DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

OCT 14 1994

TRANSMITTED VIA FACSIMILE

[redacted]
Regulatory Affairs
Janssen Pharmaceutica
1125 Trenton-Harbourton Road
PO Box 200
Titusville, NJ 08560-0200

RE: NDA# 20-272
Risperdal (risperidone) Tablets
MACMIS File ID# 2366

Dear [redacted]:

This letter is in response to Janssen Pharmaceutica's (Janssen) August 22, 1994, request for the Division of Drug Marketing, Advertising, and Communications (DDMAC) to review two marketing themes for Risperdal (risperidone) Tablets. DDMAC, in consultation with the Division of Neuropharmacological Drug Products, has reviewed these themes and offers the following comments.

The first proposed theme focuses on the promotion of Risperdal for psychotic disorders other than schizophrenia. Specifically, Janssen is proposing promoting Risperdal for disorders such as bipolar disease, psychotic depression, schizophrenic personality disorders, etc. Although the antipsychotic efficacy of Risperdal was established only in schizophrenic patients, Janssen notes that the indication is written in broader language, i.e. for the management of the manifestations of psychotic disorders. Therefore, Janssen is interested in encompassing other types of psychotic patients in their marketing campaigns.

We do not object to the inclusion of other disorders in the description of psychotic disorders in promotional materials for Risperdal. However, the description must be accompanied by the disclosure that Risperdal has only been studied in schizophrenic patients. Furthermore, a focused marketing campaign targeting specific non-schizophrenic psychoses would be misleading because it would suggest that Risperdal had been studied in that particular illness when, in fact, it has not.

The second proposed theme focuses on the promotion of Risperdal for use in the geriatric population. Although the approved product labeling does not specifically address efficacy in the

elderly as it compares to the general population, Janssen notes that it does discuss this population in the Clinical Pharmacology and the Dosage and Administration sections.

DDMAC has significant concerns with this promotional theme. Precautions in the approved product labeling that state

> Clinical studies of Risperdal did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients. In general, a lower starting dose is recommended for an elderly patient reflecting a decreased pharmacokinetic clearance in the elderly, as well as a greater frequency of decreased hepatic, renal, or cardiac function, and a greater tendency to postural hypotension.

This precaution reflects the lack of data to adequately address geriatric safety and efficacy. Only 83 patients greater than age 64 have been treated with Risperdal in the pre-marketing database (NDA plus safety update). Moreover, this precaution reflects the concern of postural hypotension, a potentially serious adverse event in the elderly.

Additional data from clinical trials would be required to support the promotion of geriatric use of Risperdal. Moreover, controlled trial data would be more informative than open-label data. Until this data is available, it would be misleading to suggest that the safety and efficacy of Risperdal has been established in the elderly when.

If you have any questions or comments, please contact me by telephone at (301) 594-6824, by facsimile (301) 594-6771 or by written communication at the Food and Drug Administration, Division of Drug Marketing, Advertising and Communications, 5600 Fishers Lane, HFD-240, Rm. 17B-20, Rockville, MD 20857.

In all future correspondence regarding this matter, please refer to the MACMIS File ID# 2366, in addition to the NDA number.

Sincerely,

Sherry Danese

Sherry Danese, MBA
Regulatory Review Officer
Division of Drug Marketing,
Advertising and Communications