## **United States Food and Drug Administration**

**New Orleans District Office** 

#### **Notice of FDA Action**

Entry Number:

112-8992979-0

Notice Number:

September 28, 2010

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Importer:



Port of Entry:

Memphis, TN

Carrier:

tan (b) (4)

Arrival Date:

Date Received: September 20, 2010 September 17, 2010

Filer of Record: Consignee:



### **COMMERCIAL ENTRY CLOSED**

### Summary of Current Status of Individual Lines

	Line ACS/FDA	Product Description	Quantity	Current Status
*	001/001	688760418241/THIOPENTAL SODIUM	DEXESTS!	Released after Detention 09- 27-2010

<sup>\* =</sup> Status change since the previous notice. Read carefully the sections which follow for important information regarding these lines.

@ = Consignee ID

This is the final notice concerning entry 112-8992979-0. Any status changes are reflected in the Line summary and line detail sections.

## **DETENTION**

The following products are subject to refusal pursuant to the Federal Food Drug and Cosmetic Act (FD&CA), Public Health Service Act (PHSA), or other related acts in that they appear to be adulterated, misbranded or otherwise in violation as indicated below:

Line ACS/FDA

**Product Description** 

Respond By

001/001

688760418241/THIOPENTAL

November 1, 2010

SODIUM

FD&CA Section 505(a), 801(a)(3); UNAPPROVED NEW DRUG

The article appears to be a new drug without an approved new drug application. Unapproved drug w/o written

TABS:

# DEPARTMENT OF THE TREASURY UNITED STATES CUSTOMS SERVICE

Form Approved OMB No. 1615-0069

## **ENTRY/IMMEDIATE DELIVERY**

ABI CERTIFIED

TEL:



AIR EXPRESS

		· 19 CFR 142.3, 14	 12.16, 142.22, 142.24		
1. ARRIVAL D	ATE	2. ELECTED ENTRY DATE	3. ENTRY TYPE CODE/NAME		4. ENTRY NUMBER
091710			(b) (4)		112-8992979-0
5. PORT		8. SINGLE THANS, BOND	7. BROKER/IMPORTER FILE NUMBER		
2095			(b) (4)		•
		B. CONSIGNEE NUMBER			9. IMPORTER NUMBER
		NAME/ADDRESS			(b) (4)
10. ULTIMATE	CONSIGNEE NAME	****	11. IMPORTER OF RECORD NAME.	-	Company of the second s
	(b) (4) ·		(b)	(4) -	
				V : /	
12. CARRIER	CODE	13. VOYAGE/FLIGHT/TAIP	14. LOCATION OF GOODS-CODE(SYNA	ME(S)	
(5) (4)	•	(b) (4)	(b) (4)		
15. VESSEL C	ODE/NAME				<u> </u>
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16. U.S. PORT	OF UNLADING	17. MANIFEST NUMBER	18. G.O. NUMBER		10. TOTAL VALUE
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	TION OF MERCHANDISE	<u> </u>	<u> </u>		
PHARM	ACEUTICALS/THIOPER	<b>ለ</b> ሞΔΤ.			
21. IT/BL/AWB	22. IT/BL/AWB NO:	23. MANIFEST QUANTITY	24. H.S. NUMBER	25. COUNTRY OF ORIGIN	26, MANUFACTURER ID.
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	27, CERTIFICATION	N	28, C	USTOMS US	E ONLY
Informatic	make application for entry/immediate de on is accurate, the bond is sufficient, vi ents of 19 CFR Part 142 have been me	alid, and current, and that all	OTHER AGENCY ACTION	required,	NAMELY:
	E OF APPLICANT	THE SECOND CONTRACT OF	-		
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Paperwork Reduction Act Notice: This information is needed to determine the admissibility of imports into the United States and to provide the necessary information for the examination of the cargo and to establish the liability for payment of duties and taxes. Your response is necessary.

## Dream Pharma Ltd.

176 Horn Lane, Acton. London. W3 6PJ Tef: 020 8992 7000 Fax: 020 8992 7001 E-Mail: info@dreampharma.com

**Invoice Details** 

Number: 2668INV

Address:
((b) (4)

VAT no: Purchase Order: Date: 17-09-2010



**Currency:** GBP - Pounds sterling **Heading:** PHARMACEUTICALS NOT RESTRICTED

## **Order Details**

Name/Description	Quantity	Price	Total
Thiopental Injection , powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's		(b) (4)	
Batch No: AW6022 EXP: 05/14			
		ì	!

