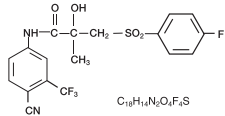


DIMENSIONS 12.125" WIDE X 11.1875" HIGH

8.4. Pediatric Use
The safety and effectiveness of Bicatalumide Tablets, USP in pediatric patients have not been established.
Labeling describing pediatric clinical studies for bicatalumide is approved for AstraZeneca Pharmaceuticals LP's bicatalumide tablet. However, due to AstraZeneca Pharmaceuticals LP's marketing exclusivity rights, a description of those clinical studies is not approved for this bicatalumide labeling.
8.5. Geriatric Use
In two studies in patients given 50 or 150 mg daily, no significant relationship between age and steady-state levels of total bicatalumide or the active R-enantiomer has been shown.
8.6. Hepatic Impairment
Bicatalumide Tablets, USP should be used with caution in patients with moderate-to-severe hepatic impairment. Bicatalumide Tablets, USP are extensively metabolized by the liver. Limited data in subjects with severe hepatic impairment suggest that exposure to Bicatalumide Tablets, USP may be delayed and could lead to further accumulation. Periodic liver function tests should be considered for hepatic-impaired patients on long-term therapy (see Warnings and Precautions (5.1)).
No clinically significant difference in the pharmacokinetics of either enantiomer of bicatalumide was noted in patients with mild-to-moderate hepatic disease as compared to healthy controls. However, the half-life of the R-enantiomer was extended approximately 78% (5.9 and 10.4 days for normal and impaired patients, respectively) in patients with severe liver disease (n=4).
8.7. Renal Impairment
Renal impairment (as measured by creatinine clearance) had no significant effect on the elimination of total bicatalumide or the active R-enantiomer.
8.8. Women
Bicatalumide has not been studied in women.
10. OVERDOSAGE
Long-term clinical trials have been conducted with dosages up to 200 mg of Bicatalumide Tablets, USP daily and these dosages have been well tolerated. A single dose of Bicatalumide Tablets, USP that resulted in symptoms of an overdose considered to be life threatening has not been established.
There is no specific antidote; treatment of an overdose should be symptomatic.
In the management of an overdose with Bicatalumide Tablets, USP vomiting may be induced if the patient is alert. It should be remembered that, in this patient population, multiple drugs may have been taken. Dialysis is not likely to be helpful since Bicatalumide Tablets, USP are highly protein bound and is extensively metabolized. General supportive care, including frequent monitoring of vital signs and close observation of the patient, is indicated.
11. DESCRIPTION
Bicatalumide Tablets, USP contain 50 mg of bicatalumide, a non-steroidal androgen receptor inhibitor with no other known endocrine activity. The chemical name is propamide, 1-[4-(cyano-3-(trifluoromethyl)phenyl)-5-(4-(4-thiophenyl(butyl)))-2-hydroxy-2-methyl-1-yl]. The structural and empirical formulae are:



