

**CENTER FOR DRUG EVALUATION AND RESEARCH**

*APPLICATION NUMBER:*  
**ANDA 091619Orig1s000**

**BIOEQUIVALENCE REVIEWS**

**DIVISION OF BIOEQUIVALENCE DISSOLUTION REVIEW**

<b>ANDA No.</b>	091619		
<b>Drug Product Name</b>	Disulfiram Tablets		
<b>Strength (s)</b>	250 mg and 500 mg		
<b>Applicant Name</b>	Sigmapharm Laboratories, LLC		
<b>Address</b>	3375 Progress Drive Bensalem, PA 19020		
<b>Applicant's Point of Contact</b>	Rakesh Grover, Ph.D.		
<b>Contact's Phone Number</b>	215-352-6636		
<b>Contact's Fax Number</b>	215-352-6634		
<b>Submission Date(s)</b>	July 11, 2009		
<b>First Generic</b>	Yes		
<b>Reviewer</b>	Deanah L. Mitchell, Ph.D.		
<b>Study Number (s)</b>	BA08112077-02		
<b>Study Type (s)</b>	Fasting		
<b>Strength(s)</b>	500 mg		
<b>Clinical Site</b>	BA Research India Ltd., 1 <sup>st</sup> floor, Silver Arcade, Near Ashwamegh III, Samrajya, Mujmahuda Road, Akota, Vadodara-390020		
<b>Clinical Site Address</b>			
<b>Analytical Site</b>	(b) (4)		
<b>Analytical Address</b>			
<b>OVERALL REVIEW RESULT</b>	<b>INADEQUATE</b>		
<b>DSI INSPECTION RESULT</b>	<b>ADEQUATE</b>		
<b>BIOEQUIVALENCE STUDY TRACKING/SUPPORTING DOCUMENT#</b>	<b>STUDY/TEST TYPE</b>	<b>STRENGTH</b>	<b>REVIEW RESULT</b>
# 1	DISSOLUTION	250 MG	INADEQUATE
# 1	DISSOLUTION	500 MG	INADEQUATE

## I. EXECUTIVE SUMMARY

This is a review of the dissolution testing data only.

There is no USP method for this product, but there is an FDA-recommended method. The firm's dissolution testing data with the FDA-recommended method are acceptable (at S1 level). The firm's proposed specification of NLT (b)(4) (Q) in 120 minutes is not the FDA-recommended specification of NLT (b)(4) (Q) in 90 minutes. The firm should acknowledge the FDA-recommended method and specification.

No Division of Scientific Investigations (DSI) inspection for the clinical site<sup>1</sup> and analytical site<sup>2</sup> are pending or necessary.

The DBE will review the fasting BE study and waiver request at a later date.

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<sup>1</sup> A routine inspection was completed for the clinical site on (b)(4) for ANDA (b)(4). The outcome was Voluntary Action Indicated (VAI). The inspection was found acceptable (DARRTS, Search: ANDA (b)(4). Vehovic, David S/09-08-2009/REV-BIOEQ-03(Acceptable DSI Inspection Report Review).

<sup>2</sup> A routine inspection was completed for the analytical site on (b)(4) for ANDA (b)(4). The outcome was VAI. The inspection was found acceptable (DARRTS, Search: ANDA (b)(4) Solana-Sodeinde, Diana A/06-02-2009/REV-BIOEQ-01(General Review).

**Table 1: SUBMISSION CONTENT CHECKLIST**

Information		YES	NO	N/A	
Did the firm use the FDA-recommended dissolution method		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the firm use the USP dissolution method		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Did the firm use 12 units of both test and reference in dissolution testing*		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the firm provide complete dissolution data (all raw data, range, mean, % CV, dates of dissolution testing)*		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the firm conduct dissolution testing with its own proposed method		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is FDA method in the public dissolution database (on the web)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAS datasets submitted to the electronic document room (edr)	Fasting BE study	PK parameters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Plasma concentrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fed BE study	PK parameters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Plasma concentrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Other study	PK parameters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Plasma concentrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the DBE Summary Tables present in either PDF and/or MS Word Format?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any of the tables are missing or incomplete please indicate that in the comments and request the firm to provide the complete DBE Summary Tables 1-16.					
Is the Long Term Storage Stability (LTSS) sufficient to cover the maximum storage time of the study samples?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the LTSS is NOT sufficient please request the firm to provide the necessary data.					

**Table 2: SUMMARY OF IN VITRO DISSOLUTION DATA**

Dissolution Conditions		Apparatus:		USP II (Paddle)										
		Speed of Rotation:		100 rpm										
		Medium:		2% SLS*										
		Volume:		900 mL										
		Temperature:		37° ± 0.5 °C										
Firm's Proposed Specifications		Not Less Than (b) (4) Q in 120 minutes												
Dissolution Testing Site (Name, Address)		Sigmapharm Laboratories, Analytical Chemistry Lab 3375 Progress Drive, Bensalem, PA												
Study Ref No.	Testing Date	Product ID \ Batch No. (Test - Manufacture Date) (Reference – Expiration Date)	Dosage Strength & Form	No. of Dosage Units		Collection Times (minutes)								Study Report Location
						15	30	45	60	75	90	105	120	
DISU-DISS-PROFILE-500	12/29/08	Disulfiram Tablets, USP 500 mg (Lot # BB 029 0014)	500 mg/ Tablet	12	Mean	42	56	64	71	75	78	81	83	<a href="m5\53-clin-stud-rep\531-rep-biopharm-stud\5313-in-vitro-in-vivo-corr-stud-rep\ba08112077-02\500-disu-comparative-diso.pdf">m5\53-clin-stud-rep\531-rep-biopharm-stud\5313-in-vitro-in-vivo-corr-stud-rep\ba08112077-02\500-disu-comparative-diso.pdf</a>
					Range	(b) (4)								
					%CV	1.7	1.6	2.7	1.0	0.9	0.9	1.2	1.0	
DISU-DISS-PROFILE-500	12/31/08	Antabuse Tablets, 500 mg (Lot # 7077001SC)	500 mg/ Tablet	12	Mean	43	58	66	71	76	81	83	86	<a href="m5\53-clin-stud-rep\531-rep-biopharm-stud\5313-in-vitro-in-vivo-corr-stud-rep\ba08112077-02\500-disu-comparative-diso.pdf">m5\53-clin-stud-rep\531-rep-biopharm-stud\5313-in-vitro-in-vivo-corr-stud-rep\ba08112077-02\500-disu-comparative-diso.pdf</a>
					Range	(b) (4)								
					%CV	4.0	3.3	2.4	1.8	2.4	4.0	3.7	2.9	

<b>Dissolution Conditions</b>		<b>Apparatus:</b>		USP II (Paddle)										
		<b>Speed of Rotation:</b>		100 rpm										
		<b>Medium:</b>		2% SLS*										
		<b>Volume:</b>		900 mL										
		<b>Temperature:</b>		37° ± 0.5 °C										
<b>Firm's Proposed Specifications</b>		Not Less Than (b) (4) (Q) in 120 minutes												
<b>Dissolution Testing Site (Name, Address)</b>		Sigmapharm Laboratories, Analytical Chemistry Lab 3375 Progress Drive, Bensalem, PA												
Study Ref No.	Testing Date	Product ID \ Batch No. (Test - Manufacture Date) (Reference – Expiration Date)	Dosage Strength & Form	No. of Dosage Units		Collection Times (minutes)								Study Report Location
						15	30	45	60	75	90	105	120	
DISU-DISS-PROFILE-250	12/29/08	Disulfiram Tablets, USP 250 mg (Lot #SB 028 0013)	250 mg/ Tablet	12	Mean	46	63	73	80	84	88	90	92	<a href="#">m5\53-clin-stud-rep\531-rep-biopharm-stud\5313-in-vitro-in-vivo-corr-stud-rep\ba08112077-02\250-disu-comparative-diso.pdf</a>
					Range	(b) (4)								
					%CV	3.3	1.7	1.9	1.5	1.7	1.4	1.7	1.4	
DISU-DISS-PROFILE-250	12/31/08	Antabuse Tablets, 250 mg (Lot # 7067004A)	250 mg/ Tablet	12	Mean	52	69	78	83	88	90	93	94	
					Range	(b) (4)								
					%CV	3.7	2.3	1.5	1.7	1.9	1.7	1.4	2.2	

\* SLS stands for Sodium Lauryl Sulfate, whose other names include Sodium Dodecyl Sulfate and/or Sodium Laurilsulfate. Sodium Dodecyl Sulfate is listed as the dissolution media in the FDA's Dissolution database.