## **Statement Details**

Goods Total: (5) (4)	Subtotal: ((b) (4)
Discount (%):	VAT (World Zero)((D).(4)
Delivery(5)(4)	Previous Balance: (8) (4)
Insurance: (b)(4)	Total: ((5)(4)) GBP - Pounds sterling
(Democraty)	Payment Method: Prepayment Thank You

## **Shipping Details**

Packing:	. Gross Weight (Kg): (6) (4)
one box	Net Weight (Ka) (b) (4)
Tariff: (b) (4)	Carrier: (b) (4) PHAP
Declarations: We certify that this invoice is true and correct.	Matt Alaying Dearm Pharma 1407 176 Horn Lane Acton London W3 6PJ
	Pax: 020-8992-7000 Fax: 020-8992-7001

Damage, shortage or teakage must be notified in writing to ourselves within 3 days. Non-Delivery within 14 days. Goods remain the property of Dream Pharma Ltd. Until full payment has been received. Subject to our standard conditions of sale. E&OE

Company Registration Number: (b) (4) VAT No. (b) (4)

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ENTRY NUMBER: 112 8992979 0 AWB/BL NBR : (6)(4)

INVOICE #

LINE CONSOL. WORKSHEET

PAGE: 09/20/2010 05:55 PM

QTY 1: KG

ITEMS MARKED 1 C/O- GB
TARIFF # (b)(4)

LINE VALUE- GBP

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ENTRY NUMBER: 112 8992979 0
AWB/BL NBR : (b),(4) INVOICE #

PAGE: 09/20/2010 05:55 PM

SHIPPER : DREAM PHARMA LTD

ITEM MARKED REFERENCE

VALUE-GBP INVOICE ITEM TARIFF COUNTRY LINE# MARK NUMBER OF ORIG. RATE OF DUTY

GB

Q:

EP-2010 12:37 From:

Thiopental injection - electronic Medicines Compendium (eMC) - print friendly

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**Archimedes Pharma UK Ltd** 

250 South Oak Way, Green Park, Reading, RG2 6UG,

Telephone: +44 (0)118 931 5050

Fax: +44 (0)118 931 5056

WWW: http://www.archimedespharma.com

Before you contact this company: often several companies will market medicines with the same active

ingredient. Please check that this is the correct company before contacting them. Why?

Summary of Product Characteristics last updated on the eMC: 05/05/2004

## Thiopental injection





Thiopental Sodium BP 500mg

3. PHARMACEUTICAL FORM

Freeze-dried powder for solution for Injection in a vial.

#### 4. CLINICAL PARTICULARS

### 4.1 Therapoutic Indications

- 1. Thiopental is used for the induction of general anaesthesia and is also used as an <u>adjunct</u> to provide hypnosis during balanced anaesthesia with other anaesthetic agents, including analgesics and muscle relaxants.
- Thiopental is also used as an <u>adjunct</u> for control of convulsive disorders of various aetiology, including those caused by local anagethotics.
- 3. Thiopental has now been used to reduce the intracranial pressure in patients with increased intracranial pressure, if controlled ventilation is provided.

#### 4.2 Posciogy and method of administration

Intravenous injection.

Thiopental Injection BP is administered intravenously normally as a 2.5% w/v (500mg in 20ml) solution. On occasions it may be administered as a 5% w/v solution (500mg in 10ml).

The intravenous injection preparation should be used after reconstitution of the sterile powder with Water for Injections, usually to produce a 2.5% w/v solution and this should be discarded after seven hours.

#### Use in anaesthesia

Normal dosage for the induction of anaesthesia is 100mg to 150mg injected over 10 to 15 seconds. If necessary a repeat dose of 100mg to 150mg may be given after one minute. No fixed dosage recommendations for the intravenous injection can be given, since the dosage will need to be carefully adjusted according to the patient's response. Factors such as age, sex, and weight of the patient's should be taken into consideration. Thiopental sodium reaches effective concentrations in the brain within 30 seconds and anaesthesia is normally produced within one minute of an intravenous dose.

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#### Adult

100mg to 150mg intravenously over 10 to 15 seconds, normally as a 2.5% w/v solution.

A repeat dose of 100mg to 150mg may be given after one minute.

The intravenous injection should be given slowly and the amounts given titrated against the patient's response to minimise the risk of respiratory depression or the possibility of overdosage. The average dose for an adult of 70kg is roughly 200mg to 300mg (8mis to 12mis of a 2.5% w/v solution) with a maximum of 500mg.