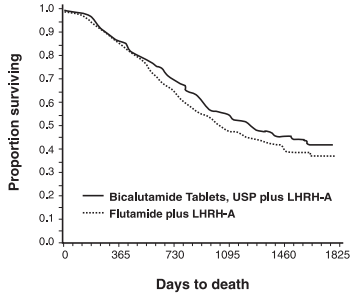
Bicatalumide has a molecular weight of 430.37. The pKa is approximately 12. Bicatalumide is a fine white to off white powder which is practically insoluble in water at 37°C (5 mg per 100 mL), slightly soluble in chloroform and absolute ethanol, sparingly soluble in methanol, and soluble in acetone and tetrahydrofuran. Bicatalumide Tablets, USP are a racemate with its antihandrogenic activity being almost exclusively exhibited by the R-enantiomer of bicatalumide; the S-enantiomer is essentially inactive.
The inactive ingredients of Bicatalumide Tablets, USP are lactose monohydrate, magnesium stearate, povidone, croscopollose, sodium lauryl sulfate, polyethylene glycol, hypromellose, and titanium dioxide.
12. CLINICAL PHARMACOLOGY
12.1. Mechanism of Action
Bicatalumide Tablets, USP are a non-steroidal androgen receptor inhibitor. It competitively inhibits the action of androgens by binding to cytosol androgen receptors in the target tissue. Prostatic carcinoma is known to be androgen sensitive and responds to treatment that counteracts the effect of androgen and/or removes the source of androgen.
When Bicatalumide Tablets, USP are combined with luteinizing hormone releasing hormone (LHRH) analog therapy, the suppression of serum testosterone induced by the LHRH analog is not affected. However, in clinical trials with Bicatalumide Tablets, USP as a single agent for prostate cancer, rises in serum testosterone and estradiol have been noted.
In a subset of patients who have been treated with Bicatalumide Tablets, USP and an LHRH agonist, and who discontinue Bicatalumide Tablets, USP therapy due to progressive advanced prostate cancer, a reduction in the Spitzer Activity Index (SAI) and/or clinical improvement (antihandrogen withdrawal phenomenon) may be observed.
12.2. Pharmacokinetics
Absorption
Bicatalumide is well-absorbed following oral administration, although the absolute bioavailability is unknown. Co-administration of bicatalumide with food has no clinically significant effect on rate or extent of absorption.
Distribution
Bicatalumide is a highly protein-bound (98%) [see Drug Interactions (7)].
Metabolism/Excretion
Bicatalumide undergoes stereospecific metabolism. The S (inactive) isomer is metabolized primarily by glucuronidation. The R (active) isomer also undergoes glucuronidation but is predominantly oxidized to an inactive metabolite followed by glucuronidation. Both the parent and metabolite glucuronides are eliminated in the urine and feces. The S-enantiomer is rapidly cleared relative to the R-enantiomer; with the R-enantiomer accounting for about 99% of total steady-state plasma level.
Pharmacokinetics of the active enantiomer of Bicatalumide Tablets, USP in normal males and patients with prostate cancer are presented in Table 3.

Parameter	Mean	Standard Deviation
Normal Males (n=30)		
Apparent Oral Clearance (L/hr)	0.320	0.103
Single Dose Peak Concentration (µg/mL)	0.788	0.768
Single Dose Time to Peak Concentration (hours)	31.3	14.6
Half-life (days)	5.8	2.29
Patients with Prostate Cancer (n=40)		
C ₅₀ (µg/mL)	8.909	3.504

13. NONCLINICAL TOXICOLOGY
13.1. Carcinogenesis, Mutagenesis, Impairment of Fertility
Two-year oral carcinogenicity studies were conducted in both male and female rats and mice at doses of 5, 15 or 75 mg/kg/day of bicatalumide. A variety of tumor target organ effects were identified and were attributed to the antineoplastic activity of bicatalumide, namely, testicular benign interstitial (Leydig) cell tumors in the rat at dose levels (the steady-state plasma concentration with the 5 mg/kg/day dose is approximately 2/3 human therapeutic concentrations*) and uterine adenocarcinoma in female rats at 75 mg/kg/day (approximately 1/12 times the human therapeutic concentrations*). There is no evidence of Leydig cell hyperplasia in patients; uterine tumors are not relevant to the indicated patient population.
A small increase in the incidence of hepatocellular carcinoma in male mice given 75 mg/kg/day of bicatalumide (approximately 4 times human therapeutic concentrations*) and an increased incidence of benign thyroid follicular cell adenomas in rats given 5 mg/kg/day (approximately 2/3 human therapeutic concentrations*) and above were recorded. These neoplastic changes were progressions of non-neoplastic changes related to hepatic enzyme induction observed in animal toxicity studies. Enzyme induction has not been observed following bicatalumide administration in man. There were no tumorigenic effects suggestive of genotoxic carcinogenesis.
A comprehensive battery of *in vitro* and *in vivo* genotoxicity tests (yeast gene conversion, Ames, E. coli, CHO/HGPRT, human lymphocyte cytogenetic, mouse micronucleus, and rat bone marrow cytogenetic tests) has demonstrated that Bicatalumide Tablets, USP does not have genotoxic activity.
Administration of Bicatalumide Tablets, USP may lead to inhibition of spermatogenesis. The long-term effects of Bicatalumide Tablets, USP on male fertility have not been studied.
In male rats dosed at 250 mg/kg/day (approximately 2 times human therapeutic concentrations*), the precoat interval and time to successful mating were increased in the first pairing but no effects on fertility following successful mating were seen. These effects were reversed by 7 weeks after the end of an 11-week period of dosing. No effects on female rats dosed at 50, 150 and 250 mg/kg/day (approximately 2/3, 1 and 2 times human therapeutic concentrations, respectively*) or their female offspring were observed. Administration of bicatalumide to pregnant females resulted in feminization of the male offspring leading to hypoplasias at all dose levels. Affected male offspring were also impacted.
*Based on a maximum dose of 50 mg/kg of bicatalumide for an average 70 kg patient.

