CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

203168Orig1s000

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
Office of Medication Error Prevention and Risk Management

Proprietary Name Review--Final

Date:	March 4, 2013
Reviewer:	Jung Lee, RPh Division of Medication Error Prevention and Analysis
Team Leader:	Jamie Wilkins Parker, PharmD Division of Medication Error Prevention and Analysis
Drug Name and Strength:	Prolensa (Bromfenac Ophthalmic Solution), 0.07%
Application Type/Number:	NDA 203168
Applicant:	Bausch & Lomb, Inc
OSE RCM #:	2012-2787

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CONTENTS

1 INTRODUCTION

This re-assessment of the proposed proprietary name, Prolensa is written in response to the anticipated approval of this NDA within 90 days from the date of this review. DMEPA found the proposed name, Prolensa, acceptable in OSE Review #2012-2056 dated November 6, 2012.

2 METHODS AND DISCUSSION

For re-assessments of proposed proprietary names, DMEPA searches a standard set of databases and information sources (see section 4) to identify names with orthographic and phonetic similarity to the proposed name that have been approved since the previous OSE proprietary name review. For this review we used the same search criteria described in OSE Review #2012-2056. We note that none of the proposed product characteristics were altered. However, we evaluated the previously identified names of concern considering any lessons learned from recent post-marketing experience, which may have altered our previous conclusion regarding the acceptability of the proposed proprietary name. The searches of the databases yielded one new name (b) (4) thought to look or sound similar to Prolensa and represent a potential source of drug name confusion. Failure mode and effects analysis was applied to determine if the proposed proprietary name could potentially be confused with Prolensa and lead to medication errors. This analysis determined that the name similarity between Prolensa and the identified name was unlikely to result in medication error for the reasons presented in Appendix A.

Additionally, DMEPA searched the USAN stem list to determine if the name contains any USAN stems as of the last USAN updates. The Safety Evaluator did not identify any United States Adopted Names (USAN) stems in the proposed proprietary name, as of January 4, 2013. The Office of Prescription Drug Promotion OPDP re-reviewed the proposed name on January 10, 2013 and had no concerns regarding the proposed name from a promotional perspective.

3 CONCLUSIONS

The re-evaluation of the proposed proprietary name, Prolensa, did not identify any vulnerabilities that would result in medication errors with any additional names noted in this review. Thus, DMEPA has no objection to the proprietary name, Prolensa, for this product at this time.

DMEPA considers this a final review; however, if approval of the NDA is delayed beyond 90 days from the date of this review, the Division of Transplant and Ophthalmology Products should notify DMEPA because the proprietary name must be re-reviewed prior to the new approval date.

If you have further questions or need clarifications, please contact Karen Townsend, OSE project manager, at 301-796-5413.

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4 REFERENCES

1. ***Lee, J; OSE Review 2012-2056, Proprietary Name Review of Prolensa; November 6, 2012***

2. ***Lee, J; OSE Review 2012-471, Proprietary Name Reconsideration Review; May 4, 2012***

3. ***Lee, J; OSE Review 2011-2415, Proprietary Name Review of Prolensa; December 12, 2011***

4. ***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.

5. ***USAN Stems (http://www.ama-assn.org/ama/pub/physician-resources/medical-science/united-states-adopted-names-council/naming-guidelines/approved-stems.page?)***

   USAN Stems List contains all the recognized USAN stems.

6. ***Division of Medication Error Prevention and Analysis Proprietary Name Consultation Request***

   Compiled list of proposed proprietary names submitted to the Division of Medication Error Prevention and Analysis for review. The list is generated on a weekly basis from the Access database/tracking system.