#### Children

2 to 7mg/kg bodyweight, intravenously over 10 to 15 seconds, normally as a 2.5% w/v solution. A repeat dose of 2 to 7mg/kg may be given after one minute. The dose is 2 to 7mg/kg based on the patient's response. The dose for children should not exceed 7mg/kg.

#### Elderly

Smaller adult doses are advisable.

#### Use in convulsive states

75mg to 125mg (3mls to 5mls of a 2.5% w/v solution) should be given as soon as possible after the convulsion begins. Further doses may be required to control convulsions following the use of a local anaesthatic. Other regimens, such as the use of intravenous or rectal diazepam, may be used to control convulsive states.

#### Use in neurological patients with raised intracranial pressure

Intermittent bolus injections of 1.5 to 3mg/kg of bodyweight may be given to reduce elevations of intracranial pressure if controlled ventilation is provided.

#### 4.3 Contraindications

Thiopental is contraindicated in respiratory obstruction, acute asthma, severe shock and dystrophia myotonica. Administration of any barbiturate is contraindicated in porphyria.

Care should also be exercised with severe cardiovascular diseases, severe respiratory diseases and hypertension of various actiology.

Patients with hypersensitivity reactions to barbiturates.

#### 4.4 Special warnings and precautions for use

Special care is needed in administering thiopental to patients with the following conditions:- hypovolaemia, severe haemorrhage, burns, dehydration, severe anaemia, cardiovascular disease, status asthmeticus, severe liver disease, myasthenia gravis and muscular dystrophies, adrenocortical insufficiency (even when controlled by cortisone), cachexia and severe toxaemia, raised intracranial pressure, raised blood urea, raised plasma potassium, matabolic disorders e.g. thyrotoxicosis, myxoedema, diabetes.

Thiopental may precipitate acute circulatory failure in patients with cardiovascular disease, particularly constrictive pericarditis.

Thiopental can cause respiratory depression and a reduction in cardiac output.

Headache is also reported with the use of barbiturate anaesthetics.

Reduced doses are recommended in shock, dehydration, sovere anaemia, hyperkalaemia, toxaemia, myxoedema or other metabolic disorders. Thiopental sodium is metabolised primarily by the liver so doses should be reduced in patients with hepatic impairment. Reduced doses are also indicated in the elderly and in

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patients who have been premedicated with narcotic analgesics.

Thiopental has been shown to interact with sulphafurazole. Reduced initial doses may be required to achieve adequate anaesthesia, but repeat doses may also be necessary to maintain anaesthesia.

Increased doses may be necessary in patients who have either an habituation or addiction to alcohol or drugs of abuse. Under these circumstances it is recommended that supplementary analgasic agents are used.

Accidental intra-arterial injection of thiopental causes severe arterial spasm and an intense burning pain around the injection site. In the case of accidental intra-arterial injection of thiopental the needle should be left in-situ so that an injection of an antispasmodic, such as papaverine or prilocaine hydrochloride may be given. Anticoagulant therapy may also be started to reduce the risk of thrombosis.

Thiopental injection should be used with caution in patients with adrenocortical insufficiency or with raised intragranial pressure.

## 4.5 Interaction with other medicinal products and other forms of interaction

Thiopental has been shown to interact with sulphafurazole.

It should be noted that thiopental will interact with beta-blockers and calcium antagonists causing a fall in blood pressure.

The sedative properties of antipsychotics and anxiolytics may be potentiated by thiopental.

#### 4.6 Pregnancy and lactation

Thiopental readily crosses the placental barrier and also appears in breast milk. Therefore, breast-feeding should be temporarily suspended or breast milk expressed before the induction of anaesthesia. It has been shown that thiopental can be used without adverse effects during pregnancy although the total dose should not exceed 250mg. However, when considering use of thiopental the clinician should only use the drug when the expected benefits outweigh any potential risks.

## 4.7 Effects on ability to drive and use machines

Post-operative vertigo, disorientation and sedation may be prolonged and out-patients given thiopental should therefore be advised not to drive or use machinery, especially within the first 24 to 36 hours.

## 4.6 Undesirable effects

Laryngeal spasm may occur, together with coughing or sneezing, during the induction procedure. For this reason it is not advised to use thiopental alone for peroral endoscopy.

