

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*

**202258Orig1s000**

**PROPRIETARY NAME REVIEW(S)**

**Department of Health and Human Services  
Public Health Service  
Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Surveillance and Epidemiology**

Date: February 15, 2011

Application Type/Number: NDA 202258

Through: Todd Bridges, RPh, Team Leader  
Carol Holquist, RPh, Director  
Division of Medication Error Prevention and Analysis  
(DMEPA)

From: Jibril Abdus-Samad, PharmD, Safety Evaluator  
Division of Medication Error Prevention and Analysis  
(DMEPA)

Subject: Proprietary Name Review

Drug Name(s): Victrelis (Boceprevir) Capsules, 200 mg

Applicant/Applicant: Schering Corporation

OSE RCM #: 2010-2481

**\*\*\* This document contains proprietary and confidential information that should not be released to the public.\*\*\***

## CONTENTS

EXECUTIVE SUMMARY .....	3
1 BACKGROUND .....	3
1.1 Introduction.....	3
1.2 Product Information.....	3
2 METHODS AND MATERIALS.....	3
2.1 Search Criteria .....	4
2.2 FDA Prescription Analysis Studies .....	4
3 RESULTS .....	5
3.1 Database and Information Sources .....	5
3.2 CDER Expert Panel Discussion.....	6
3.3 FDA Prescription Analysis Studies .....	6
3.4 Comments from the Division of Anti-Viral (DAVP) .....	6
3.5 Safety Evaluator Risk Assessment.....	6
4 DISCUSSION .....	6
4.1 Promotional Assessment.....	7
4.2 Safety Assessment .....	7
5 CONCLUSIONS AND RECOMMENDATIONS .....	7
5.1 Comments to the Applicant .....	7
6 REFERENCES .....	8
APPENDICES .....	10

## **EXECUTIVE SUMMARY**

This review summarizes DMEPA's evaluation of the proposed proprietary name, Victrelis for Boceprevir Capsules. Our evaluation determined the proposed proprietary name, Victrelis, is acceptable for this product. The proposed proprietary name must be re-evaluated 90 days prior to approval of the NDA. Additionally, if any of the proposed product characteristics as stated in this review are altered, DMEPA rescinds this finding and the name must be resubmitted for review. The conclusions upon re-review are subject to change. The Applicant will be notified by letter.

## **1 BACKGROUND**

### **1.1 INTRODUCTION**

The Applicant, Schering Corporation, requested an assessment of the proposed proprietary name in a submission dated November 18, 2010. The Division of Medication Error Prevention and Analysis (DMEPA) assesses a proposed proprietary name regarding its potential for name confusion with other proprietary or established drug names in the usual practice settings. Additionally, DMEPA considers the Division of Drug Marketing, Advertising and Communications' (DDMAC's) promotional assessment of the name.

### **1.2 PRODUCT INFORMATION**

Victrelis is the proposed proprietary name for Boceprevir Capsules. Boceprevir is an inhibitor of the hepatitis C virus non-structural protein 3 serine protease with a proposed indication for the treatment of chronic hepatitis C genotype 1 infection, in combination with peginterferon alpha and ribavirin, in adult patients (18 years and older) with compensated liver disease who are previously untreated or who have failed previous therapy. The recommend dose in adults is 800 mg (4 capsules) orally three times daily with food. Dose reduction of Victrelis is not recommended. Victrelis will be available in 200 mg capsules and packaged into a carton with 28 bottles, each containing 12 capsules. Victrelis should be refrigerated at 2°C - 8°C (36°F - 46°F) until dispensed. For patient use, refrigerated capsules of Victrelis can remain stable until the expiration date printed on the label. Victrelis can also be stored at room temperature up to 25°C (77°F) for 3 months.

## **2 METHODS AND MATERIALS**

Appendix A describes the general methods and materials used by the Division of Medication Error Prevention and Analysis (DMEPA) when conducting a proprietary name risk assessment for all proprietary names. Sections 2.1 and 2.2 identify information associated with the methodology for the proposed proprietary name, Victrelis.

## 2.1 SEARCH CRITERIA

For this review, particular consideration was given to drug names beginning with the letter 'V' when searching to identify potentially similar drug names, as 75% of the confused drug names reported by the USP-ISMP Medication Error Reporting Program involve pairs beginning with the same letter.<sup>1,2</sup>

To identify drug names that may look similar to Victrelis, the DMEPA safety evaluators also consider the orthographic appearance of the name on lined and unlined orders. Specific attributes taken into consideration include the length of the name (nine letters), upstrokes (three, capital letter V, lowercase t, lowercase l), down strokes (none), cross strokes (one, lowercase t), and dotted letters (two, i). Additionally, several letters in Victrelis may be vulnerable to ambiguity when scripted (See Appendix B). As a result, the DMEPA staff also considers these alternate appearances when identifying drug names that may look similar to Victrelis.

When searching to identify potential names that may sound similar to Victrelis, the DMEPA safety evaluators search for names with similar number of syllables (three), stresses (VIC-trel-is or vic-TREL-is), and placement of vowel and consonant sounds. The Applicant's intended pronunciation (VIK-TREL-LIS) was also taken into consideration, as it was included in the Proprietary Name Review Request. Moreover, names are often mispronounced and/or spoken with regional accents and dialects, so other potential pronunciations of the name are considered.

## 2.2 FDA PRESCRIPTION ANALYSIS STUDIES

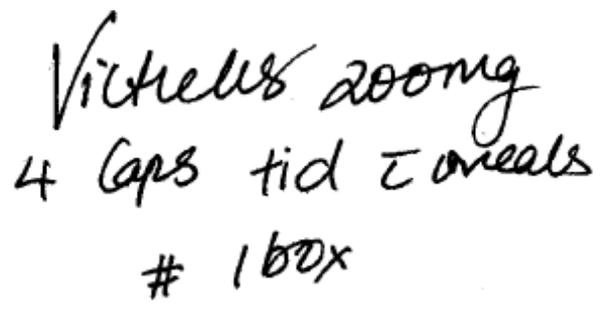
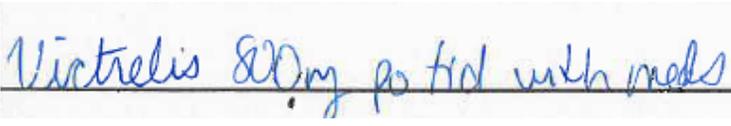
In order to evaluate the potential for misinterpretation of the proposed proprietary name in handwriting and verbal communication of the name, the following outpatient medication order, inpatient medication order and verbal prescription were communicated during the FDA prescription studies.

