

MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH

DATE: April 20, 2005

FROM: Carol A. Pamer, R.Ph. Safety Evaluator
Division of Drug Risk Evaluation, HFD-430

THROUGH: Mark Avigan, M.D., C.M., Director
Division of Drug Risk Evaluation, HFD-430

TO: Solomon Iyasu, M.D., M.P.H., Team Leader
Division of Pediatric Drugs and Development, HFD-960
Office of Counter-Terrorism and Pediatric Development

SUBJECT: One Year Post-Pediatric Exclusivity Postmarketing Adverse Event Review
Zemplar™ (paricalcitol), NDA 20-819
Pediatric Exclusivity Approval Date: December 8, 2003

PID#: D030718

Executive Summary

The FDA AERS database was searched for reports of adverse events occurring in association with the use of paricalcitol in children aged 16 years and younger. No pediatric adverse event reports have been received from the time of approval through the cut-off date of January 8, 2005.

AERS Search Results

AERS Search Date: April 18, 2005
Including all sources - U.S. & Foreign Reports

A. From marketing Approval date (April 17, 1998) to one year Post-Pediatric Exclusivity Approval (January 8, 2005):

1. Counts of reports:

	All reports (US)	Serious (US)	Death (US)
All ages	75 (73)	69 (67)	6 (6)
Adults (≥17)	58 (58)	55 (55)	5 (5)
Peds (0-16)	0	0	0

2. Top 20 reported event PTs and labeling status of events (underline=unlabeled):

All ages:

Dysgeusia [16], pruritus [8], dermatitis [7], arthralgia* [4], chest pain [4], drug interaction [4], medication error [4], myalgia* [4], nausea [4], pain [4], paraesthesia [4], anxiety [3], dialysis [3], dyspnoea [3], ecchymosis [3], erythema multiforme [3],

hemoglobin decreased [3], hemolytic anemia [3], hemorrhage [3], hypercalcemia [3], hypersensitivity [3], injury [3], pyrexia [3], rash [3], renal failure [3].

[*Labeled as “bone pain” and “muscle pain”, in association with hypercalcemia.]

Children: No pediatric reports have been received.

B. From Pediatric exclusivity approval date, December 8, 2003 to January 8, 2005:

1. Counts of reports:

	All reports (US)	Serious (US)	Death (US)
All ages	4 (4)	3 (3)	1 (1)
Adults (≥17)	2 (2)	2 (2)	1 (1)
Peds (0-16)	0	0	0

2. Top 20 reported event PTs and labeling status of events (bold italic=unlabeled):

All ages:

Anaphylactoid reaction, blood calcium increased, blood parathyroid hormone decreased, blood parathyroid hormone increased, chest pain, low turnover osteopathy, palpitations, proctalgia [1 each]

Children: No pediatric reports have been received.

Postmarketing Review of All Pediatric Adverse Event Reports, December 8, 2003 to January 8, 2005

A. There were no pediatric reports during this time period.

B. Comments regarding labeling status of the top 20 adverse events from Pediatric Exclusivity period and comparison with the adult adverse event profile.

None

C. Comments and analysis of events not recognized for adult population. Recommend actions, if appropriate, after consultation with HFD-950 and review division MO's.

None

D. Comments and analysis of events uniquely identified in children but not reported in adult population, including increased frequency of any expected events.

None

E. Summary and comment on fatal reports.

None

Summary

The FDA AERS database was searched for reports of adverse events occurring in association with the use of paricalcitol in children aged 16 years and younger. The time period of interest was the one-year period following FDA Pediatric Exclusivity approval, December 8, 2003 through January 8, 2005. No pediatric reports were identified.

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Safety Evaluator
Division of Drug Risk Evaluation [DDRE]

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Team Leader
DDRE

Limitations of the Adverse Event Reporting System [AERS]

The voluntary or spontaneous reporting of adverse events from health care professionals and consumers in the U.S reflects underreporting and also duplicate reporting. For any given report, there is no certainty that the reported suspect product[s] caused the reported adverse event[s]. The main utility of a spontaneous reporting system, such as AERS, is to provide signals of potential drug safety issues. Therefore, counts from AERS cannot be used to calculate incidence rates or estimates of drug risk for a particular product or used for comparing drug risk between drugs.

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/s/

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4/20/05 08:04:58 AM
DRUG SAFETY OFFICE REVIEWER

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