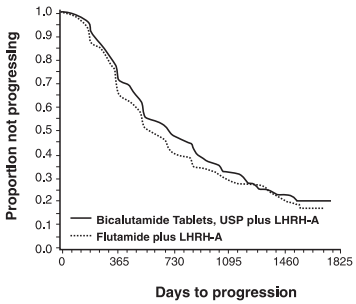
14. CLINICAL STUDIES
14.1. Bicatalumide Tablets, USP 50 mg Daily in Combination with an LHRH-A
In a multicenter, double-blind, controlled clinical trial, 813 patients with previously untreated advanced prostate cancer were randomized to receive Bicatalumide Tablets, USP 50 mg once daily (404 patients) or flutamide 250 mg (409 patients) three times a day, each in combination with LHRH analogs (either goserelin acetate implant or leuprolide acetate depot).
In an analysis conducted after a median follow-up of 180 weeks was reached, 213 (62.7%) patients treated with Bicatalumide Tablets, USP (LHRH analog therapy and 235 (57.5%) patients treated with flutamide-LHRH analog therapy had died. There was no significant difference in survival between treatment groups (see Figure 1). The hazard ratio for time to death (survival) was 0.87 (95% confidence interval 0.72 to 1.05).

Figure 1 - The Kaplan-Meier probability of death for both androgen treatment groups.



There was no significant difference in time to objective tumor progression between treatment groups (see Figure 2). Objective tumor progression was defined as the appearance of any bone metastases or the worsening of any existing bone metastases on bone scan attributable to metastatic disease, or an increase by 25% or more of any existing measurable extratesticular metastases. The hazard ratio for time to progression of Bicatalumide Tablets, USP plus LHRH analog to that of flutamide plus LHRH analog was 0.93 (95% confidence interval, 0.70 to 1.15).

Figure 2 - Kaplan-Meier curve for time to progression for both androgen treatment groups.



Quality of life was assessed with self-administered patient questionnaires on pain, social functioning, emotional well being, vitality, activity limitation, bed disability, overall health, physical capacity, general symptoms, and treatment related symptoms. Assessment of the Quality of Life questionnaires did not indicate consistent significant differences between the two treatment groups.
14.2 Safety Data from Clinical Studies using Bicatalumide Tablets, USP 150 mg
Bicatalumide Tablets, USP 150 mg are not approved for use either alone or with other treatments.
Two identical, multicenter, randomized, open-label trials comparing Bicatalumide Tablets, USP 150 mg daily monotherapy to castration were conducted in patients that had locally advanced (T3-4, N0) or metastatic (M1) prostate cancer.
Monotherapy – M1 Group
Bicatalumide Tablets, USP 150 mg daily is not approved for use in patients with M1 cancer of the prostate. Based on an interim analysis of the two trials for survival, the Data Safety Monitoring Board recommended that Bicatalumide Tablets, USP treatment be discontinued in the M1 patients because the risk of death was 25% (HR 1.25, 95% CI 0.87 to 1.81) and 31% (HR 1.31, 95% CI 0.97 to 1.77) higher in the Bicatalumide Tablets, USP treated group compared to that in the castrated group, respectively.
Locally Advanced (T3-4, N0) Group
Bicatalumide Tablets, USP 150 mg daily are not approved for use in patients with locally advanced (T3-4, N0) cancer of the prostate. Following discontinuation of all M1 patients, the trials continued with the T3-4, N0 patients until study completion. In the larger trial (N=352), the risk of death was 25% (HR 1.25, 95% CI 0.82 to 1.77) higher in the Bicatalumide Tablets, USP group and in the smaller trial (N=140), the risk of death was 36% (HR 0.84, 95% CI 0.39 to 1.83) lower in the Bicatalumide Tablets, USP group.
In addition to the above two studies, there are three other on-going clinical studies that provide additional safety information for Bicatalumide Tablets, USP 150 mg, a dose that is not approved for use. These are three multicenter, randomized, double-blind, parallel group trials comparing Bicatalumide Tablets, USP 150 mg daily monotherapy (adjunct to previous therapy or under watchful waiting) with placebo, for death or time to disease progression, in a population of 813 patients with localized or locally advanced prostate cancer.
Bicatalumide Tablets, USP 150 mg daily is not approved for use as therapy for patients with localized prostate cancer who are candidates for watchful waiting. Data from a planned subgroup analysis of two of these trials in 1627 patients with localized prostate cancer who were under watchful waiting, revealed a trend toward decreased survival in the Bicatalumide Tablets, USP arm after a median follow-up of 7.4 years. There were 294 (37.7%) deaths in the Bicatalumide Tablets, USP treated patients versus 279 (32.5%) deaths in the placebo treated patients (adjusted watchful waiting group) for a hazard ratio of 1.16 (95% CI 0.99 to 1.37).
16. HOW SUPPLIED, STORAGE AND HANDLING
Bicatalumide Tablets, USP 50 mg are white, round, biconvex, film-coated tablets with "BOL 50" debossed on one side. They are supplied as follows:
NDC 2587-2005-1, Bottles of 30
16.1. Storage and Handling
Store at controlled room temperature, 20° to 25°C (68° to 77°F). Excursions permitted to 15° to 30° C (59° to 86°F). See USP Controlled Room Temperature.
17. PATIENT COUNSELING INFORMATION
Patients should be informed that therapy with Bicatalumide Tablets, USP and the LHRH analog should be started at the same time and that they should not interrupt or stop taking these medications without consulting their physician.
During treatment with Bicatalumide Tablets, USP, amenorrhea has been reported, and those patients who experience this symptom should observe caution when driving or operating machines.
Bicatalumide should be informed that diabetes, or loss of glycemic control in patients with pre-existing diabetes has been reported during treatment with LHRH agonists. Consideration should therefore be given to monitoring blood glucose in patients receiving Bicatalumide Tablets, USP in combination with LHRH agonists.