## II. COMMENTS:

1. Currently, there is no USP method for Disulfiram Tablets but there is an FDA-recommended dissolution method. The FDA-recommended dissolution method is available on the public dissolution database on the Office of Generic Drugs website, <http://www.accessdata.fda.gov/scripts/cder/dissolution/index.cfm>. The firm's dissolution testing data with the FDA-recommended method is acceptable.
2. The firm proposed a specification of NLT (b) (4)(Q) in 120 minutes, which is different from the FDA-recommended specification of NLT (b) (4)(Q) in 90 minutes<sup>3</sup>.
3. The firm's test product meets the FDA-recommended specification at the S1 level.

## III. DEFICIENCY COMMENTS:

The firm's proposed specification is not acceptable. The firm should acknowledge and accept the following FDA-recommended dissolution method and specification for its test product, Disulfiram Tablets:

<b>Medium</b>	2% Sodium Dodecyl Sulfate (SDS)
<b>Apparatus</b>	USP Type II (Paddle)
<b>Speed of Rotation</b>	100 rpm
<b>Temperature</b>	37° ± 0.5° C
<b>Volume</b>	900 mL
<b>Specification</b>	NLT (b) (4)(Q) in 90 minutes

## IV. RECOMMENDATIONS

1. The in vitro dissolution testing conducted by Sigmapharm Laboratories, LLC, on its test product, Disulfiram Tablets, 250 mg (Lot #SB 028 0013) and 500 mg (Lot # BB 029 0014) comparing it to Odyssey Pharmaceuticals, Inc. Antabuse<sup>®</sup> (Disulfiram) Tablets, 250 mg (Lot # 7067004A) and 500 mg (Lot # 7077001SC), respectively, is incomplete due to the deficiency comment above.
2. The DBE acknowledges that the firm will conduct dissolution testing using the following FDA-recommended dissolution method:

<b>Medium</b>	2% Sodium Dodecyl Sulfate (SDS)
<b>Apparatus</b>	USP Type II (Paddle)
<b>Speed of Rotation</b>	100 rpm
<b>Temperature</b>	37° ± 0.5° C
<b>Volume</b>	900 mL
<b>Specification</b>	NLT (b) (4)(Q) in 90 minutes

<sup>3</sup> Internal dissolution database. Last accessed: 12/07/2009.

3. The firm should acknowledge the FDA-recommended specification of NLT <sup>(b)(4)</sup> (Q)  
in 90 minutes.

The firm should be informed of the above deficiency comment and recommendations.

BIOEQUIVALENCE DEFICIENCY

ANDA: 091619  
APPLICANT: Sigmapharm Laboratories, LLC  
DRUG PRODUCT: Disulfiram Tablets, 250 mg and 500 mg

The Division of Bioequivalence has completed its review of only the dissolution testing portion of your submission(s) acknowledged on the cover sheet. The review of the fasting study and waiver request will be conducted later. The following deficiency has been identified:

Your dissolution testing data are acceptable. However, the proposed specification of NLT (b)(4) (Q) in 120 minutes for your test product, Disulfiram Tablets, is not acceptable. Based on the dissolution testing data, please provide acknowledgement for your acceptance of the following FDA-recommended dissolution method and specification for your test product:

<b>Medium</b>	2% Sodium Dodecyl Sulfate (SDS)
<b>Apparatus</b>	USP Type II (Paddle)
<b>Speed of Rotation</b>	100 rpm
<b>Temperature</b>	37° ± 0.5° C
<b>Volume</b>	900 mL
<b>Specification</b>	NLT (b)(4) (Q) in 90 minutes

Sincerely yours,

*{See appended electronic signature page}*

Dale P. Conner, Pharm.D.  
Director, Division of Bioequivalence I  
Office of Generic Drugs  
Center for Drug Evaluation and Research

**V. OUTCOME**

**ANDA: 091619**

*Productivity:*

<i>ID</i>	<i>Letter Date</i>	<i>Productivity Category</i>	<i>Sub Category</i>	<i>Productivity</i>	<i>Subtotal</i>
9877	6/11/2009	Dissolution Data	Dissolution Review	1	1
				<b>Bean Total:</b>	<b>1</b>

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
----- ANDA-91619	----- ORIG-1	----- SIGMAPHARM LABORATORIES LLC	----- DISULFIRAM

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
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/s/  
-----

DEANAH L MITCHELL  
12/15/2009

APRIL C BRADDY  
12/16/2009

HOAINHON N CARAMENICO on behalf of DALE P CONNER  
12/17/2009

## DIVISION OF BIOEQUIVALENCE REVIEW

<b>ANDA No.</b>	091619		
<b>Drug Product Name</b>	Disulfiram Tablets, USP		
<b>Strength(s)</b>	250 and 500 mg		
<b>Applicant Name</b>	SigmaPharm Laboratories, LLC		
<b>Address</b>	3375 Progress Drive, Bensalem, PA 19020, USA		
<b>Applicant's Point of Contact</b>	Rakesh Grover, Ph.D.		
<b>Contact's Telephone Number</b>	(215) 352-6636		
<b>Contact's Fax Number</b>	(215) 352-6634		
<b>Original Submission Date(s)</b>	July 11, 2009		
<b>Submission Date(s) of Amendment(s) Under Review</b>	2/3/2010 (Acceptance of Dissolution Specification)		
<b>Reviewer</b>	S. P. Shrivastava, Ph.D.		
<b>Study Number (s)</b>	BA08112077/02		
<b>Study Type (s)</b>	Fasting		
<b>Strength (s)</b>	500 mg		
<b>Clinical Site</b>	BA Research India Ltd., 1st floor, Silver Arcade, Near Ashwamegh III, Samrajya, Mujmahuda Road, Akota, Vadodara-390020 Gujarat, India.		
<b>Clinical Site Address</b>	See above		
<b>Analytical Site</b>	(b) (4)		
<b>Analytical Site Address</b>	(b) (4)		
<b>Dissolution Testing Site</b>	Sigma Pharm		
<b>DSI Inspection Status</b>	DSI Inspection is not pending or necessary		
<b>OVERALL REVIEW RESULT</b>	ADEQUATE		
<b>WAIVER REQUEST RESULT</b>	ADEQUATE (250 mg)		
<b>DSI REPORT RESULTS</b>	(b) (4)	ANDA (b) (4) – Clinical –	ADEQUATE
		ANDA (b) (4) – Analytical –	ADEQUATE
<b>BIOEQUIVALENCE STUDY TRACKING/SUPPORTING DOCUMENT #</b>	<b>STUDY/TEST TYPE</b>	<b>STRENGTH</b>	<b>REVIEW RESULT</b>
	DISSOLUTION	500 mg	ADEQUATE
	DISSOLUTION	250 mg	ADEQUATE
	FASTING TUDY	500 mg	ADEQUATE
	FED STUDY	N/A	N/A
	PERMEABILITY STUDY	N/A	N/A
	SOLUBILITY STUDY	N/A	N/A

### 1. EXECUTIVE SUMMARY

This application references Disulfiram Tablets, 250 and 500 mg [Antabuse®, Duramed formerly Odyssey, NDA 088482 (250 mg) and 088483 (500 mg, RLD), Approved 12/8/1983)], and includes one fasting bioequivalence (BE) study.

The **fasting study** is a single-dose, 2-treatment, 2-way crossover study in 69 normal healthy male volunteers given a dose of Disulfiram Tablet 500 mg. The fasting study results (point estimate, 90% CI) for Disulfiram metabolite, S-methyl-diethyl-dithiocarbamate (S-methyl-DDC) are as follows:

**Fasting: S-Methyl-DDC**

BA08112077/02 – Fasting (n=69)					
PARAMETER	Test	Reference	Ratio, T/R	LOWCI12	UPPCI12
LAUCT	718.14	715.14	1.00	93.63	107.70
LAUCI	753.78	754.06	1.00	93.06	107.37
LCMAX	54.10	54.70	0.99	91.02	107.48

The fasting study is **acceptable**.