Appendix A: Risk of medication errors due to product confusion minimized by dissimilarity of the names and/ or use in clinical practice for the reasons described. (n=1)

No.	Proposed name: Prolensa Dosage Form: Ophthalmic Solution Strength: 0.07% Usual Dose: One drop into affected eye(s) once daily for a maximum of 16 days	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)	Prevention of Failure Mode In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names
			(b) (4)

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/s/

JUNG E LEE
03/04/2013

JAMIE C WILKINS PARKER
03/04/2013

Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Office of Surveillance and Epidemiology
Office of Medication Error Prevention and Risk Management

Proprietary Name Review

Date:	November 6, 2012
Reviewer:	Jung Lee, RPh Division of Medication Error Prevention and Analysis
Team Leader:	Zachary Oleszczuk, PharmD Division of Medication Error Prevention and Analysis
Division Director:	Carol Holquist, RPh Division of Medication Error Prevention and Analysis
Drug Name and Strength:	Prolensa (Bromfenac Ophthalmic Solution), 0.07%
Application Type/Number:	NDA 203168
Applicant:	Bausch & Lomb, Inc
OSE RCM #:	2012-2056

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CONTENTS

1 INTRODUCTION

This review evaluates the proposed proprietary name, Prolensa, from a safety and promotional perspective. The sources and methods used to evaluate the proposed name are outlined in the reference section and Appendix A respectively.

1.1 REGULATORY HISTORY

On June 27, 2011, the Sponsor submitted a request for a proprietary name review of the name Prolensa (Bromfenac Ophthalmic Solution) with a new strength, 0.07% and a similar once-a-day dosing regimen to Bromday. The Division of Medication Error Prevention and Analysis (DMEPA) found the proposed name, Prolensa, unacceptable in OSE Review 2011-2415 based on the names Prolens and Prolinic. The Sponsor was notified of our decision in a letter dated December 21, 2011. The Sponsor submitted a request for reconsideration of the proposed proprietary name, Prolensa, on February 20, 2012. Based on our evaluation of the data submitted by the Sponsor, we determined that the information supports the claim that the names Prolens and Prolinic will not pose a risk for confusion with Prolensa. Thus, on May 4, 2012, DMEPA found the name acceptable under the IND in OSE Review 2012-471.

On August 31, 2012, the Applicant submitted a Request for Proprietary Name Review for the proposed name, Prolensa under the NDA.

1.2 PRODUCT INFORMATION

The following product information is provided in the August 31, 2012 proprietary name submission.

- Active Ingredient: Bromfenac
- Indication of Use: Treatment of postoperative inflammation and reduction of ocular pain in patients who have undergone cataract extraction
- Route of Administration: Ophthalmic
- Dosage Form: Solution
- Strength: 0.07%
- Dose and Frequency: One drop into the affected eye once daily beginning 1 day prior to surgery, continued on the day of surgery, and through the first 14 days of post-surgery
- How Supplied: 1.6 mL and 3 mL in a 7.5 mL container
- Storage: Store at -15°C to 25°C (59°F to 77°F)
- Container and Closure System: White LDPE plastic squeeze bottle with a 15 mm (b) (4) dropper-tip and 15 mm (b) (4) gray cap. The gray cap color is consistent with the American Academy of Ophthalmology's policy statement "Color Code for Ocular Medications" which recommends the gray cap color for nonsteroidal anti-inflammatories (NSAIDS).

2. RESULTS

The following sections provide the information obtained and considered in the overall evaluation of the proposed proprietary name.

2.1 PROMOTIONAL ASSESSMENT

The Office of Prescription Drug Promotion OPDP determined the proposed name is acceptable from a promotional perspective. DMEPA and the Division of Transplant and Ophthalmology Products concurred with the findings of OPDP's promotional assessment of the proposed name.

2.2 SAFETY ASSESSMENT

The following aspects of the name were considered in the overall safety evaluation.

2.2.1 United States Adopted Names (USAN) SEARCH

The September 28, 2012 search of the United States Adopted Name (USAN) stems did not identify that a USAN stem is present in the proposed proprietary name.

2.2.2 Components of the Proposed Proprietary Name

The proposed proprietary name, Prolensa, is comprised of a single word. According to the Applicant, the derivation of the name Prolensa is from the word lens. The Applicant states this product is an ophthalmic solution intended to be used for cataract surgery where the natural human lens is replaced by an intraocular lens; therefore, the name and derivation of the name seems appropriate for this product.