---

<sup>1</sup> Institute for Safe Medication Practices. Confused Drug name List (1996-2006). Available at <http://www.ismp.org/Tools/confuseddrugnames.pdf>

<sup>2</sup> Kondrack, G and Dorr, B. Automatic Identification of Confusable Drug Names. Artificial Intelligence in Medicine (2005)

**Figure 1. Victrelis Prescription Study (conducted on December 2, 2010)**

HANDWRITTEN REQUISITION MEDICATION ORDER	VERBAL PRESCRIPTION
<p><u>Outpatient Medication Order:</u></p>  <p>Victrelis 200mg 4 caps tid with meals # 1 box</p>	<p>Victrelis 200 mg Take 4 caps tid with meals Disp # 1 box</p>
<p><u>Inpatient Medication Order:</u></p>  <p>Victrelis 800mg po tid with meals</p>	

### 3 RESULTS

The names identified from DMEPA’s methods as potential sources for name confusion with Victrelis are listed below.

#### 3.1 DATABASE AND INFORMATION SOURCES

Our searches of database and DMEPA’ information sources yielded a total of 29 names as having some similarity to the name Victrelis.

Twenty of the names were thought to look like Victrelis. These include: Metrodin, Mitrolan, Neurelis, Restoril, Valtorna, Vectrin, Velcade, Veletri, Ventolin, Verelan, Vertavis, Vicodin, (b) (4)\*\*\*, Viokase, Virulizin, Vistide, (b) (4)\*\*\*, (b) (4)\*\*\*, (b) (4)\*\*\*, and Zestril. The nine remaining names, Factrel, Vectibix, Valtrex, Vectical, Ventavis, Victoza, Victrelis, Vistaril, and Vitrase were thought to look and sound similar to Victrelis.

Additionally, DMEPA safety evaluators did not identify any United States Adopted Names stems in the proposed proprietary name, as of February 7, 2011.

\*\*\* This document contains proprietary and confidential information that should not be released to the public.\*\*\*

### **3.2 CDER EXPERT PANEL DISCUSSION**

The Expert Panel reviewed the pool of names identified by DMEPA safety evaluators (see Section 3.1 above) and noted no additional names thought to have orthographic or phonetic similarity to Victrelis.

DDMAC had no concerns regarding the proposed name from a promotional perspective, and did not offer any additional comments relating to the proposed name.

### **3.3 FDA PRESCRIPTION ANALYSIS STUDIES**

A total of 33 practitioners responded to the prescription analysis study. Nine of the responses in the Outpatient Study were correct. All of the Inpatient Study responses were correct. Six of the Verbal Study responses were correct. None of the responses were similar to any currently marketed product.

### **3.4 COMMENTS FROM THE DIVISION OF ANTI-VIRAL (DAVP)**

#### ***3.4.1 Initial Phase of Review***

In response to a December 2, 2010, OSE e-mail, the Division of Anti-Viral Products (DAVP) indicated they had no preliminary comments at the initial phase of the name review.

#### ***3.4.2 Midpoint of Review***

DMEPA notified DAVP via e-mail that we had no concerns with the proposed proprietary name, Victrelis, on February 9, 2011. Per e-mail correspondence from DAVP on February 14, 2011, they noted no concerns with the proposed proprietary name, Victrelis.

### **3.5 SAFETY EVALUATOR RISK ASSESSMENT**

Independent searches by the primary DMEPA safety evaluator resulted in the identification of 10 additional names (Histrelin, Lactulose, Micardis, Nafarelin, Relistor, (b) (4)\*\*\*, Ritalin, Vibativ, Vibrase, and Zilactin) thought to look similar to Victrelis and represent a potential source of drug name confusion.

Thus, we identified in total, 39 names as having similarity to the proposed name.

## **4 DISCUSSION**

This proposed name, Victrelis, was evaluated from a safety and promotional perspective. Furthermore, input from pertinent disciplines involved with the review of this application was considered accordingly.

---

\*\*\* This document contains proprietary and confidential information that should not be released to the public.\*\*\*

#### **4.1 PROMOTIONAL ASSESSMENT**

DDMAC had no concerns regarding the proposed name from a promotional perspective, and did not offer any additional comments relating to the proposed name. DMEPA and the DAVP concurred with the findings of DDMAC's promotional assessment of the proposed proprietary name.

#### **4.2 SAFETY ASSESSMENT**

DMEPA identified 39 names for their potential similarity to the proposed name, Victrelis. No other aspects of the name were determined to pose a different source for potential confusion with the name.

Ten of the 39 names were eliminated from further analysis for the reasons described in Appendices D.

Failure mode and effects analysis (FMEA) was applied to determine if the proposed proprietary name could potentially be confused with the remaining 29 names and lead to medication errors. This analysis determined that the name similarity between Victrelis and all of the 29 identified names was unlikely to result in medication error for the reasons presented in Appendix E.

### **5 CONCLUSIONS AND RECOMMENDATIONS**

We have completed our review of the proposed proprietary name, Victrelis, and it is not promotional nor is it vulnerable to name confusion that could lead to medication errors. Thus, the Division of Medication Error Prevention and Analysis has no objections to the proprietary name, Victrelis, at this time. The Applicant will be notified via letter.

Additionally, if any of the proposed product characteristics as stated in this review are altered, DMEPA rescinds this finding and the name must be resubmitted for review. The conclusions upon re-review are subject to change.

If you have further questions or need clarifications, please contact Brantley Dorch, project manager, at 301-796-0150.

#### **5.1 COMMENTS TO THE APPLICANT**

We have completed our review of the proposed proprietary name, Victrelis, and concluded that it is acceptable.

The proposed proprietary name will be re-reviewed 90 days before approval of the NDA. If we find the name unacceptable following the re-review, we will notify you.

If any of the proposed product characteristics as stated in your November 18, 2010, submission are altered, the proprietary name should be resubmitted for review.

## 6 REFERENCES

1. ***Micromedex Integrated Index*** (<http://csi.micromedex.com>)

Micromedex contains a variety of databases covering pharmacology, therapeutics, toxicology and diagnostics.

2. ***Phonetic and Orthographic Computer Analysis (POCA)***

POCA is a database which was created for the Division of Medication Error Prevention and Analysis, FDA. As part of the name similarity assessment, proposed names are evaluated via a phonetic/orthographic algorithm. The proposed proprietary name is converted into its phonemic representation before it runs through the phonetic algorithm. Likewise, an orthographic algorithm exists which operates in a similar fashion.

3. ***Drug Facts and Comparisons, online version, St. Louis, MO***  
(<http://factsandcomparisons.com> )

Drug Facts and Comparisons is a compendium organized by therapeutic course; it contains monographs on prescription and OTC drugs, with charts comparing similar products.

4. ***FDA Document Archiving, Reporting & Regulatory Tracking System [DARRTS]***

DARRTS is a government database used to organize Applicant and Applicant submissions as well as to store and organize assignments, reviews, and communications from the review divisions.