Extravasation causes local tissue necrosis and severe pain. This can be relieved by application of an ice pack and local injection of hydrocortisone. The 5% w/v solution is hypertonic and may cause pain on injection and thrombophiebitis.

Allargic reactions, skin reactions and hypersensitivity have been rarely reported.

Bronchospasm, respiratory depression and myocardial depression or cardiac arrhythmias may occur.

#### 4.9 Overdose

Overdosage produces acute respiratory depression, hypotension, circulatory failure and apnoea. Treatment must be artificial ventilation, lowering of the patient's head and infusion of plasma volume expanders.

#### 5. PHARMACOLOGICAL PROPERTIES

## 5.1 Pharmacodynamic properties

Thiopental is a short-acting substituted barbiturate that is more lipid soluble than other groups of barbiturates. The drug reversibly depresses the activity of all excitable tissues. The CNS is particularly sensitive and normally a general anaesthesia can be achieved with thiopental without significant effects on peripheral tissues.

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Thiopental acts through the CNS with particular activity in the mesencephalic reticular activating system. The barbiturates exert different effects on synaptic transmission, mostly those dependent on GABA. Autonomic ganglia of the peripheral nervous system are also depressed.

#### 5.2 Pharmacokinetic proparties

Following Intravenous administration, unconsciousness occurs within 30 seconds and will be continued for 20 to 30 minutes after a single dose. Rapid uptake occurs to most vascular areas of the brain followed by redistribution into other tissues.

Thiopental is strongly bound to plasma protein, which impairs excretion through the kidney. The metabolites are usually inactive and are then excreted. Thiopental, therefore, whilst having a short duration of action, may have a long elimination phase.

#### 5.3 Proclinical safety data

There are no pre-clinical data of relevance to the prescriber which are additional to that airgady included in other sections of the Summary of Product Characteristics.

### 6. PHARMACEUTICAL PARTICULARS

#### 6.1 List of excipionts

None

#### 6.2 Incompatibilities

Solutions of thiopental injection have a pH of 10 to 11 and are strongly alkaline in order to maintain stability. Solutions are incompatible with acid, acidic salts and solutions such as pethidine, morphine and promethazine

### 6.3 Shalf life

48 months.

#### 6.4 Special procautions for storage

Do not store above 25°C. Store reconstituted solution between 2°C to 8°C in an upright position and use within 7 hours. Use once following reconstitution and discard any residue.

## 6.5 Nature and contents of container

20ml Type III clear glass vials with 20mm bromylbutyl caoutchouc siliconised rubber closures.

Pack size: 25 vials per pack.

## 6.6 Special precautions for disposal and other handling

Not applicable.

## 7. MARKETING AUTHORISATION HOLDER

Link Pharmacouticals Limited, Bishops Weald House, Albion Way, Horsham, West Sussex RH12 1AH, UK

## 8. MARKETING AUTHORISATION NUMBER(5)

PL 12405/0014

## DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

5 April 1999

## 10. DATE OF REVISION OF THE TEXT

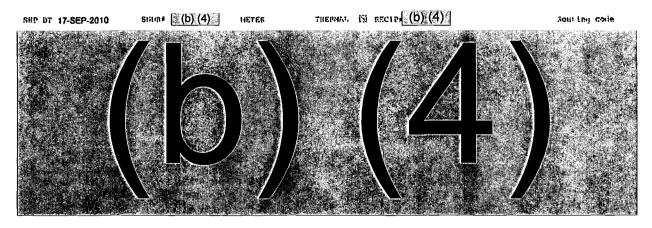
January 2003

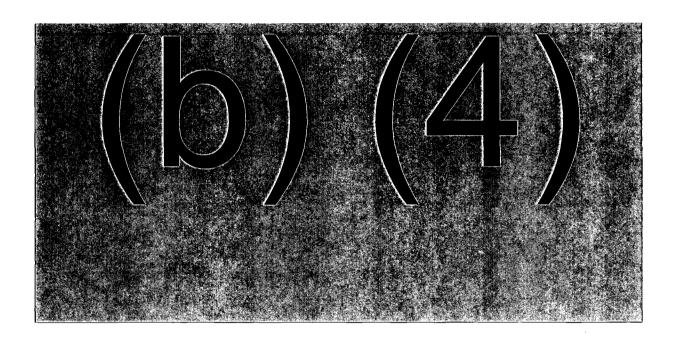
#### 11. Legal Category

POM

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## (b)(4) Manifest report





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