2.2.3 FDA Name Simulation Studies

Ninety-seven practitioners participated in DMEPA's prescription studies. The interpretations did not overlap with or appear or sound similar to any currently marketed products. Most of the outpatient participants (33 out of 34) correctly interpreted the name Prolensa with the exception of one participant who omitted the letter 's' in the name. Of the inpatient participants, 22 out of 32 participants correctly interpreted the name; however, one participant incorrectly stated the dosage form as "tablets" instead of "drops". Only 3 of the verbal participants interpreted the name Prolensa correctly. The majority misinterpreted the letter 's' for the letter 'z' or the letter 'e' for the letter 'i'. See Appendix C for the complete listing of interpretations from the verbal and written prescription studies.

2.2.4 Comments from Other Review Disciplines

In response to the OSE, September 19, 2012 e-mail, the Division of Transplant and Ophthalmology Products (DTOP) did not forward any comments or concerns relating to the proposed name at the initial phase of the proprietary name review.

2.2.5 Previously Completed Reviews

Because the proposed product characteristics have not changed since our previous reviews, we evaluated all the names in the previous reviews considering lessons learned

from recent post-marketing experience which may have altered our previous conclusion on the acceptability of the proposed proprietary name. We did not identify any new concerns with the previously identified names in our previous reviews. Thus, section 2.2.6 identifies any new names not previously identified for evaluation of the proposed proprietary name.

2.2.6 Failure Mode and Effects Analysis of Similar Names to Prolensa

Appendix B lists possible orthographic and phonetic misinterpretations of the letters appearing in the proposed proprietary name, Prolensa. Table 1 lists the names with orthographic, phonetic, or spelling similarity to the proposed proprietary name, Prolensa identified by the primary reviewer, the Expert Panel Discussion (EPD), and other review disciplines.

Table 1: Collective List of Potentially Similar Names (DMEPA, EPD, and Other Disciplines)

Look Similar					
Name	***Source***	***Name***	***Source***	***Name***	***Source***
Patanase	FDA	Profen	FDA	Proloid	FDA
(b) (4)	FDA	Profen LA	FDA	Protuss	FDA
Prefrin-A	FDA	Profenal	FDA	Pruclair	FDA
Prelan	FDA	Proflora	FDA	Rescula	FDA
Preterna	FDA				
Sound Similar					
Preludin	FDA				

Our analysis of the 14 names contained in Table 1 considered the information obtained in the previous sections along with their product characteristics. We determined 14 names will not pose a risk for confusion as described in Appendices D through E.

2.2.6 Communication of DMEPA's Final Decision to Other Disciplines

DMEPA communicated our findings to the Division of Transplant and Ophthalmology Products via e-mail on October 23, 2012. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the Division of Transplant and Ophthalmology Products on October 31, 2012, they stated no additional concerns with the proposed proprietary name, Prolensa.

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3 CONCLUSIONS

The proposed proprietary name is acceptable from both a promotional and safety perspective.

If you have further questions or need clarifications, please contact Karen Townsend, OSE project manager, at 301-796-5413.

3.1 COMMENTS TO THE APPLICANT

We have completed our review of the proposed proprietary name, Prolensa, and have concluded that this name is acceptable. However, if any of the proposed product characteristics as stated in your August 31, 2012 submission are altered, the name must be resubmitted for review.

Additionally, the proposed proprietary name must be re-reviewed 90 days prior to approval of the NDA. The conclusions upon re-review are subject to change.

4 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. This database also lists the orphan drugs.

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

   DARRTS is a government database used to organize Applicant and Sponsor 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. ***U.S. Patent and Trademark Office (http://www.uspto.gov)***

   USPTO provides information regarding patent and trademarks.

8. ***Clinical Pharmacology Online (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.

9. ***Data provided by Thomson & Thomson's SAEGIS ™ Online Service, available at (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.

10. ***Natural Medicines Comprehensive Databases (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.

11. ***Access Medicine (www.accessmedicine.com)***

    Access Medicine® from McGraw-Hill contains full-text information from approximately 60 titles; it includes tables and references. Among the titles are: Harrison's Principles of Internal Medicine, Basic & Clinical Pharmacology, and Goodman and Gilman's The Pharmacologic Basis of Therapeutics.