5. ***Division of Medication Errors Prevention and Analysis proprietary name consultation requests***

This is a list of proposed and pending names that is generated by the Division of Medication Error Prevention and Analysis from the Access database/tracking system.

6. ***Drugs@FDA*** (<http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>)

Drugs@FDA contains most of the drug products approved since 1939. The majority of labels, approval letters, reviews, and other information are available for drug products approved from 1998 to the present. Drugs@FDA contains official information about FDA approved brand name, generic drugs, therapeutic biological products, prescription and over-the-counter human drugs and discontinued drugs and “Chemical Type 6” approvals.

7. ***Electronic online version of the FDA Orange Book***  
(<http://www.fda.gov/cder/ob/default.htm>)

The FDA Orange Book provides a compilation of approved drug products with therapeutic equivalence evaluations.

8. ***U.S. Patent and Trademark Office*** (<http://www.uspto.gov>)

USPTO provides information regarding patent and trademarks.

**9. Clinical Pharmacology Online ([www.clinicalpharmacology-ip.com](http://www.clinicalpharmacology-ip.com))**

Clinical Pharmacology contains full monographs for the most common drugs in clinical use, plus mini monographs covering investigational, less common, combination, nutraceutical and nutritional products. It also provides a keyword search engine.

**10. Data provided by Thomson & Thomson's SAEGIS™ Online Service, available at ([www.thomson-thomson.com](http://www.thomson-thomson.com))**

The Pharma In-Use Search database contains over 400,000 unique pharmaceutical trademarks and trade names that are used in about 50 countries worldwide. The data is provided under license by IMS HEALTH.

**11. Natural Medicines Comprehensive Databases ([www.naturaldatabase.com](http://www.naturaldatabase.com))**

Natural Medicines contains up-to-date clinical data on the natural medicines, herbal medicines, and dietary supplements used in the western world.

**12. Stat!Ref ([www.statref.com](http://www.statref.com))**

Stat!Ref contains full-text information from approximately 30 texts; it includes tables and references. Among the database titles are: Handbook of Adverse Drug Interactions, Rudolphs Pediatrics, Basic Clinical Pharmacology, and Dictionary of Medical Acronyms Abbreviations.

**13. USAN Stems (<http://www.ama-assn.org/ama/pub/about-ama/our-people/coalitions-consortiums/united-states-adopted-names-council/naming-guidelines/approved-stems.shtml>)**

USAN Stems List contains all the recognized USAN stems.

**14. Red Book Pharmacy's Fundamental Reference**

Red Book contains prices and product information for prescription, over-the-counter drugs, medical devices, and accessories.

**15. Lexi-Comp ([www.lexi.com](http://www.lexi.com))**

Lexi-Comp is a web-based searchable version of the Drug Information Handbook.

**16. Medical Abbreviations Book**

Medical Abbreviations Book contains commonly used medical abbreviations and their definitions.

## APPENDICES

### Appendix A:

FDA's Proprietary Name Risk Assessment considers the potential for confusion between the proposed proprietary name and the proprietary and established names of drug products existing in the marketplace and those pending IND, NDA, NDA, and ANDA products currently under review by the Center. DMEPA defines a medication error as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.<sup>3</sup>

For the proposed proprietary name, DMEPA staff search a standard set of databases and information sources to identify names with orthographic and phonetic similarity and hold a Center for Drug Evaluation and Research (CDER) Expert Panel discussion to gather professional opinions on the safety of the proposed proprietary name. DMEPA staff also conducts internal CDER prescription analysis studies. When provided, DMEPA considers external prescription analysis study results and incorporate into the overall risk assessment.

The Safety Evaluator assigned to the Proprietary Name Risk Assessment is responsible for considering the collective findings, and provides an overall risk assessment of the proposed proprietary name. DMEPA bases the overall risk assessment on the findings of a Failure Mode and Effects Analysis (FMEA) of the proprietary name, and focuses on the avoidance of medication errors.

FMEA is a systematic tool for evaluating a process and identifying where and how it might fail.<sup>4</sup> DMEPA uses FMEA to analyze whether the drug names identified with orthographic or phonetic similarity to the proposed proprietary name could cause confusion that subsequently leads to medication errors in the clinical setting. DMEPA uses the clinical expertise of its staff to anticipate the conditions of the clinical setting where the product is likely to be used based on the characteristics of the proposed product.

In addition, the product characteristics provide the context for the verbal and written communication of the drug names and can interact with the orthographic and phonetic attributes of the names to increase the risk of confusion when there is overlap or, in some instances, decrease the risk of confusion by helping to differentiate the products through dissimilarity. Accordingly, the DMEPA staff considers the product characteristics associated with the proposed drug throughout the risk assessment because the product characteristics of the proposed may provide a context for communication of the drug name and ultimately determine the use of the product in the *usual* clinical practice setting.

---

<sup>3</sup> National Coordinating Council for Medication Error Reporting and Prevention. <http://www.nccmerp.org/aboutMedErrors.html>. Last accessed 10/11/2007.

<sup>4</sup> Institute for Healthcare Improvement (IHI). Failure Modes and Effects Analysis. Boston. IHI:2004.

Typical product characteristics considered when identifying drug names that could potentially be confused with the proposed proprietary name include, but are not limited to; established name of the proposed product, proposed indication of use, dosage form, route of administration, strength, unit of measure, dosage units, recommended dose, typical quantity or volume, frequency of administration, product packaging, storage conditions, patient population, and prescriber population. Because drug name confusion can occur at any point in the medication use process, DMEPA staff considers the potential for confusion throughout the entire U.S. medication use process, including drug procurement, prescribing and ordering, dispensing, administration, and monitoring the impact of the medication.<sup>5</sup> DMEPA provides the product characteristics considered for this review in section one.

The Division of Medication Error Prevention and Analysis considers the spelling of the name, pronunciation of the name when spoken, and appearance of the name when scripted. DMEPA also compares the spelling of the proposed proprietary name with the proprietary and established name of existing and proposed drug products because similarly spelled names may have greater likelihood to sound similar to one another when spoken or look similar to one another when scripted. DMEPA staff also examines the orthographic appearance of the proposed name using a number of different handwriting samples. Handwritten communication of drug names has a long-standing association with drug name confusion. Handwriting can cause similarly and even dissimilarly spelled drug name pairs to appear very similar to one another. The similar appearance of drug names when scripted has led to medication errors. The DMEPA staff applies expertise gained from root-cause analysis of such medication errors to identify sources of ambiguity within the name that could be introduced when scripting (e.g., “T” may look like “F,” lower case ‘a’ looks like a lower case ‘u,’ etc). Additionally, other orthographic attributes that determine the overall appearance of the drug name when scripted (see Table 1 below for details). In addition, the DMEPA staff compares the pronunciation of the proposed proprietary name with the pronunciation of other drug names because verbal communication of medication names is common in clinical settings. If provided, DMEPA will consider the Applicant’s intended pronunciation of the proprietary name. However, DMEPA also considers a variety of pronunciations that could occur in the English language because the Applicant has little control over how the name will be spoken in clinical practice.