Dissolution Review has previously been carried out [DARRTS, ANDA 091619, MITCHELL, DEANAH L 12/17/2009 N/A 12/17/2009 REV-BIOEQ-02(Dissolution Review) Original-1)]. There is no USP method for this product, but there is an FDA-recommended method. The firm’s dissolution testing data with the FDA-recommended method are acceptable (at S1 level). The firm’s proposed specification of NLT (b) (4) (Q) in 120 minutes was wider. Therefore, FDA-recommended a tighter specification (NLT (b) (4) (Q) in 90 minutes). The firm has acknowledged the FDA-recommended method and specification (see submission, dated 2/3/2010). The 250 mg strength tablets are formulated proportionally similar to 500 mg strength. Waiver of BE for 250 mg strength tablet is granted.

The firm has submitted the CTD summary tables.

BA Research India Ltd. and (b) (4) have recently been inspected (Routine inspection) on (b) (4) and (b) (4) respectively. The inspectors concluded in their routine inspections that protocol/SOP violations in studies for ANDAs (b) (4) and (b) (4) did not impact the outcome of studies. The reviewer concurs with the inspectors. Additionally, according to the inspectors, the labs have updated SOPs and improved upon documentation and the conduct of the study. The reviewer verified the protocol/SOP, CRFs and methods validation, etc. for the current ANDA and did not find any violations in BE studies found by the inspectors in ANDAs (b) (4) and (b) (4). Therefore, the findings of DSI Inspectors in ANDAs (b) (4) and (b) (4) do not impact the current ANDA 091619.

The application is **adequate**.

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### 3. SUBMISSION SUMMARY

#### 3.1. Drug Product Information<sup>1</sup>

<b>Test Product</b>	Disulfiram Tablets, 250 and 500 mg
<b>Reference Product</b>	Antabuse® (Disulfiram) Tablets, 250 and 500 mg
<b>RLD Manufacturer</b>	Duramed formerly Odyssey
<b>NDA No.</b>	088482 (250 mg) and 088483 (500 mg, RLD)
<b>RLD Approval Date</b>	12/8/1983
<b>Indication</b>	Disulfiram is an aid in the management of selected chronic alcohol patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage.

#### 3.2. PK/PD Information<sup>2</sup>

<b>Bioavailability</b>	Disulfiram is absorbed slowly from the gastrointestinal tract
<b>Food Effect</b>	Not available
<b>Tmax</b>	Not available
<b>Metabolism</b>	Disulfiram blocks the oxidation of alcohol at the acetaldehyde stage. During alcohol metabolism following disulfiram intake, the concentration of acetaldehyde occurring in the blood may be 5 to 10 times higher than that found during metabolism of the same amount of alcohol alone. Disulfiram does not appear to influence the rate of alcohol elimination from the body
<b>Excretion</b>	It is eliminated slowly from the body
<b>Half-life</b>	Not available

<b>Relevant OGD or DBE History</b>	<p><b>Controls:</b> 080753 (b) (4) 090683 (b) (4)</p> <p><a href="\\cdsnas\OGDS6\CONTROLS\2009-docs\09-0683.pdf">\\cdsnas\OGDS6\CONTROLS\2009-docs\09-0683.pdf</a></p> <p><b>ANDAs:</b> There are number of Approved ANDAs based on single-dose fasting study and dissolution data. 088792 and 088793 (Par), 088482 and 088483 (Odissey), 086889 and 086890 (Watson).</p> <p><b>Protocols:</b> 070539 (b) (4) 08096 (b) (4) 09019 (b) (4)</p> <p>Currently the DBE recommends the following<sup>3</sup>:</p>
------------------------------------	--

<sup>1</sup> <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=7504>

<sup>2</sup> <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=7504>

<sup>3</sup> <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM194601.pdf>, 12/2009.

Agency Guidance  
 Drug Specific Issues

2. The firm should conduct a single-dose, two-way, crossover BE study under fasting conditions comparing its test product Disulfiram, immediate release tablets 500 mg to the RLD, Antabuse® (Disulfiram), immediate release tablets, 500 mg manufactured by Odyssey Pharms. FDA’s Guidance for Industry: Bioavailability and /Bioequivalence Studies for Orally Administered Drug Products-General Considerations (March, 2003) states that a BE study under fasting conditions should be conducted for all orally administered immediate release products. DBE request a fasting BE study as per the guidance.
3. The firm may submit a study protocol for review before initiating the bioequivalence study under fasting conditions.
4. For the BE studies, the DBE agrees with the firm that they should measure plasma concentrations of disulfiram and its active metabolites using a validated analytical method.
5. Due to instability of the parent compound, disulfiram in blood and its rapid metabolism, bioequivalence should be based on the pharmacokinetic data of its primary metabolite, N, N-diethyldithiocarbamate (DDC), in human plasma and should be subject to the 90% confidence interval approach to establish bioequivalence. If DDC cannot be measured reliably in human plasma, the bioequivalence should be based on the data of secondary metabolite, S-methyl N, N-diethyldithiocarbamate (Me-DDC), in human plasma. The metabolite would then be subject to the 90% confidence interval approach. You may conduct feasibility studies for the development of an analytical method to measure the plasma concentrations of DDC prior to proceeding to use the plasma concentration data for Me-DDC to establish bioequivalence between test and reference product.
6. Disulfiram Tablets, 250 mg are eligible based on (i) acceptable bioequivalence studies on the 500 mg strength, (ii) proportional similarity of the formulations across all strengths, and (iii) acceptable in vitro dissolution testing of all strengths.

Comparative dissolution testing should be conducted on 12 dosage units of all strengths of the test and reference products using the FDA-recommended method:

Medium: 2% SDS  
 Volume: 900 ml  
 Apparatus: USP Type 2 (Paddle)  
 Speed: 100 rpm  
 Sampling Times: 15, 30, 45, 60, 75, 105, 120 min.

Specification (NDA): NLT (b) (4) (Q) in 90 minutes  
 (DBE internal dissol. Database)

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM194601.pdf>, 12/2009.

### 3.3. OGD Recommendations for Drug Product<sup>4</sup>

Number of studies recommended:	1, Fasting
--------------------------------	------------

1.	Type of study:	Fasting
	Design:	Single-dose, two-treatment, two-period crossover in-vivo

<sup>4</sup> Product Guidance and Dissolution Database:  
<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM194601.pdf>; [http://www.accessdata.fda.gov/scripts/cder/dissolution/dsp\\_SearchResults\\_Dissolutions.cfm](http://www.accessdata.fda.gov/scripts/cder/dissolution/dsp_SearchResults_Dissolutions.cfm)

<b>Strength:</b>	500 mg
<b>Subjects:</b>	Normal healthy males and females, general population
<b>Additional Comments:</b>	None

2.	<b>Type of study:</b>	Fed Study not required (see DBE Protocol Database 09-019, <a href="\\cdsnas\ogd99\DIVBE\ProtocolFiles\P09019Review.pdf">\\cdsnas\ogd99\DIVBE\ProtocolFiles\P09019Review.pdf</a> )
	<b>Design:</b>	N/A
	<b>Strength:</b>	N/A
	<b>Subjects:</b>	N/A
	<b>Additional Comments:</b>	None

<b>Analytes to measure (in plasma/serum/blood):</b>	If disulfiram can be reliably measured, analyze the data for the parent compound using the confidence interval approach. The data for the active metabolites can be used as supportive evidence. However, if you can demonstrate that it is not possible to measure disulfiram in plasma accurately and reliably, analyze the primary metabolite DDC using the confidence interval approach. If you demonstrate that DDC in plasma cannot be reliably and accurately measured, analyze the secondary metabolite MeDDC using the confidence interval approach.
<b>Bioequivalence based on:</b>	See above. (90% CI) on disulfiram or its metabolite DDC or Me-DDC and supportive evidence possibly for the one of the metabolites .
<b>Waiver request of in-vivo testing:</b>	Yes
<b>Source of most recent recommendations:</b>	See the footnote 4 above.