Manufactured for:
 Synthon Pharmaceuticals, Inc.
 Research Triangle Park, NC 27709

Manufactured by:
 Synthon Hispania S.L.
 Barcelona, Spain

Revised: 06/2009
 P-4003-1

Made in Spain

Revised: 06/2009
 PPI-4020-1



1.375"

1.375"

FOLD AT 6.0625"

Tear here at perforation.

Bicatalumide Tablets, USP can cause serious side effects.

Get medical help right away, if you have:

- trouble breathing with or without a cough or fever. Some people who take Bicatalumide Tablets, USP get an inflammation in the lungs called interstitial lung disease.
- An allergic reaction. Symptoms of an allergic reaction include: itching of the skin, hives (raised bumps), swelling of the face, lips, tongue, throat, or trouble swallowing.
- Yellowing of the skin and eyes (jaundice), dark urine, right upper stomach pain, nausea, vomiting, tiredness, loss of appetite, chills, fever, whole body pain. These may be symptoms of liver damage.
- Poor blood sugar control can happen in people who take Bicatalumide Tablets, USP in combination with LHRH medicines.
- enlargement of breast (gynecomastia) and breast pain

- The most common side effects of Bicatalumide Tablets, USP include:
 - hot flashes, or short periods of feeling warm and sweating
 - whole body pain in your back, pelvis, stomach
 - feeling weak
 - constipation
 - infection
 - nausea
 - swelling in your ankles, legs or feet
 - diarrhea
 - blood in your urine
 - waking from sleep to urinate at night
 - a decrease in red blood cells (anemia)
 - feeling dizzy
- Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of Bicatalumide Tablets, USP. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Keep Bicatalumide Tablets, USP and all medicines out of the reach of children.

General information about the safe and effective use of Bicatalumide Tablets, USP
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This patient information leaflet summarizes the most important information about Bicatalumide Tablets, USP. If you would like more information about Bicatalumide Tablets, USP talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about Bicatalumide Tablets, USP that is written for health professionals. For more information call 1-919-493-6006.

What are the ingredients in Bicatalumide Tablets, USP?

Active ingredients include: bicatalumide

Inactive ingredients include: lactose monohydrate, magnesium stearate, povidone, croscopollose, sodium lauryl sulfate, polyethylene glycol, hypromellose, titanium dioxide.

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