---

<sup>5</sup> Institute of Medicine. Preventing Medication Errors. The National Academies Press: Washington DC. 2006.

**Table 1.** Criteria used to identify drug names that look- or sound-similar to a proposed proprietary name.

<b>Type of similarity</b>	<b>Considerations when searching the databases</b>		
	<i>Potential causes of drug name similarity</i>	<i>Attributes examined to identify similar drug names</i>	<i>Potential Effects</i>
Look-alike	Similar spelling	Identical prefix Identical infix Identical suffix Length of the name Overlapping product characteristics	<ul style="list-style-type: none"> <li>Names may appear similar in print or electronic media and lead to drug name confusion in printed or electronic communication</li> <li>Names may look similar when scripted and lead to drug name confusion in written communication</li> </ul>
	Orthographic similarity	Similar spelling Length of the name Upstrokes Down strokes Cross-strokes Dotted letters Ambiguity introduced by scripting letters Overlapping product characteristics	<ul style="list-style-type: none"> <li>Names may look similar when scripted, and lead to drug name confusion in written communication</li> </ul>
Sound-alike	Phonetic similarity	Identical prefix Identical infix Identical suffix Number of syllables Stresses Placement of vowel sounds Placement of consonant sounds Overlapping product characteristics	<ul style="list-style-type: none"> <li>Names may sound similar when pronounced and lead to drug name confusion in verbal communication</li> </ul>

Lastly, the DMEPA staff also considers the potential for the proposed proprietary name to inadvertently function as a source of error for reasons other than name confusion. Post-marketing experience has demonstrated that proprietary names (or components of the proprietary name) can be a source of error in a variety of ways. Consequently, DMEPA considers and evaluates these broader safety implications of the name throughout this assessment and the medication error staff provides additional comments related to the safety of the proposed proprietary name or product based on professional experience with medication errors.

## **1. Database and Information Sources**

DMEPA staff conducts searches of the internet, several standard published drug product reference texts, and FDA databases to identify existing and proposed drug names that may sound-alike or look-alike to the proposed proprietary name using the criteria outlined in Section 2.1. Section 6 provides a standard description of the databases used in the searches. To complement the process, the DMEPA staff use a computerized method of identifying phonetic and orthographic similarity between medication names. The program, Phonetic and Orthographic Computer Analysis (POCA), uses complex algorithms to select a list of names from a database that have some similarity (phonetic, orthographic, or both) to the trademark being evaluated. Lastly, the DMEPA staff review the USAN stem list to determine if any USAN stems are present within the proprietary name. The individual findings of multiple safety evaluators are pooled and presented to the CDER Expert Panel.

## **2. CDER Expert Panel Discussion**

DMEPA conducts an Expert Panel Discussion to gather CDER professional opinions on the safety of the proposed product and the proposed proprietary name. The Expert Panel is composed of Division of Medication Errors Prevention (DMEPA) staff and representatives from the Division of Drug Marketing, Advertising, and Communications (DDMAC). The Expert Panel also discusses potential concerns regarding drug marketing and promotion related to the proposed names.

The primary Safety Evaluator presents the pooled results of the DMEPA staff to the Expert Panel for consideration. Based on the clinical and professional experiences of the Expert Panel members, the Panel may recommend the addition of names, additional searches by the primary Safety Evaluator to supplement the pooled results, or general advice to consider when reviewing the proposed proprietary name.

## **3. FDA Prescription Analysis Studies**

Three separate studies are conducted within the Centers of the FDA for the proposed proprietary name to determine the degree of confusion of the proposed proprietary name with marketed U.S. drug names (proprietary and established) due to similarity in visual appearance with handwritten prescriptions or verbal pronunciation of the drug name. The studies employ healthcare professionals (pharmacists, physicians, and nurses), and attempts to simulate the prescription ordering process. The primary Safety Evaluator uses the results to identify orthographic or phonetic vulnerability of the proposed name to be misinterpreted by healthcare practitioners.

In order to evaluate the potential for misinterpretation of the proposed proprietary name in handwriting and verbal communication of the name, inpatient medication orders and outpatient prescriptions are written, each consisting of a combination of marketed and unapproved drug products, including the proposed name. These orders are optically scanned and one prescription is delivered to a random sample of the 123 participating health professionals via e-mail. In addition, a verbal prescription is recorded on voice mail. The voice mail messages are then sent to a random sample of the participating health professionals for their interpretations and review. After receiving either the written or verbal prescription orders, the participants send their interpretations of the orders via e-mail to DMEPA.

#### **4. Comments from the OND review Division or Generic drugs**

DMEPA requests the Office of New Drugs (OND) or Office of Generic Drugs (OGD) Regulatory Division responsible for the application for their comments or concerns with the proposed proprietary name and any clinical issues that may impact the DMEPA review during the initial phase of the name review. Additionally, when applicable, at the same time DMEPA requests concurrence/non-concurrence with DDMAC's decision on the name. The primary Safety Evaluator addresses any comments or concerns in the safety evaluator's assessment.

The OND or OGD Regulatory Division is contacted a second time following our analysis of the proposed proprietary name. At this point, DMEPA conveys their decision to accept or reject the name. The OND or OGD Regulatory Division is requested to concur/not concur with DMEPA's final decision.

#### **5. Safety Evaluator Risk Assessment of the Proposed Proprietary Name**

The primary Safety Evaluator applies his/her individual expertise gained from evaluating medication errors reported to FDA, conducts a Failure Mode and Effects Analysis, and provides an overall risk assessment of name confusion. Failure Mode and Effects Analysis (FMEA) is a systematic tool for evaluating a process and identifying where and how it might fail.<sup>6</sup> When applying FMEA to assess the risk of a proposed proprietary name, DMEPA seeks to evaluate the potential for a proposed proprietary name to be confused with another drug name because of name confusion and, thereby, cause errors to occur in the medication use system. FMEA capitalizes on the predictable and preventable nature of medication errors associated with drug name confusion. FMEA allows the Agency to identify the potential for medication errors due to orthographically or phonetically similar drug names prior to approval, where actions to overcome these issues are easier and more effective than remedies available in the post-approval phase.

In order to perform an FMEA of the proposed name, the primary Safety Evaluator must analyze the use of the product at all points in the medication use system. Because the proposed product is has not been marketed, the primary Safety Evaluator anticipates the use of the product in the usual practice settings by considering the clinical and product characteristics listed in Section one. The Safety Evaluator then analyzes the proposed proprietary name in the context of the usual practice setting and works to identify potential failure modes and the effects associated with the failure modes.