### 3.4.Contents of Submission

Study Types	Yes/No?	How many?
Single-dose fasting	Yes	1
Single-dose fed	No	
Steady-state	No	
In vitro dissolution	Yes	2
Waiver requests	Yes	1
BCS Waivers	No	
Vasoconstrictor Studies	No	
Clinical Endpoints	No	
Failed Studies	No	
Amendments	Yes (2/3/10)	Acceptance of Dissolution Specification
DSI Inspection Reports	Yes Clinical - (b) (4) Analytical (b) (4)	2 ANDA (b) (4) Clinical Lab ANDA (b) (4) analytical Lab

### 3.5.Pre-Study Bioanalytical Method Validation

**Table 4: Bioanalytical Method Validation**

Information Requested	Data
Bioanalytical method validation report location	Disulfiram Validation Report No: (b) (4) <a href="#">VR08110-01</a> (b) (4)
Analyte	Secondary Metabolite of Disulfiram (S-Methyl N, N Diethylthiocarbamate)
Internal standard (IS)	(b) (4)
Method description	Type of Extraction: Precipitation Analytical Method: LC/MS/MS
Limit of quantitation	1.014 ng/mL
Average recovery of drug (%)	94%
Average recovery of IS (%)	100%
Standard curve concentrations (units/mL)	Standard curve range: 1.014 to 253.482ng/mL
QC concentrations (units/mL)	LQC: 3.042 ng/mL, MQC: 101.393 ng/mL and HQC: 202.786 ng/mL
QC Intraday precision range (%)	2-4%
QC Intraday accuracy range (%)	98-103%
QC Interday precision range (%)	0-2%
QC Interday accuracy range (%)	98-103%
Bench-top stability (hrs)	6 hours @ room temperature
Stock stability (days)	20 days in Freezer (-20°C)
Re-injection Reproducibility (hrs)	70 hours @ 4°C, 8 hours on the bench top
Freeze-thaw stability (cycles)	3 cycles
Long-term storage stability (days)	131 days @ -80°C
Dilution integrity	Concentration diluted 10-fold
Selectivity	No interfering peaks noted in blank plasma samples at the retention times of analyte & IS.

Please include table for each analyte.  
Please submit all Method Validation SOPs.

Dilution Integrity: The firm used 2-fold and 10-fold dilution to obtain the final concentration of 405.57 ng/mL. Acceptable

#### Comments on the Pre-Study Method Validation:

1. K3-EDTA anticoagulant was used for method validations, CC and QC standards as well as for collection of the subject samples.

Methods validation is **acceptable**.

3.6.In Vivo Studies

Table 1. Summary of all in vivo Bioequivalence Studies – Fasting Study

Table 2: Summary of Bioavailability Studies

Study Ref. No.	Study Objective	Study Design	Treatment (Dose, Dosage Form, Route) [Product ID]	Subjects (No. (M/F) Type Age: mean (range))	Mean Parameters (%CV)						Study Report Location
					Cmax (ng/mL)	Tmax (hr)	AUCt (ng*hr/mL)	AUCi (ng*hr/mL)	tHalf (hr)	Kel (1/hr)	
Study # BA081 12077-02	To compare the oral bioavailability of Disulfiram tablets 500 mg with that of 'ANTABUSE' tablets 500 mg (Disulfiram tablets 500 mg) in healthy, adult, human subjects under fasting conditions and to monitor safety of subjects.	A double blind, randomized, two period, two treatment, two sequence, crossover, balanced, single dose, fasting study Design.	Disulfiram Tablets, USP 1x500 mg, Oral [Batch No.: BB 0290014]	75 Enrolled, 70 dosed, 69 completed study (69 males, 0 females) Age: 28.0 (18.0-42.0) years Healthy male subjects.	59.820 (46.434)	6.500 (1.500-12.000)	787.851 (45.901)	828.581 (46.543)	9.832 (21.078)	0.074 (20.847)	<a href="#">m5/53-clin-stud-rep/531-rep-biopharm-stud/5312-compar-ba-be-stud-rep/ba08112077-02/study-report.pdf</a>
			Antabuse tablets (Disulfiram Tablets, USP) 1x500 mg, Oral, [Batch No.: 7077001SC]		62.339 (54.984)	6.000 (1.000-12.000)	808.264 (52.234)	867.737 (61.722)	9.918 (26.731)	0.075 (27.696)	

Note: The mean age is calculated based on completed subjects Tmax is presented as Median (Range).

**Table 2. Statistical Summary of the Comparative BA Data for S-Methyl-DDC  
(Calculated by the Firm, n = 69)**

**Table 3: Statistical Summary of the Comparative Bioavailability Data**

**BA08112077-02**

Disulfiram Tablets, USP 1x500 mg Least Square Geometric Means, Ratio of Means, and 90% Confidence Intervals				
Fast Bioequivalence Study (BA08112077-02)				
Parameter	Test	Reference	Ratio	90%CI
AUCt	718.142	715.144	100.42%	(93.63%; 107.70%)
AUCi	753.780	754.061	99.96%	(93.06%; 107.37%)
Cmax	54.100	54.696	98.91%	(91.02%; 107.48%)
Fed Bioequivalence Study*				
Parameter	Test	Reference	Ratio	90%CI
AUCt				
AUCi				
Cmax				

\*Only Fasted study was conducted for this product.

**Table 3. Geometric Means and 90% CI for S-Methyl-DDC  
(Calculated by the Reviewer, n=69)**

	LSM1	LSM2	RLSM12	LOWCI12	UPPCI12
PARAMETER					
LAUCT	718.14	715.14	1.00	93.63	107.70
LAUCI	753.78	754.06	1.00	93.06	107.37
LCMAX	54.10	54.70	0.99	91.02	107.48

UNIT: AUC=NG HR/ML CMAX=NG/ML TMAX=HR  
LOG-TRANSFORMED DATA WERE CONVERTED TO ANTI-LOG IN THE TABLE

**Note:** Actual Sampling times were used in AUC calculations by the firm and the reviewer.

**Table 4. Reanalysis of Study Samples – Fasting Study: S-Methyl-DDC**

**Table 9: Reanalysis of Study Samples**

Bioequivalence Study No. BA0811277-02 Disulfiram Analytical Report Page No. 27								
Reason why assay was repeated	Number of samples reanalyzed				Number of recalculated values used after reanalysis			
	Actual number		% of total assays		Actual number		% of total assays	
	T	R	T	R	T	R	T	R
Pharmacokinetic <sup>1</sup>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Reason-AI	0.0	1.0	0.0	0.03	0.0	1.0	0.0	0.03
Reason-LIS	0.0	3.0	0.0	0.10	0.0	3.0	0.0	0.10
Total	0.0	4.0	0.0	0.13	0.0	4.0	0.0	0.13

1- If no repeats were performed for pharmacokinetic reasons, insert "0.0."

AI: Analytical Interference

LIS: Low Internal Standard

**Did use of recalculated plasma concentration data change study outcome?** There were no PK repeats. However, there were other analytical repeats. The firm accepted repeat values according to the SOP.

**Comments from the Reviewer:** Reanalysis is acceptable.

### 3.7. Formulation

Location in appendix	See Appendix 4.2 Formulation Data
If a tablet, is the RLD scored?	250 mg strength is not scored, but the 500 mg strength is scored.
If a tablet, is the test product biobatch scored	The scoring matches with the reference product (see above).
Is the formulation acceptable?	<b>ACCEPTABLE</b>
If not acceptable, why?	N/A

### 3.8. Dissolution Method

Source of Method	FDA
Medium	2% SDS
Volume (mL)	900 mL
USP Apparatus type	I1 (Paddle)
Rotation (rpm)	100 rpm
Firm's proposed specifications	NLT (b) (4) (Q) in 120 minutes (see comment)
FDA-recommended specifications <sup>5</sup>	NLT (Q) in 90 minutes
F2 metric calculated?	N/A
If no, reason why F2 not calculated	N/A
Is method acceptable?	Yes
If not then why?	N/A

<sup>5</sup> Dissolution Database (Externa/Internal),

[http://www.accessdata.fda.gov/scripts/cder/dissolution/dsp\\_SearchResults\\_Dissolutions.cfm](http://www.accessdata.fda.gov/scripts/cder/dissolution/dsp_SearchResults_Dissolutions.cfm)

Dissolution Review has previously been carried out [DARRTS, ANDA 091619, MITCHELL, DEANAH L 12/17/2009 N/A 12/17/2009 REV-BIOEQ-02(Dissolution Review) Original-1)]. There is no USP method for this product, but there is an FDA-recommended method. The firm's dissolution testing data with the FDA-recommended method are acceptable (at S1 level). The firm's proposed specification of NLT (b)(4) (Q) in 120 minutes is not the FDA-recommended specification (NLT (b)(4) (Q) in 90 minutes). The firm has acknowledged the FDA-recommended method and specification (see Amendment dated 2/3/2010).