12. ***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.

13. ***Red Book (www.thomsonhc.com/home/dispatch)***

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

14. ***Lexi-Comp (www.lexi.com)***

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

15. ***Medical Abbreviations (www.medilexicon.com)***

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

16. ***CVS/Pharmacy (www.CVS.com)***

    This database contains commonly used over the counter products not usually identified in other databases.

17. ***Walgreens (www.walgreens.com)***

    This database contains commonly used over the counter products not usually identified in other databases.

18. ***Rx List (www.rxlist.com)***

    RxList is an online medical resource dedicated to offering detailed and current pharmaceutical information on brand and generic drugs.

19. ***Dogpile (www.dogpile.com)***

    Dogpile is a Metasearch engine that searches multiple search engines including Google, Yahoo! and Bing, and returns the most relevant results to the search.

20. ***Natural Standard (http://www.naturalstandard.com)***

    Natural Standard is a resource that aggregates and synthesizes data on complementary and alternative medicine.

APPENDICES

Appendix A

FDA's Proprietary Name Risk Assessment considers the promotional and safety aspects of a proposed proprietary name. The promotional review of the proposed name is conducted by OPDP. OPDP evaluates proposed proprietary names to determine if they are overly fanciful, so as to misleadingly imply unique effectiveness or composition, as well as to assess whether they contribute to overstatement of product efficacy, minimization of risk, broadening of product indications, or making of unsubstantiated superiority claims. OPDP provides their opinion to DMEPA for consideration in the overall acceptability of the proposed proprietary name.

The safety assessment is conducted by DMEPA. DMEPA staff search a standard set of databases and information sources to identify names that are similar in pronunciation, spelling, and orthographically similar when scripted to the proposed proprietary name. Additionally, we consider inclusion of USAN stems or other characteristics that when incorporated into a proprietary name may cause or contribute to medication errors (i.e., dosing interval, dosage form/route of administration, medical or product name abbreviations, names that include or suggest the composition of the drug product, etc.). 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. [1]

Following the preliminary screening of the proposed proprietary name, DMEPA gathers to discuss their professional opinions on the safety of the proposed proprietary name. This meeting is commonly referred to the Center for Drug Evaluation and Research (CDER) Expert Panel discussion. DMEPA also considers other aspects of the name that may be misleading from a safety perspective. DMEPA staff conducts a prescription simulation studies using FDA health care professionals. When provided, DMEPA considers external proprietary name studies conducted by or for the Applicant/Sponsor and incorporates the findings of these studies into the overall risk assessment.

The DMEPA primary reviewer assigned to evaluate the proposed proprietary name 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 misleading nature of the proposed proprietary name with a focus on the avoidance of medication errors.

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. DMEPA considers the product characteristics associated with the proposed product 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.

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[1] National Coordinating Council for Medication Error Reporting and Prevention. http://www nccmerp.org/aboutMedErrors html. Last accessed 10/11/2007.

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. DMEPA considers how these product characteristics may or may not be present in communicating a product name throughout the medication use system. Because drug name confusion can occur at any point in the medication use process, DMEPA 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.[2]

The DMEPA considers the spelling of the name, pronunciation of the name when spoken, and appearance of the name when scripted. DMEPA compares the proposed proprietary name with the proprietary and established name of existing and proposed drug products and names currently under review at the FDA. DMEPA 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. DMEPA examines the phonetic similarity using patterns of speech. If provided, DMEPA will consider the Sponsor's intended pronunciation of the proprietary name. However, DMEPA also considers a variety of pronunciations that could occur in the English language because the Sponsor has little control over how the name will be spoken in clinical practice. The orthographic appearance of the proposed name is evaluated using a number of different handwriting samples. DMEPA applies expertise gained from root-cause analysis of postmarketing 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).

[2] 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.