In the initial stage of the Risk Assessment, the Safety Evaluator compares the proposed proprietary name to all of the names gathered from the above searches, Expert Panel Discussion, and prescription studies, external studies, and identifies potential failure modes by asking:

***“Is the proposed proprietary name convincingly similar to another drug name, which may cause practitioners to become confused at any point in the usual practice setting?”***

---

<sup>6</sup> Institute for Healthcare Improvement (IHI). Failure Mode and Effects Analysis. Boston. IHI:2004.

An affirmative answer indicates a failure mode and represents a potential for the proposed proprietary name to be confused with another proprietary or established drug name because of look- or sound-alike similarity. If the answer to the question is no, the Safety Evaluator is not convinced that the names possess similarity that would cause confusion at any point in the medication use system, thus the name is eliminated from further review.

In the second stage of the Risk Assessment, the primary Safety Evaluator evaluates all potential failure modes to determine the likely *effect* of the drug name confusion, by asking:

***“Could the confusion of the drug names conceivably result in medication errors in the usual practice setting?”***

The answer to this question is a central component of the Safety Evaluator’s overall risk assessment of the proprietary name. If the Safety Evaluator determines through FMEA that the name similarity would not ultimately be a source of medication errors in the usual practice setting, the primary Safety Evaluator eliminates the name from further analysis. However, if the Safety Evaluator determines through FMEA that the name similarity could ultimately cause medication errors in the usual practice setting, the Safety Evaluator will then recommend the use of an alternate proprietary name.

DMEPA will object to the use of proposed proprietary name when the primary Safety Evaluator identifies one or more of the following conditions in the Risk Assessment:

- a. DDMAC finds the proposed proprietary name misleading from a promotional perspective, and the Review Division concurs with DDMAC’s findings. The Federal Food, Drug, and Cosmetic Act provides that labeling or advertising can misbrand a product if misleading representations are made or suggested by statement, word, design, device, or any combination thereof, whether through a PROPRIETARY name or otherwise [21 U.S.C 321(n); See also 21 U.S.C. 352(a) & (n)].
- b. DMEPA identifies that the proposed proprietary name is misleading because of similarity in spelling or pronunciation to another proprietary or established name of a different drug or ingredient [CFR 201.10.(C)(5)].
- c. FMEA identifies the potential for confusion between the proposed proprietary name and other proprietary or established drug name(s), and demonstrates that medication errors are likely to result from the drug name confusion under the conditions of usual clinical practice.
- d. The proposed proprietary name contains an USAN (United States Adopted Names) stem.
- e. DMEPA identifies a potential source of medication error within the proposed proprietary name. For example, the proprietary name may be misleading or, inadvertently, introduce ambiguity and confusion that leads to errors. Such errors may not necessarily involve confusion between the proposed drug and another drug product.

If DMEPA objects to a proposed proprietary name on the basis that drug name confusion could lead to medication errors, the primary Safety Evaluator uses the FMEA process to identify strategies to reduce the risk of medication errors. DMEPA is likely to

recommend that the Applicant select an alternative proprietary name and submit the alternate name to the Agency for DMEPA to review. However, in rare instances FMEA may identify plausible strategies that could reduce the risk of medication error of the currently proposed name. In that instance, DMEPA may be able to provide the Applicant with recommendations that reduce or eliminate the potential for error and, thereby, would render the proposed name acceptable.

In the event that DMEPA objects to the use of the proposed proprietary name, based upon the potential for confusion with another proposed (but not yet approved) proprietary name, DMEPA will provide a contingency objection based on the date of approval. Whichever product, the Agency approves first has the right to use the proprietary name, while DMEPA will recommend that the second product to reach approval seek an alternative name.

The threshold set for objection to the proposed proprietary name may seem low to the Applicant. However, the safety concerns set forth in criteria a through e are supported either by FDA regulation or by external healthcare authorities, including the Institute of Medicine (IOM), World Health Organization (WHO), the Joint Commission, and the Institute for Safe Medication Practices (ISMP). These organizations have examined medication errors resulting from look- or sound-alike drug names and called for regulatory authorities to address the issue prior to approval. Additionally, DMEPA contends that the threshold set for the Proprietary Name Risk Assessment is reasonable because proprietary drug name confusion is a predictable and a preventable source of medication error that, in many instances, the Agency and/or Applicant can identify and rectify prior to approval to avoid patient harm.

Furthermore, post-marketing experience has demonstrated that medication errors resulting from drug name confusion are notoriously difficult to rectify post-approval. Educational and other post-approval efforts are low-leverage strategies that have had limited effectiveness at alleviating medication errors involving drug name confusion. Applicants have undertaken higher-leverage strategies, such as drug name changes, in the past but at great financial cost to the Applicant and at the expense of the public welfare, not to mention the Agency's credibility as the authority responsible for approving the error-prone proprietary name. Moreover, even after Applicants' have changed a product's proprietary name in the post-approval phase, it is difficult to eradicate the original proprietary name from practitioners' vocabulary, and as a result, the Agency has continued to receive reports of drug name confusion long after a name change in some instances. Therefore, DMEPA believes that post-approval efforts at reducing name confusion errors should be reserved for those cases in which the potential for name confusion could not be predicted prior to approval. . (See Section 4 for limitations of the process).

If DMEPA objects to a proposed proprietary name on the basis that drug name confusion could lead to medication errors, the primary Safety Evaluator uses the FMEA process to identify strategies to reduce the risk of medication errors. DMEPA is likely to recommend that the Applicant select an alternative proprietary name and submit the alternate name to the Agency for DMEPA to review. However, in rare instances FMEA may identify plausible strategies that could reduce the risk of medication error of the currently proposed name. In that instance, DMEPA may be able to provide the Applicant

with recommendations that reduce or eliminate the potential for error and, thereby, would render the proposed name acceptable.

In the event that DMEPA objects to the use of the proposed proprietary name, based upon the potential for confusion with another proposed (but not yet approved) proprietary name, DMEPA will provide a contingency objection based on the date of approval. Whichever product, the Agency approves first has the right to use the proprietary name, while DMEPA will recommend that the second product to reach approval seek an alternative name.