**3.9. Waiver Request(s)**

<b>Strengths for which waivers are requested</b>	250 mg
<b>Is dissolution acceptable?</b>	Yes
<b>Waivers granted?</b>	Yes
<b>If not then why?</b>	N/A

**3.10. Review of the DSI Report**

Routine DSI Inspections for the clinical Lab [see DARRTS, ANDA (b)(4) CHAN, SAMUEL H 08/06/2009 N/A 08/06/2009 CONSULT REV-DSI-05(Bioequivalence Establishment Inspection Report Review) Original-1], and Analytical Lab [see DARRTS, ANDA (b)(4) DASGUPTA, ARINDAM 05/18/2009 N/A 05/18/2009 CONSULT REV-DSI-05(Bioequivalence Establishment Inspection Report Review) Original-1] were conducted for other products as follows:



Since DSI Inspection Report Recommendations for clinical and analytical labs are coded as VAI, the reviewer reviewed the DSI Inspection reports (see Appendix, additional Attachments, DSI Inspection of Clinical Lab; DSI Inspection of Analytical Lab).

**Overall Conclusion of the DSI Inspection Reports:** The deficiencies observed by DSI Inspectors during Clinical and Analytical studies for ANDAs (b) (4) and (b) (4) were not observed in the current ANDA. Therefore, the deficiencies do not impact current ANDA 091619. The BE study is acceptable.

### 3.11. Deficiency Comments

None

### 3.12. Recommendations

1. The Division of Bioequivalence finds the fasting BE study (#BA08112077/02) **acceptable**. SigmaPharm Laboratories, LLC conducted the fasting BE study on its Disulfiram Tablet USP, 500 mg (Lot #BB029-0014) comparing it to DURAMED's (FORMERLY ODYSSEY) Antabuse®, 500 mg (Lot #7077001SC).
2. The dissolution testing conducted by SigmaPharm Laboratories on its Disulfiram Tablets USP, 250 and 500 mg, Lot #s SB-028-0013 and BB029-0014, comparing it to DURAMED's (FORMERLY ODYSSEY) Antabuse®, 250 and 500 mg, Lot #s7067004A and 7077001SC) is acceptable [DARRTS, ANDA 091619, MITCHELL, DEANAH L 12/17/2009 N/A 12/17/2009 REV-BIOEQ-02(Dissolution Review) Original-1)].
3. The dissolution testing should be conducted as follows:  

Medium:	900 mL of 2% SLS in Water at 37 °C
Apparatus:	USP 2 (Paddle) at 100 rpm
Specification:	Not less than (b) (4)(Q) of the labeled amount of the drug in the dosage form is dissolved in 90 minutes.

4. The formulation for the 250 mg strength tablet is proportionally similar to the 500 mg strength tablet, which underwent bioequivalence testing. The waiver of *in vivo* bioequivalence study requirements for the 250 mg tablets of the test product is granted.

**3.13. Comments for Other OGD Disciplines**

Discipline	Comment
None	

4. APPENDIX

4.1. Individual Study Reviews

4.1.1. Single-dose Fasting Bioequivalence Study

4.1.1.1. Study Design

Table 5 Study Information - Fasting Study

BA08112077-02	
<b>Study Number</b>	BA08112077-02
<b>Study Title</b>	A double blind, randomized, two period, two treatment, two sequence, crossover, balanced, single dose, comparative evaluation of relative bioavailability of Disulfiram Tablets 500 mg with that of 'ANTABUSE' tablets 500 mg (Disulfiram Tablets 500 mg) in healthy, adult, human subjects under fasting conditions.
<b>Clinical Site (Name, Address, Phone #)</b>	BA Research India Ltd., 1 <sup>st</sup> floor, Silver Arcade, Near Ashwamegh III, Samrajya, Mujmahuda Road, Akota, Vadodara-390020, Gujarat, India. Tel# +91 -265 – 2324374 - 76 Fax# +91 -265 – 2324378
<b>Principal Investigator</b>	Dr. Pruthvi Puwar, MBBS
<b>Dosing Dates</b>	Period I 06 Feb 09 Period II 13 Feb 09
<b>Analytical Site (Name, Address, Phone #)</b>	(b) (4)
<b>Analysis Dates</b>	09 Mar 2009 thru 26 Mar 2009
<b>Analytical Director</b>	(b) (6) Ph.D.
<b>Storage Period of Biostudy Samples (no. of days from the first day of sample collection to the last day of sample analysis)</b>	48 days

Please provide separate table for each Bioequivalence Study

**Table 6. Product information**

**Table 11: Product Information**

**BA08112077-02**

<b>Product</b>	<b>Test</b>	<b>Reference</b>
<b>Treatment ID</b>	T	R
<b>Product Name</b>	Disulfiram Tablets	Antabuse Tablets
<b>Manufacturer</b>	Sigmapharm Laboratories, LLC	Duramed Pharmaceuticals, Inc.
<b>Batch No.</b>	BB 029 0014	7077001SC
<b>Manufacture Date</b>	12/2008	N/A
<b>Expiration Date</b>	N/A	05/2010
<b>Strength</b>	500 mg	500 mg
<b>Dosage Form</b>	Tablets	Tablets
<b>Bio-batch Size</b>	(b) (4)	N/A
<b>Production Batch Size</b>		N/A
<b>Potency</b>	98.5%, 99.0%	100.0%, 100.2%
<b>Content Uniformity (mean, %CV)</b>	98.4%, 0.7%	100.1%,
<b>Dose Administered</b>	500 mg	500 mg
<b>Route of Administration</b>	P.O	P.O

**Table 7. Study Design, Single-Dose Fasting Bioequivalence Study**

<b>Number of Subjects</b>	70 Subjects were dosed; 69 completed the study; 69 subject samples were analyzed.
<b>No. of Sequences</b>	2
<b>No. of Periods</b>	2
<b>No. of Treatments</b>	2
<b>No. of Groups</b>	1
<b>Washout Period</b>	7 days
<b>Randomization Scheme</b>	<b>TR:</b> 1, 3, 5, 8, 10, 11, 13, 16, 18, 19, 21, 24, 26, 28, 30, 32, 33, 38, 39, 42, 44, 46, 47, 50, 51, 54, 57, 60, 62, 64, 66, 68, 70 <b>RT:</b> 2, 4, 6, 7, 9, 12, 14, 15, 17, 20, 22, 23, 25, 27, 29, 31, 34, 35, 36, 37, 40, 41, 43, 45, 48, 49, 52, 53, 55, 56, 58, 59, 61, 63, 65, 67, 69
<b>Blood Sampling Times</b>	In each period, total 22 venous blood samples (07 mL each) were collected in vacutainers containing K3EDTA at 0.0 (pre-dose), 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 9.0, 10.0, 12.0, 24.0, 36.0 and 48.0 hours post dose.
<b>Blood Volume Collected/Sample</b>	7 mL in K3 EDTA.
<b>Blood Sample Processing/Storage</b>	After collection, blood samples were cooled; immediately centrifuged; plasma samples were separated, and stored at -80 °C until analysis.
<b>IRB Approval</b>	Yes
<b>Informed Consent</b>	Yes
<b>Length of Fasting</b>	Subjects fasted overnight for at least 10 hours prior to drug administration and then for a further 4 hours following drug administration.
<b>Length of Confinement</b>	Subjects were confined to clinical facility from at least 11 hours prior to each drug administration until after the 24-hour blood sample collection.
<b>Safety Monitoring</b>	Subjects were monitored throughout the study.
<b>Drug Specific Information</b>	None

**Comments on Study Design:** The study design is **acceptable**.

4.1.1.2.Clinical Results

**Table 8. Demographics Profile of Subjects Completing the Bioequivalence Study**

**Table 7: Demographic Profile of Subjects Completing the Bioequivalence Study**

**BA08112077-02**

		Study No. BA08112077-02	
		Treatment Groups	
		Test Product N = 69	Reference Product N =69
Age (years)	Mean ± SD	28 ± 6	28 ± 6
	Range	18 - 42	18 - 42
Age Groups	< 18	-	-
	18 – 45	69 (100%)	69 (100%)
	> 45	-	-
Sex	Male	69 (100%)	69 (100%)
	Female	-	-
Race	Asian	69 (100%)	69 (100%)
	Black	-	-
	Caucasian	-	-
	Hispanic	-	-
	Other	-	-
BMI (Kg/m <sup>2</sup> )	Mean ± SD	21.73 (±2.00)	21.73 (±2.00)
	Range	18.52 – 24.83	18.52 – 24.83
Tobacco users	Yes	15 (21.74%)	15 (21.74%)
	No	54 (78.26%)	54 (78.26%)