Type of Similarity	**Considerations when Searching the Databases**		
	Potential Causes of Drug Name Similarity	*Attributes Examined to Identify Similar Drug Names*	*Potential Effects*
Look-alike	Similar spelling	Identical prefix Identical infix Identical suffix Length of the name Overlapping product characteristics	• Names may appear similar in print or electronic media and lead to drug name confusion in printed or electronic communication • Names may look similar when scripted and lead to drug name confusion in written communication
	Orthographic similarity	Similar spelling Length of the name/Similar shape Upstrokes Down strokes Cross-strokes Dotted letters Ambiguity introduced by scripting letters Overlapping product characteristics	• Names may look similar when scripted, and lead to drug name confusion in written communication
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	• Names may sound similar when pronounced and lead to drug name confusion in verbal communication

Lastly, DMEPA 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 searches 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. A standard description of the databases used in the searches is provided in the reference section of this review. To complement the process, the DMEPA uses 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, DMEPA reviews 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. DMEPA also evaluates if there are characteristics included in the composition that may render the name unacceptable from a safety perspective (abbreviation, dosing interval, etc.).

2. Expert Panel Discussion

DMEPA gathered CDER professional opinions on the safety of the proposed product and discussed the proposed proprietary name (Expert Panel Discussion). The Expert Panel is composed of Division of Medication Errors Prevention (DMEPA) staff and representatives from the Office of Prescription Drug Promotion (OPDP). We also consider input from other review disciplines (OND, ONDQA/OBP). 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 database and information searches to the Expert Panel for consideration. Based on the clinical and professional experiences of the Expert Panel members, the Panel may recommend additional 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 Simulation 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/or 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 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 record their interpretations of the orders which are recorded electronically.

4. Comments from Other Review Disciplines

DMEPA requests the Office of New Drugs (OND) and/or Office of Generic Drugs (OGD), ONDQA or OBP for their comments or concerns with the proposed proprietary name, ask for 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 OPDP's decision on the name. The primary Safety Evaluator addresses any comments or concerns in the safety evaluator's assessment.

The OND/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 provide any further information that might inform DMEPA's final decision on the proposed name.

Additionally, other review disciplines opinions such as ONDQA or OBP may be considered depending on the proposed proprietary name.

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, considers all aspects of the name that may be misleading or confusing, conducts a Failure Mode and Effects Analysis, and provides an overall decision on acceptability dependent on their 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.[3] 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

[3] Institute for Healthcare Improvement (IHI). Failure Mode and Effects Analysis. Boston. IHI:2004.

characteristics listed in Section 1.2 of this review. 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? And are there any components of the name that may function as a source of error beyond sound/look-alike?"***

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 or because of some other component of the name. If the answer to the question is no, the Safety Evaluator is not convinced that the names posses 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.

Moreover, 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 Overall Risk Assessment:

a. OPDP finds the proposed proprietary name misleading from a promotional perspective, and the Review Division concurs with OPDP'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 but involve a naming characteristic that when incorporated into a proprietary name, may be confusing, misleading, cause or contribute to medication errors.

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 generally recommends that the Sponsor select an alternative proprietary name and submit the alternate name to the Agency for 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 Sponsor 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/Sponsor. However, the safety concerns set forth in criteria a through e above 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, confusing, or misleading 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 preventable source of medication error that, in many instances, the Agency and/or Sponsor 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. Sponsors have undertaken higher-leverage strategies, such as drug name changes, in the

past but at great financial cost to the Sponsor 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 Sponsors' 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.

Appendix B: Letters with Possible Orthographic or Phonetic Misinterpretation

Letters in Name, Prolensa	Scripted May Appear as	Spoken May Be Interpreted as
Capital 'P'	B, D, F, T	'B'
Lower case 'p'	g, j, l, q, yn, ys	'b'
Lower case 'r'	e, i, l, n, s, v	
'Pr'	R	'Br'
Lower case 'o'	a, c, e, u	'Oh'
Lower case 'l'	b, d, e, l, s A, P	'w'
'ol'	d	
Lower case 'e'	a, i, l, p	Any vowel
Lower case 'n'	h, m, r, s, u, v, x	'dn', 'gn', 'kn', 'mn', 'pn'
Lower case 's'	5, G, g, n	'x', 'z'
Lower case 'a'	el, ci, cl, d, o, u	Any vowel

Appendix C: Prescription Simulation Samples and Results

Figure 1. Prolensa Study (Conducted on September 14, 2012)