**Appendix B:** Potential orthographic or phonetic misinterpretation of the letters in the name Victrelis

Letters in Name, Victrelis	Scripted may appear as	Spoken may be interpreted as
Capital 'V'	L, N, U, Z	b, f
lowercase 'v'	n, r, u	b, f
lowercase 'i'	a, e, l	any vowel
lowercase 'c'	a, r	k, s
lowercase 't'	f, l, x	k
lowercase 'r'	c, n, v	wr
lowercase 'e'	a, i, l	any vowel
lowercase 'l'	b, e, h	
lowercase 's'	a, r	x, z,

**Appendix C: FDA Prescription Study Responses (December 2, 2010)**

<b>Outpatient Medication Order</b>	<b>Inpatient Medication Order</b>	<b>Voice Prescription</b>
Victeus	Victrelis	Victralis
Victreles	Victrelis	Victrelis
Victreles	Victrelis	Victrelis
Victrelis	Victrelis	Victrelous
Victrelis	Victrelis	Vigrellis
Victrelis	Victrelis	
Victrelis		
Victrelis		
Vitreus		
Vitrelis		

**Appendix D:** Proprietary names not considered further for reasons described

Proprietary Name	Similarity to Victrelis	Comments
Metrodin (Urofollitropin)	Look	Discontinued product, no generics available, and unavailable in Red Book
Mitrolan (Polycarbophil)	Look	International brand name for Polycarbophil
Neurelis	Look	Listed on USPTO, no drug information available in database sources
Vectrin (Minocycline)	Look	Discontinued product, no drug information available in database sources including Red Book
Vertavis (Veratrum Viride Root)	Look	Applicant withdrew NDA from marketing in 1990
(b) (4)		
Factrel (Gonadorelin hydrochloride)	Look / Sound	Discontinued product, no generics available, and unavailable in Red Book
Victrelis	Look/Sound	Trademark is licensed to the Applicant
Virulizin	Look/Sound	Unapproved investigational drug with Orphan Drug status, no drug information available in database sources.
Vibrilase (Vibriolysin)	Look SE	Orphan drug, no product characteristics

**Appendix E:** Proprietary names not considered further for reasons described

Product name with potential for confusion	Similarity to Victrelis	Strength, Dosage Form	Usual Dose	Differing product characteristics that minimize the risk of medication error
<b>Victrelis (Boceprevir)</b>		<b>200 mg capsules</b>	<b>Take 4 capsules (800 mg) orally 3 times daily with food</b>	<b>Dose: 4 capsules (800 mg)</b> <b>Dosage Form: capsule</b> <b>Route of Administration: oral</b> <b>Frequency of Administration: 3 times daily with food</b> <b>Usual practice setting</b>
Restoril (Temazepam)	Look	7.5 mg, 15 mg, 22.5 mg, 30 mg capsules	Take 1 capsule orally once daily at bedtime	<b>Orthographic Differences:</b> Restoril contains upstroke letter (lowercase 'l') at the end of the name <b>Dose:</b> 7.5 mg, 15 mg, 22.5 mg, 30 mg (1 capsule) vs. 800 mg (4 capsules) <b>Frequency of Administration:</b> once daily at bedtime vs. 3 times daily with food
Valturna (Aliskiren and Valsartan)	Look	150 mg/160 mg, 300 mg/320 mg tablets	Take 1 tablet orally daily	<b>Orthographic Differences:</b> The upstroke letter (lowercase 't') are in different positions in both names <b>Dose:</b> 150 mg/160 mg, 300 mg/320 mg (1 tablet) vs. 800 mg (4 capsules) <b>Frequency of Administration:</b> once daily vs. 3 times daily with food
Velcade (Bortezomib)	Look	3.5 mg/vial for injection	1.3 mg/m <sup>2</sup> /dose as a 3 to 5 second bolus intravenous (IV) injection twice weekly for 2 weeks (days 1, 4, 8, and 11), followed by a 10-day rest period (days 12 to 21).  Dose reduction: 0.7 to 1 mg/m <sup>2</sup> /dose	<b>Dose:</b> 2 mg to 2.5 mg (patient BSA 1.6 m <sup>2</sup> to 1.9 m <sup>2</sup> ) vs. 800 mg (4 capsules) <b>Dosage form and route of administration:</b> intravenous injection vs. oral capsule <b>Frequency of Administration:</b> 2 times weekly vs. 3 times daily with food

Product name with potential for confusion	Similarity to Victrelis	Strength, Dosage Form	Usual Dose	Differing product characteristics that minimize the risk of medication error
<b>Victrelis (Boceprevir)</b>		<b>200 mg capsules</b>	<b>Take 4 capsules (800 mg) orally 3 times daily with food</b>	<b>Dose: 4 capsules (800 mg)</b> <b>Dosage Form: capsule</b> <b>Route of Administration: oral</b> <b>Frequency of Administration: 3 times daily with food</b> <b>Usual practice setting</b>
Veletri (Epoprostenol Sodium)	Look	1.5 mg/vial for injection	2 ng/kg/min continuous intravenous infusion	<b>Dose:</b> 2 ng/kg/min vs. 800 mg (4 capsules) <b>Dosage form and route of administration:</b> continuous intravenous infusion vs. oral capsule Veletri is likely to be prepared by a home infusion pharmacy
Ventolin (Albuterol Sulfate)	Look	90 mcg/actuation inhalation aerosol	Inhale 2 puffs every 4 to 6 hours.	<b>Dose:</b> 2 puffs vs. 800 mg (4 capsules) <b>Dosage form and route of administration:</b> oral inhalation solution vs. oral capsule
Verelan (Verapamil Hydrochloride)	Look	120 mg, 180 mg, 240 mg, 360 mg extended-release capsule	Take 1 to 2 capsules orally daily. Maximum dose = 540 mg/day	<b>Orthographic Differences:</b> Victrelis contains the upstroke letter (lowercase 't') in middle of the name <b>Dose:</b> 120 mg, 180 mg, 240 mg, 360 mg (1 capsule) vs. 800 mg (4 capsules) <b>Frequency of Administration:</b> once daily vs. 3 times daily with food
Vicodin (Hydrocodone Bitartrate and Acetaminophen Tablets)	Look	5 mg/500 mg tablet	Take 1 to 2 tablets orally every 4 to 6 hours daily. Maximum dose 8 tablets/day	<b>Orthographic Differences:</b> Victrelis contains the upstroke letter (lowercase 't') in middle of the name <b>Dose:</b> 5 mg/500 mg (1 to 2 tablets) vs. 800 mg (4 capsules) Vicodin is available in multiple formulations (Vicodin, Vicodin ES, Vicodin HP), thus it is likely the prescriber will include the strength on the prescription.

