herpes simplex virus (HSV) infection.

Study #2: A single-dose pharmacokinetic study in immunocompetent and/or immunocompromised infants and children age 1 - 12 years who have HSV infections.

Study #3: A single-dose pharmacokinetic study in immunocompetent and/or immunocompromised infants and children age 1 - 12 years who have varicella zoster virus (VZV) infections.

Age-appropriate safety data should be collected for Studies 1, 2, and 3.

Amended Studies for Written Request dated October 24, 2002:

Type of Studies

Study #1: A single-dose pharmacokinetic and safety study in infants and children age one month to less than six years who have a current herpes virus infection or who may have a potential future recurrence, or who are at risk for development of a herpes virus infection.

Study #2: A single-dose pharmacokinetic, multiple-dose safety study in immunocompetent and/or immunocompromised infants and children age 1 - 12 years who have HSV infections.

Study #3: A single-dose pharmacokinetic study, multiple-dose safety study in immunocompetent and/or immunocompromised infants and children age 1 - 12 years who have varicella zoster virus (VZV) infections.

Original Written Request dated August 2, 2001:

Age group in which studies will be performed:

Study #1: An adequate number of patients should be included to support dosing in each of the following age groups: 1 - 6 months, 6 months - 1 year, 1 – 2 years, and 2 - 5 years.

Study #2: An adequate number of patients should be included to support dosing for HSV in infants and children ages 1 - 2 years and 2 - 12 years.

Study #3: An adequate number of patients should be included to support dosing for VZV in infants and children ages 1 - 2 years and 2 - 12 years.

Amended Studies for Written Request dated October 24, 2002:

Age group in which studies will be performed:

Study #1: An adequate number of patients should be included to support dosing in each of the following age groups: 1 - < 3 months, 3 - < 6 months, 6 months - < 1 year, 1 - < 2 years, and 2 - < 6 years.

Study #2: An adequate number of patients should be included to support dosing for HSV in infants and children ages 1 - < 2 years, 2 - < 6 years, and 6 - < 12 years.

Study #3: An adequate number of patients should be included to support dosing for VZV in infants and children ages 1 - < 2 years, 2 - < 6 years, and 6 - < 12 years.

Reports of the studies that meet the terms of the Written Request dated August 2, 2001, as amended by this letter, must be submitted to the Agency on or before December 31, 2005, in order to possibly qualify for pediatric exclusivity extension under Section 505A of the Act.

Submit protocols for the above studies to an investigational new drug application (IND) and clearly mark your submission, **"PEDIATRIC PROTOCOL SUBMITTED FOR PEDIATRIC EXCLUSIVITY STUDY"** in large font, bolded type at the beginning of the cover letter of the submission. Notify us as soon as possible if you wish to enter into a written agreement by submitting a proposed written agreement. Please clearly mark your submission, **"PROPOSED WRITTEN AGREEMENT FOR PEDIATRIC STUDIES"** in large font, bolded type at the beginning of the cover letter of the submission.

Submit reports of the studies as a **supplement to an approved NDA** with the proposed labeling changes you believe are warranted based on the data derived from these studies. When submitting the reports, clearly mark your submission **"SUBMISSION OF PEDIATRIC STUDY REPORTS – PEDIATRIC EXCLUSIVITY DETERMINATION REQUESTED"** in large font, bolded type at the beginning of the cover letter of the submission and include a copy of this letter. In addition, send a copy of the cover letter of your submission, via fax (301-594-0183) or messenger to the Director, Office of Generic Drugs, HFD-600, Metro Park North II, 7500 Standish Place, Rockville, MD 20855-2773.

If you wish to discuss any amendments to this Written Request, submit proposed changes and the reasons for the proposed changes to your application. Clearly mark submissions of proposed changes to this request **"PROPOSED CHANGES IN WRITTEN REQUEST FOR PEDIATRIC STUDIES"** in large font, bolded type at the beginning of the cover letter of the submission. We will notify you in writing if we agree to any changes to this Written Request.

We hope you will fulfill this pediatric study request. We look forward to working with you on this matter in order to develop additional pediatric information that may produce health benefits to the pediatric population.

If you have any questions, please call Nitin Patel, R.Ph., Regulatory Project Manager, at (301) 827-2335.

Sincerely,

{See appended electronic signature page}

Mark J. Goldberger, M.D., M.P.H.
Director
Office of Drug Evaluation IV
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/

Mark Goldberger

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