**Table 9. Dropout Information, Fasting Bioequivalence Study**

**Table 12: Dropout Information**

**BA08112077-02**

Study No. BA08112077-02				
Subject No	Reason for dropout/replacement	Period	Replaced?	Replaced with
41 (b) (6)	Subject was discontinued from the study (on 02/05/09 at 2244 hours) on his own accord after check-in.	Period I	Yes	Extra subject E2 (V-BA-09-0382) and allotted same subject no. 41 (b) (6)
48 (b) (6)	Subject was discontinued from the study (on 02/05/09 at 1856 hours) on his own accord after check-in.	Period I	Yes	Extra subject E1 (V-BA-09-0307) and allotted same subject no. 48 (b) (6)
67 (b) (6)	Subject was discontinued from the study (on 02/06/09 at 0800 hours) on his own accord prior to dosing.	Period I	Yes	Extra subject E3 (V-BA-07-0634) and allotted same subject no. 67 (b) (6)
24 (b) (6)	Subject was discontinued from the study (on 02/11/09 at 1455 hours) on medical ground.	Period I	NA	NA

**Note:** Subject # 24 had a dog bite on right leg.

**Table 10. Incidence of Adverse Events in Individual Studies - Fasted Study**

**Table 8: Incidence of Adverse Events in Individual Studies**

**BA08112077-02**

Body System / Adverse Event	Reported Incidence by Treatment Groups	
	Fast Bioequivalence Study Study No. BA08112077-02	
	Test N <sup>1</sup> (% <sup>2</sup> )	Reference N <sup>1</sup> (% <sup>2</sup> )
<b>Musculoskeletal system</b>		
Dog bite (On Right Leg)	1(1.43%)	-
<b>Body as a whole</b>		
Fever of unknown origin	-	1(1.45%)
<b>Number of subjects dosed with study drug</b>	70	69

<sup>1</sup> The number of subjects that reported adverse event (AE).

<sup>2</sup> % (rate of occurrence) = N divided by number of subjects dosed with respective study drug.

**Table 11. Protocol Deviations, Fasting Bioequivalence Study**

**Table 13: Protocol Deviations**

**BA08112077-02**

Study No. BA08112077-02		
Type	Subject #s (Test)	Subject #s (Ref.)
No sample was collected at 36.0 hours during Period I.	NA	22
No sample was collected at 48.0 hours during Period I.	NA	22
+13 minutes sampling deviation at 48.0 hours during period I.	NA	25
+08 minutes sampling deviation at 48.0 hours during period I.	32	NA
No sample was collected at 36.0 hours during Period I.	62	NA
No sample was collected at 48.0 hours during Period I.	62	NA
+23 minutes sampling deviation at 48.0 hours during period II.	NA	60
+08 minutes sampling deviation at 48.0 hours during period II.	67	NA
+07 minutes sampling deviation at 48.0 hours during period II.	69	NA

Please provide a separate table for each Bioequivalence Study

Pharmacokinetic parameters were computed from the plasma concentration data using the actual sample collection times.

**Comments on Dropouts/Adverse Events/Protocol Deviations:** The dropouts were appropriate. Adverse events and protocol deviations were minor and did not compromise the outcome of the study.

4.1.1.3. Bioanalytical Results

Table 12. Assay Validation – Within the Fasting BE Study – S-Methyl-DDC

Table 14: Summary of Standard Curve and QC Data for Bioequivalence Sample Analyses

Bioequivalence Study No. BA0811277-02								
Analyte Name: Secondary Metabolite of Disulfiram (S-Methyl N, N Diethyldithiocarbamate)								
Parameter	Standard Curve Samples							
Concentration (ng/mL)	1.006	2.012	4.024	10.060	25.149	50.298	125.745	251.490
Inter day Precision (%CV)	1.6	3.4	2.9	3.0	2.3	2.7	2.3	2.0
Inter day Accuracy (%Actual)	100.0	99.4	100.5	101.8	99.7	99.8	98.9	99.8
Linearity	Range of r values: 0.9988-0.9999							
Linearity Range (ng /mL)	1.006 to 251.490 ng/mL							
Sensitivity/LOQ (ng /mL)	1.006 ng/mL							

Bioequivalence Study No. BA0811277-02				
Analyte Name: Secondary Metabolite of Disulfiram (S-Methyl N, N Diethyldithiocarbamate)				
Parameter	Quality Control Samples			
Concentration (ng/mL)	3.018	30.179	100.596	201.192
Inter day Precision (%CV)	4.2	3.8	3.8	3.9
Inter day Accuracy (%Actual)	99.5	98.9	98.8	101.6

**Comments on Study Assay Validation:** K3-EDTA was used as anticoagulant for blood sample collection, for methods validation as well as for QC and CC standards. Method validation is acceptable.

Any interfering peaks in chromatograms?	No
Were 20% of chromatograms included?	Yes
Were chromatograms serially or randomly selected?	Serially, Subject, #1-14

**Comments on Chromatograms:** Acceptable

**Table 13. SOP's dealing with Bioanalytical Repeats of Study Samples**

**Table 15: SOP's dealing with Bioanalytical Repeats of Study Samples**

SOP No.	Effective Date of SOP	SOP Title
(b) (4) LP104	12 March 2008	Criteria for Sample Reanalysis and Reporting

\* Please include the SOP for Bioanalytical Repeats in your submission.

**Table 14. Additional Comments on Repeat Assays**

Were all SOPs followed?	Yes
Did recalculation of PK parameters change the study outcome?	There were no PK repeats
Does the reviewer agree with the outcome of the repeat assays?	Yes
If no, reason for disagreement	N/A

SUBJECT/ PERIOD/HOUR	REASON	ORIGINAL VALUE	REPEAT VALUE	VALUE USED
S19/P2/0.0HR	AI	1.200	1.167	1.167
S42/P2/10.0HR	LIS	33.374	30.555	30.555
S45/P1/1.0HR	LIS	7.886	7.266	7.266
S68/P2/7.0HR	LIS	43.974	46.242	46.242

AI: Analytical Interference

LIS: Low Internal Standard

- **Summary/Conclusions, Study Assays:** There were no PK repeats. The firm has provided the original, repeat and accepted values. The accepted repeat values are according to the SOP.

#### 4.1.1.4. Pharmacokinetic Results

##### Comments on Pharmacokinetic and Statistical Analysis: Study #BA08112077/02

- The reviewer carried out the ANOVA analysis on 69 subjects for S-methyl-DDC using **CONTINU.SAS**. There were no PK repeats. However, there were other analytical repeats. The firm accepted repeat values according to the SOP.
- The summary of PK data and results for S-methyl-DDC are presented in Tables 15-18 and Fig. 1.
- The pharmacokinetic parameters and 90% confidence intervals for S-methyl-DDC in plasma calculated by the reviewer agree with firm's calculations.
- The 90% CIs for LAUC<sub>t</sub>, LAUC<sub>i</sub> and LC<sub>max</sub> parameters for S-methyl-DDC are within the 80-125%.

**Summary and Conclusions:** The study is **acceptable**.

**Table 15. Arithmetic Means and Ratio: Fasting Study - S-Methyl-DDC (n=69)**

	MEAN1	CV1	MEAN2	CV2	RMEAN12
PARAMETER					
AUCT	787.85	45.90	808.26	52.23	0.97
AUCI	828.58	46.54	867.74	61.72	0.95
C <sub>MAX</sub>	59.82	46.43	62.34	54.98	0.96
T <sub>MAX</sub>	6.50	.	6.00	.	1.08
KE	0.07	20.85	0.07	27.70	0.98
THALF	9.83	21.08	9.92	26.73	0.99

UNIT: AUC=NG HR/ML C<sub>MAX</sub>=NG/ML T<sub>MAX</sub>=HR  
 LOG-TRANSFORMED DATA WERE CONVERTED TO ANTI-LOG IN THE TABLE  
 T<sub>MAX</sub> VALUES ARE PRESENTED AS MEDIAN

**Table 16. Geometric Means and 90% CI - S-Methyl-DDC (n=69)**

	LSM1	LSM2	RLSM12	LOWCI12	UPPCI12
PARAMETER					
LAUCT	718.14	715.14	1.00	93.63	107.70
LAUCI	753.78	754.06	1.00	93.06	107.37
LC <sub>MAX</sub>	54.10	54.70	0.99	91.02	107.48

UNIT: AUC=NG HR/ML C<sub>MAX</sub>=NG/ML T<sub>MAX</sub>=HR  
 LOG-TRANSFORMED DATA WERE CONVERTED TO ANTI-LOG IN THE TABLE

**Table 17. Additional Study Information, Fasting Study: S-Methyl-DDC**

Root mean square error, AUC <sub>0-t</sub>	0.246613	
Root mean square error, AUC <sub>∞</sub>	0.251858	
Root mean square error, C <sub>max</sub>	0.292611	
	<b>Test</b>	<b>Reference</b>
Kel and AUC <sub>∞</sub> determined for how many subjects?	69	69
AUC <sub>t</sub> / AUC <sub>∞</sub> Ratio (Range)	0.95 (0.87-0.98)	0.95 (0.56*-98)
Do you agree or disagree with firm's decision?	Agree	Agree
Indicate the number of subjects with the following:		
measurable drug concentrations at 0 hr	0	1; 167ng/mL conc; C <sub>max</sub> =139.773 ng/mL (Sub #19, Per 2)
first measurable drug concentration as C <sub>max</sub>	0	0
Were the subjects dosed as more than one group?	No	No

\* Only one subject showed low AUC<sub>t</sub>/AUC<sub>i</sub> Ratio. Thus, Subject #22 AUCT/AUCI Ratios were: Test = 0.95 and Reference - 0.56. The T<sub>1/2</sub> values for Test and Reference were 11.1 and 20.18 hrs. respectively. The reason for this difference was not evident.