Product name with potential for confusion	Similarity to Victrelis	Strength, Dosage Form	Usual Dose	Differing product characteristics that minimize the risk of medication error
<b>Victrelis (Boceprevir)</b>		<b>200 mg capsules</b>	<b>Take 4 capsules (800 mg) orally 3 times daily with food</b>	<b>Dose: 4 capsules (800 mg)</b> <b>Dosage Form: capsule</b> <b>Route of Administration: oral</b> <b>Frequency of Administration: 3 times daily with food</b> <b>Usual practice setting</b>
Viokase (Amylase, Lipase, and Protease)	Look	30,000 Units/ 8,000 Units, 30,000 Units per tablet 60,000 Units/ 16,000 Units/ 60,000 Units per tablet <i>Numerical similarity: 8,000 units vs. 800 mg</i>	Take 8,000 to 32,000 lipase units orally with meals Take 8,000 to 32,000 lipase units (1 to 2 tablets) orally every 2 hours for patients with pancreatic duct obstruction.	<b>Orthographic Differences:</b> Victrelis contains an additional upstroke letter (lowercase 'l'). Victrelis (9 letters) appears longer in length than Viokase (7 letters)
Vistide (Cidofovir)	Look	375 mg/5 mL injection	5 mg/kg body weight intravenous infusion over 1 hour) administered once weekly	<b>Dose:</b> 300 mg to 500 mg (patient body weight 60 kg to 100 kg) <b>Dosage form and route of administration:</b> intravenous infusion vs. oral capsule <b>Frequency of Administration:</b> once weekly vs. 3 times daily with food

(b) (4)

\*\*\* This document contains proprietary and confidential information that should not be released to the public. \*\*\*

Product name with potential for confusion	Similarity to Victrelis	Strength, Dosage Form	Usual Dose	Differing product characteristics that minimize the risk of medication error
Victrelis (Boceprevir)		200 mg capsules	Take 4 capsules (800 mg) orally 3 times daily with food	<b>Dose: 4 capsules (800 mg)</b> <b>Dosage Form: capsule</b> <b>Route of Administration: oral</b> <b>Frequency of Administration: 3 times daily with food</b> <b>Usual practice setting</b>

(b) (4)

Zestril (Lisinopril)	Look	5 mg, 10 mg, 20 mg, 30 mg, 40 mg tablets  <i>Numerical similarity: 20 mg vs. 200 mg</i>	Take 1 tablet orally daily	<b>Orthographic Differences:</b> Victrelis contains 2 additional letters after the upstroke letter (lowercase 'l').  <b>Dose:</b> 5 mg, 10 mg, 30 mg, and 40 mg (1 tablet) vs. 800 mg (4 capsules)  <b>Frequency of Administration:</b> once daily vs. 3 times daily with food  Although 200 mg is the strength of Victrelis, the dose is actually 4 caps (800 mg). Additionally, the insert specifically recommends no dose reduction from 800 mg orally 3 times daily.
----------------------	------	---------------------------------------------------------------------------------------------------	----------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

\*\*\* This document contains proprietary and confidential information that should not be released to the public. \*\*\*

Product name with potential for confusion	Similarity to Victrelis	Strength, Dosage Form	Usual Dose	Differing product characteristics that minimize the risk of medication error
Victrelis (Boceprevir)		200 mg capsules	Take 4 capsules (800 mg) orally 3 times daily with food	<p><b>Dose:</b> 4 capsules (800 mg)</p> <p><b>Dosage Form:</b> capsule</p> <p><b>Route of Administration:</b> oral</p> <p><b>Frequency of Administration:</b> 3 times daily with food</p> <p><b>Usual practice setting</b></p>
Vectibix (Panitumumab)	Look / Sound	100 mg/5 mL, 400 mg/20 mL injection <i>400 mg is an achievable dose</i>	Colorectal carcinoma: Infuse 6 mg/kg intravenously over 60 minutes once every 14 days.	<p><b>Dose:</b> 360 mg to 600 mg (patient body weight 60 kg to 100 kg) vs. 800 mg (4 capsules)</p> <p><b>Dosage form and route of administration:</b> intravenous injection vs. oral capsule</p> <p><b>Frequency of Administration:</b> every 14 days vs. 3 times daily with food</p> <p>Although 400 mg dose is an achievable for Victrelis, there is insert specifically recommends no dose reduction from 800 mg orally 3 times daily.</p>
Valtrex (Valacyclovir Hydrochloride)	Look / Sound	500 mg, 1,000 mg tablets	Take 1 to 2 tablet orally daily	<p><b>Orthographic Differences:</b> The upstroke letter (lowercase ‘t’) is in different positions in both names. Valtrex contains an additional crosstroke letter (lowercase ‘x’) at the end of the name</p> <p><b>Dose:</b> 500 mg, 1,000 mg tablets (1 tablet) vs. 800 mg (4 capsules)</p> <p><b>Frequency of Administration:</b> once daily vs. 3 times daily with food</p>

Product name with potential for confusion	Similarity to Victrelis	Strength, Dosage Form	Usual Dose	Differing product characteristics that minimize the risk of medication error
Victrelis (Boceprevir)		200 mg capsules	Take 4 capsules (800 mg) orally 3 times daily with food	<p><b>Dose: 4 capsules (800 mg)</b></p> <p><b>Dosage Form: capsule</b></p> <p><b>Route of Administration: oral</b></p> <p><b>Frequency of Administration: 3 times daily with food</b></p> <p><b>Usual practice setting</b></p>
Vectical (Calcitriol)	Look / Sound	3 mcg/g ointment	Apply to affected areas twice daily, morning and evening	<p><b>Orthographic Differences:</b> Vectical contains upstroke letter (lowercase 'l') at the end of the name</p> <p><b>Dose:</b> small amount to affected area vs. 800 mg (4 capsules)</p> <p><b>Dosage form and frequency of administration:</b> topical ointment vs. oral capsule</p> <p><b>Frequency of Administration:</b> 2 times daily vs. 3 times daily with food</p>
Ventavis (Iloprost)	Look / Sound	10 mcg/mL (2.5 mg or 5 mcg per ampule), 20 mcg/mL (5 mg per ampule) inhalation solution	Inhale 2.5 to 5 mcg per dose, 6 to 9 times per day	<p><b>Orthographic Differences:</b> Victrelis contains upstroke letter (lowercase 'l') at the middle of the name</p> <p><b>Dose:</b> 2.5 mg to 5 mg vs. 800 mg (4 capsules)</p> <p><b>Dosage form and route of administration:</b> oral inhalation solution vs. oral capsule</p> <p><b>Frequency of Administration:</b> 6 to 9 times daily vs. 3 times daily with food</p>

Product name with potential for confusion	Similarity to Victrelis	Strength, Dosage Form	Usual Dose	Differing product characteristics that minimize the risk of medication error
Victrelis (Boceprevir)		200 mg capsules	Take 4 capsules (800 mg) orally 3 times daily with food	<b>Dose: 4 capsules (800 mg)</b> <b>Dosage Form: capsule</b> <b>Route of Administration: oral</b> <b>Frequency of Administration: 3 times daily with food</b> <b>Usual practice setting</b>
Victoza (Liraglutide)	Look / Sound	18 mg/3 mL injection	Inject 0.6 mg to 1.8 mg subcutaneously daily	<b>Orthographic Differences:</b> Victoza contains an additional downstroke letter (lowercase 'z'). In a similar position, Victrelis contains the upstroke letter (lowercase 'l') <b>Dose:</b> 0.6 mg to 1.8 mg vs. 800 mg (4 capsules) <b>Dosage form and route of administration:</b> subcutaneous injection vs. oral capsule <b>Frequency of Administration:</b> once weekly vs. 3 times daily with food
Vistaril (Hydroxyzine Pamoate)	Look / Sound	25 mg, 50 mg capsules	Take 1 to 4 capsules orally 3 to 4 times daily	<b>Orthographic Differences:</b> Vistaril contains the upstroke letter (lowercase 'l') at the end of the name <b>Dose:</b> 25 mg, 50 mg capsules (1 capsule) vs. 800 mg (4 capsules) Vistaril may be prescribed 'as needed'.