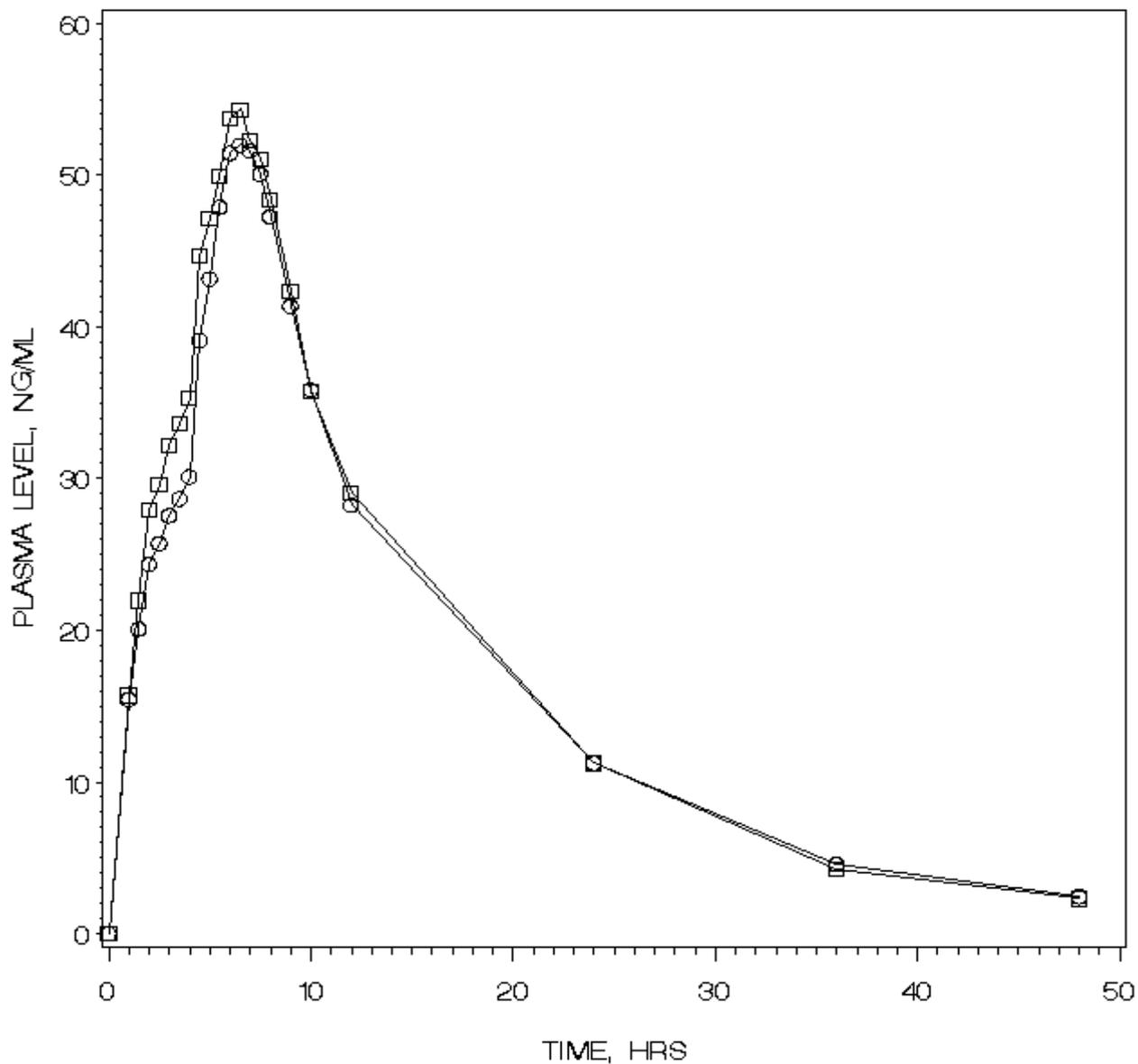
**Table 18. Mean Plasma Concentration: S-Methyl-DDC (n=69)**

	MEAN1	CV1	MEAN2	CV2	RMEAN12
TIME HR					
0	0.00	.	0.02	830.66	0.00
1	15.47	79.70	15.72	94.50	0.98
1.5	20.09	70.17	21.99	81.01	0.91
2	24.36	74.25	27.91	70.78	0.87
2.5	25.73	73.94	29.64	66.77	0.87
3	27.57	77.38	32.21	74.54	0.86
3.5	28.68	70.90	33.68	75.28	0.85
4	30.14	68.00	35.32	72.54	0.85
4.5	39.12	56.89	44.70	63.07	0.88
5	43.18	49.84	47.17	57.62	0.92
5.5	47.90	48.50	49.97	60.10	0.96
6	51.47	51.23	53.72	60.77	0.96
6.5	52.00	49.23	54.35	60.00	0.96
7	51.61	51.12	52.30	57.14	0.99
7.5	50.08	48.03	51.10	58.88	0.98
8	47.28	45.51	48.37	56.07	0.98
9	41.38	43.26	42.37	55.60	0.98
10	35.86	42.97	35.74	55.22	1.00
12	28.25	45.42	29.04	54.65	0.97
24	11.26	59.02	11.27	71.48	1.00
36	4.57	67.11	4.27	61.00	1.07
48	2.45	71.40	2.34	69.08	1.05

UNIT: PLASMA LEVEL=NG/ML TIME=HRS

**Figure 1. Mean Plasma Concentration – Fasting Study: S-Methyl-DDC (n=69)**

PLASMA S-METHYL-DDC LEVELS (FIRMS PK PARAMETERS N=69)  
 DISULFIRAM TABLET, ANDA 091619  
 UNDER FASTING CONDITIONS  
 DOSE= 500 MG



TRT ○○○ 1 □□□ 2

1= TEST 2= REF

**4.2. Formulation Data**

<b>Ingredient</b>	<b>Amount Per Tablet (250 mg Strength)</b>	<b>Amount (%) / Tablet</b>		
Disulfiram	250.0 mg	57.47		
Crospovidone (b) (4)		(b) (4)		
Lactose Monohydrate (b) (4)				
Magnesium Stearate				
Microcrystalline Cellulose (b) (4)				
Povidone (b) (4)				
Silicon Dioxide (b) (4)				
<b>Final Tablet Weight</b>			435.0 mg (b) (4)	100

<b>Ingredient</b>	<b>Amount Per Tablet (500 mg Strength)</b>	<b>Amount (%) / Tablet</b>
Disulfiram	500.0 mg	57.47
Crospovidone (b) (4)		(b) (4)
Lactose Monohydrate (b) (4)		
Magnesium Stearate		
Microcrystalline Cellulose (b) (4)		
Povidone (b) (4)		
Silicon Dioxide (b) (4)		
<b>Final Tablet Weight</b>		

**Comments**

- MDD for Disulfiram is 500 mg/day (i.e., 1 x 500 mg). Based on MDD, the daily intake of inactive ingredients and IIG limits are given in the table below.
- The excipients used in the formulation are within the IIG limits.

Excipient	Test Product	IIG Limit and Reference			Acceptable
	Daily Intake, mg	mg/Unit dose	Daily Intake, mg	NDA/ANDA	
Microcrystalline Cellulose	(b) (4)	(b) (4)	---	(b) (4)	Yes Yes
Lactose Monohydrate	(b) (4)	(b) (4)	---	(b) (4)	Yes
Magnesium Stearate	(b) (4)	(b) (4)	---	(b) (4)	Yes
Crospovidone	(b) (4)	(b) (4)	---	(b) (4)	Yes
Povidone	(b) (4)	(b) (4)	---	(b) (4)	Yes
Silicon dioxide	(b) (4)	(b) (4)	---	(b) (4)	yes

Is there an overage of the active pharmaceutical ingredient (API)?	No.
If the answer is yes, has the appropriate chemistry division been notified?	N/A
If it is necessary to reformulate to reduce the overage, will bioequivalence be impacted?	N/A
Comments on the drug product formulation:	None

**4.3. Dissolution Data**

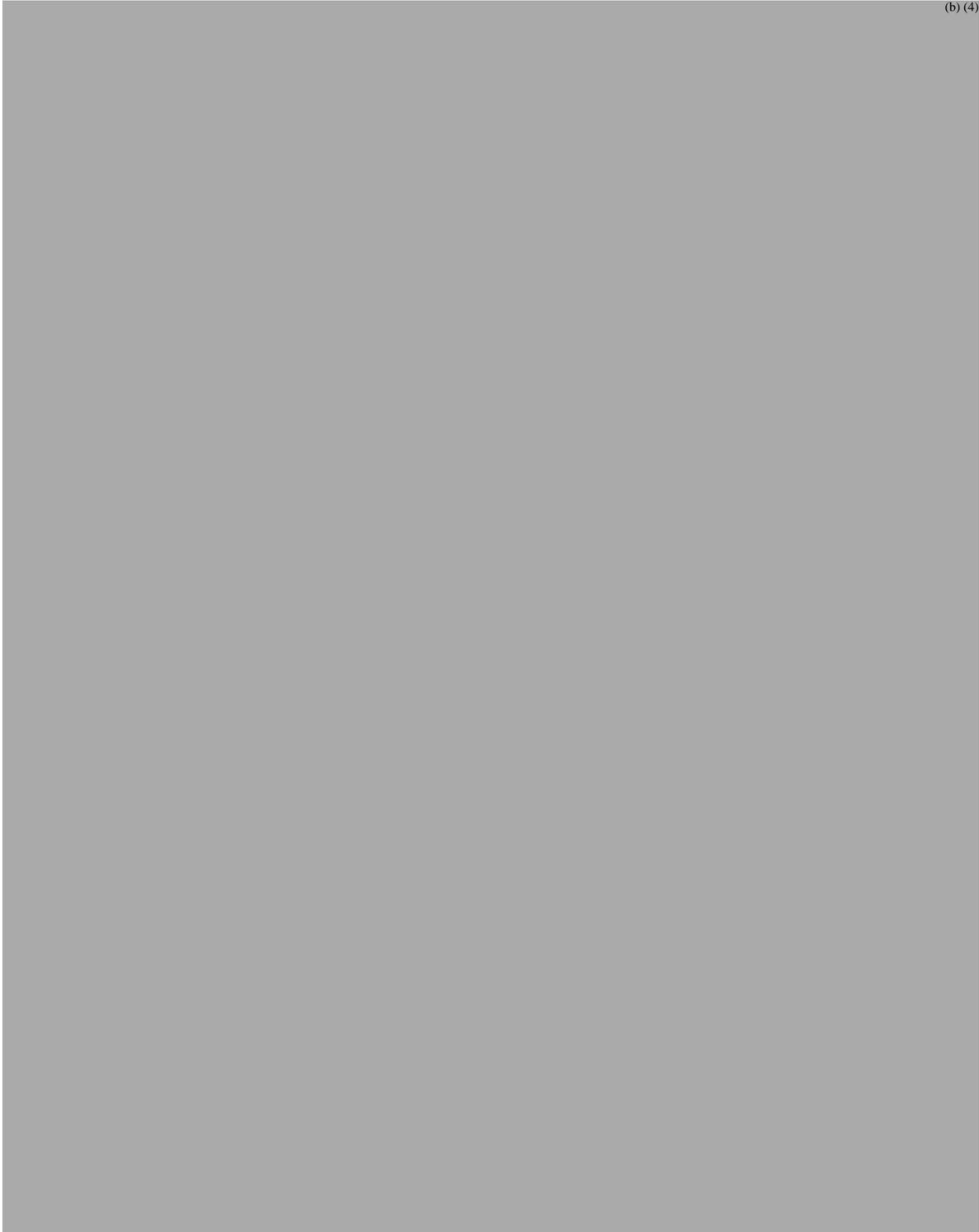
<b>Dissolution Review Path</b>	[DARRTS, ANDA 091619, MITCHELL, DEANAH L 12/17/2009 N/A 12/17/2009 REV-BIOEQ-02(Dissolution Review) Original-1]
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Dissolution Review On 250 and 500 mg strength tablets has previously been carried out [DARRTS, ANDA 091619, MITCHELL, DEANAH L 12/17/2009 N/A 12/17/2009 REV-BIOEQ-02(Dissolution Review) Original-1)]. There is no USP method for this product, but there is an FDA-recommended method. The firm’s dissolution testing data with the FDA-recommended method are acceptable (at S1 level). The firm’s proposed specification of NLT (b) (4) (Q) in 120 minutes is not the FDA-recommended specification (NLT (b) (4) (Q) in 90 minutes). The firm has acknowledged the FDA-recommended method and specification (see Amendment dated 2/3/2010).

#### **4.4.Consult Reviews**

None

#### **4.5.SAS Output**



(b) (4)

Following this page, 41 pages withheld in full (b)(4)

BIOEQUIVALENCE COMMENTS TO BE PROVIDED TO THE APPLICANT

ANDA: 091619  
APPLICANT: SigmaPharm Laboratories, LLC  
DRUG PRODUCT: Disulfiram Tablets, USP  
250 and 500 mg

The Division of Bioequivalence has completed its review and has no further questions at this time.

We acknowledge your acceptance of the following dissolution method and specification:

Medium: 900 mL 2% Sodium dodecyl sulfate in water  
Apparatus: 2 (Paddle)  
Rotation : 100 rpm  
Specification: Not less than (b)(4) (Q) in 90 minutes

Please note that the bioequivalence comments provided in this communication are preliminary. These comments are subject to revision after review of the entire application, upon consideration of the chemistry, manufacturing and controls, microbiology, labeling, or other scientific or regulatory issues. Please be advised that these reviews may result in the need for additional bioequivalence information and/or studies, or may result in a conclusion that the proposed formulation is not approvable.

Sincerely yours,

{See appended electronic signature page}

Dale P. Conner, Pharm.D.  
Director, Division of Bioequivalence I  
Office of Generic Drugs  
Center for Drug Evaluation and Research

#### 4.7.Outcome Page

CC: ANDA: 091619

#### 5. COMPLETED ASSIGNMENT FOR 091619 ID: 11409

**Reviewer:** Shrivastava, Surendra      **Date Completed:**

**Verifier:** ,      **Date Verified:**

**Division:** Division of Bioequivalence

**Description:** DISULFIRAM TABLETS

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*Productivity:*

<i>ID</i>	<i>Letter Date</i>	<i>Productivity Category</i>	<i>Sub Category</i>	<i>Productivity</i>	<i>Subtotal</i>		
11409	7/11/2009	Bioequivalence Study	Fasting Study	1	1	<a href="#">Edit</a>	<a href="#">Delete</a>
11409	7/11/2009	Other	Dissolution Waiver	1	1	<a href="#">Edit</a>	<a href="#">Delete</a>
11409	2/3/2010	Dissolution Data	Dissolution Acknowledgement	0	0	<a href="#">Edit</a>	<a href="#">Delete</a>
11409	5/18/2009	Other	DSI Inspection Report	1	1	<a href="#">Edit</a>	<a href="#">Delete</a>
11409	8/6/2009	Other	DSI Inspection Report	1	1	<a href="#">Edit</a>	<a href="#">Delete</a>
				<b>Bean Total:</b>	<b>4</b>		

Application Type/Number	Submission Type/Number	Submitter Name	Product Name
----- ANDA-91619	----- ORIG-1	----- SIGMAPHARM LABORATORIES LLC	----- DISULFIRAM

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**

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/s/

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SURENDRA P SHRIVASTAVA  
06/24/2010

YIH CHAIN HUANG  
06/24/2010

HOAINHON N CARAMENICO on behalf of DALE P CONNER  
06/24/2010