Product name with potential for confusion	Similarity to Victrelis	Strength, Dosage Form	Usual Dose	Differing product characteristics that minimize the risk of medication error
<b>Victrelis (Boceprevir)</b>		<b>200 mg capsules</b>	<b>Take 4 capsules (800 mg) orally 3 times daily with food</b>	<b>Dose: 4 capsules (800 mg)</b> <b>Dosage Form: capsule</b> <b>Route of Administration: oral</b> <b>Frequency of Administration: 3 times daily with food</b> <b>Usual practice setting</b>
Vitrase (Hyaluronidase)	Look / Sound	400 units/2 mL <i>400 mg is achievable dose</i>	Add 50 units to 200 units to facilitate absorption of 1,000 mL or more solution	<b>Dose:</b> 50 units to 400 units vs. 800 mg (4 capsules) <b>Dosage form and route of administration:</b> intravenous injection vs. oral capsule <b>Frequency of Administration:</b> every 14 days vs. 3 times daily with food  Although 400 mg dose is an achievable for Victrelis, there is insert specifically recommends no dose reduction from 800 mg orally 3 times daily.
Histrelin brand products include: Supprelin LA (Histrelin Acetate)  Vantas (Histrelin Acetate)	Look SE	50 mg implant kit	Insert 1 implant subcutaneously every 12 months	<b>Dose:</b> 50 mg vs. 800 mg (4 capsules) <b>Dosage form and route of administration:</b> subcutaneous injection vs. oral capsule <b>Frequency of Administration:</b> every 12 months vs. 3 times daily with food
Lactulose	Look SE	10 g/15 mL oral solution	Constipation: Take 15 mL to 30 mL (10 g to 20 g) orally daily  Prevention and treatment of portal-systemic encephalopathy: Take 30 mL to 45 mL (20 g to 30 g) orally 3 to 4 times daily	<b>Dose/Strength:</b> 15 mL to 45 mL (10 g to 30 g) vs. 800 mg (4 capsules) <b>Dosage Form and route of administration:</b> oral solution vs. vs. tablet

Product name with potential for confusion	Similarity to Victrelis	Strength, Dosage Form	Usual Dose	Differing product characteristics that minimize the risk of medication error
<b>Victrelis (Boceprevir)</b>		<b>200 mg capsules</b>	<b>Take 4 capsules (800 mg) orally 3 times daily with food</b>	<b>Dose: 4 capsules (800 mg)</b> <b>Dosage Form: capsule</b> <b>Route of Administration: oral</b> <b>Frequency of Administration: 3 times daily with food</b> <b>Usual practice setting</b>
Micardis (Telmisartan)	Look SE	20 mg, 40 mg, 80 mg tablets  <i>Numerical similarity: 20 mg tablet vs. 200 mg capsule 80 mg tablet vs. 800 mg capsules</i>	Take 1 tablet orally daily	<b>Orthographic Differences:</b> Victrelis contains upstroke and crosstroke letter (lowercase ‘t’) at the middle of the name  <b>Frequency of Administration:</b> once daily vs. 3 times daily with food
Nafarelin  Synarel (Nafarelin Acetate)	Look SE	2 mg/mL nasal solution (200 mcg per actuation)	Endometriosis: 1 spray in one nostril in the morning, and 1 spray into other nostril in the evening. Max 2 sprays twice daily  Central precocious puberty: 2 sprays in each nostril 2 times daily	<b>Dose:</b> 1 spray vs. 800 mg (4 capsules) <b>Dosage form and route of administration:</b> intranasal solution vs. oral capsule <b>Frequency of Administration:</b> 2 times daily vs. 3 times daily with food
Relistor (Methylnaltrexone Bromide)	Look SE	12 mg/0.6 mL solution 12 mg/0.6 mL kit	Inject 8 mg to 12 mg subcutaneously every other day	<b>Dose:</b> 8 mg to 12 mg vs. 800 mg (4 capsules) <b>Dosage form and route of administration:</b> subcutaneous injection vs. oral capsule <b>Frequency of Administration:</b> every other day vs. 3 times daily with food

(b) (4)

Product name with potential for confusion	Similarity to Victrelis	Strength, Dosage Form	Usual Dose	Differing product characteristics that minimize the risk of medication error
<b>Victrelis (Boceprevir)</b>		<b>200 mg capsules</b>	<b>Take 4 capsules (800 mg) orally 3 times daily with food</b>	<b>Dose: 4 capsules (800 mg)</b> <b>Dosage Form: capsule</b> <b>Route of Administration: oral</b> <b>Frequency of Administration: 3 times daily with food</b> <b>Usual practice setting</b>
Ritalin (Methylphenidate Hydrochloride)	Look SE	5 mg, 10 mg, 20 mg <i>Numerical similarity: 20 mg vs. 200 mg</i>	Take 1 to 2 tablets orally 2 to 3 times daily	<b>Orthographic Differences:</b> Victrelis (9 letters) appears longer than Ritalin ( 7 letters). <b>Dose:</b> 5 mg, 10 mg (1 capsule) vs. 800 mg (4 capsules) If the names and strengths are confused (Ritalin 20 mg vs. Victrelis 200 mg), the different doses may prevent an error from occurring
Vibativ (Telavancin Hydrochloride)	Look SE	250 mg/vial, 750 mg/vial for injection	Infuse 10 mg/kg intravenously over 60 minutes once every 24 hours for 7 to 14 days  <i>800 mg is an achievable dose</i>	<b>Dose:</b> 600 mg to 1,000 mg (patient body weight 60 kg to 100 kg) vs. 800 mg (4 capsules) <b>Dosage form and route of administration:</b> intravenous injection vs. oral capsule <b>Frequency of Administration:</b> every 14 days vs. 3 times daily with food
Zilactin (Benzyl Alcohol) Zilactin Baby Zilactin-B Zilactin-L Zilactin-Lip	Look SE	10 % gel	Apply to affected area as directed	<b>Dose:</b> small amount to affected area vs. 800 mg (4 capsules) <b>Dosage form and frequency of administration:</b> topical gel vs. oral capsule <b>Frequency of Administration:</b> as directed or as needed vs. 3 times daily with food

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

/s/  
-----

JIBRIL ABDUS-SAMAD  
02/15/2011

TODD D BRIDGES  
02/15/2011

CAROL A HOLQUIST  
02/15/2011