Handwritten Requisition Medication Order	Verbal Prescription
Medication Order: Brolensa 1 drop in right eye once daily Outpatient Prescription: Prolensa Sig: UAD Disp: # 3ml	Prolensa # 3 mL Sig: UAD

FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)

Study Name: Prolensa

As of Date 9/28/2012

192 People Received Study
97 People Responded

Total	32	31	34	97
INTERPRETATION	**INPATIENT**	**VOICE**	**OUTPATIENT**	**TOTAL**
BROLENSA	3	0	0	3
PRODENSA	1	0	0	1
PROLEIRSA	1	0	0	1
PROLENA	1	0	1	2
PROLENSA	20	3	32	55
PROLENSA DROPS	1	0	0	1
PROLENSA TABLETS	1	0	0	1
PROLENSA UAD	0	0	1	1

PROLENZA	1	20	0	21
PROLENZA UAD	0	1	0	1
PROLERIA	1	0	0	1
PROLERISA	2	0	0	2
PROLINSA	0	1	0	1
PROLINZA	0	6	0	6

Appendix D: Proprietary names not likely to be confused or not used in usual practice settings for the reasons described. (n=8)

No.	Proprietary Name	Active Ingredient	Similarity to Prolensa	Failure preventions
1	Prefrin-A	Antipyrine/ Phenylephrine/ Pyrilamine	Look Alike	Name identified in Red Book Online database. Deactivated as of 7/19/1993 per Red Book Online. No available generics. Unable to find product characteristics in commonly used drug databases.
2	Preterna	Prenatal Multivitamin	Look Alike	Name identified in Red Book Online database. Deactivated as of 1/4/2000 per Red Book Online. Unable to find product characteristics in commonly used drug databases.
3	Profen LA	Guaifenesin/ Phenylpropanolamine HCl	Look Alike	Name identified in Red Book Online database. Deactivated as of 12/31/2000 and 1/19/2001 per Red Book Online. Unable to find product characteristics in commonly used drug databases. Phenylpropanolamine has been removed from OTC medications due to safety concerns.
4	Profenal	Suprofen	Look Alike	Name identified in Red Book Online database. Deactivated as of 10/31/1999 per Red Book Online with no available generics. Unable to find product characteristics in commonly used drug databases.
5	Proloid	Thyroglobulin	Look Alike	The pair has sufficient orthographic differences

No.	Proprietary Name	Active Ingredient	Similarity to Prolensa	Failure preventions
6	Prelan	Multivitamins with Iron	Look Alike	The pair has sufficient orthographic differences
7	Rescula	Unoprostone Isopropyl	Look Alike	The pair has sufficient orthographic differences
8	Preludin	Phenmetrazine HCl	Sound Alike	The pair has sufficient phonetic differences

Appendix E: Risk of medication errors due to product confusion minimized by dissimilarity of the names and/ or use in clinical practice for the reasons described. (n=6)

No.	Proposed name: Prolensa Dosage Form: Ophthalmic Solution Strength: 0.07% Usual Dose: One drop into affected eye(s) once daily for a maximum of 16 days	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)	Prevention of Failure Mode In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names
1.	Patanase (Olopatadine HCl) Nasal Solution **Strength:** 0.6% **Usual Dose:** 1 to 2 sprays per nostril twice daily	**Orthographic Similarity:** Both names contain 8 letters, begin with the same letter 'P', contain an upstroke in the middle of the name (t vs. l), and the letter 's' in the 7th position of their names. **Strength:** Both products are available in a single strength. **Dose:** Both may be prescribed as "one" if the dosage form was omitted.	**Orthographic Difference:** Prolensa contains an extra letter 'r' after the first letter 'P' which is not seen in Patanase giving the prefix of Prolensa (Prol vs. Pat) a longer appearance when scripted. **Differentiating Product Characteristics:** Frequency: Twice daily vs. once daily

No.	Proposed name: Prolensa Dosage Form: Ophthalmic Solution Strength: 0.07% Usual Dose: One drop into affected eye(s) once daily for a maximum of 16 days	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)	Prevention of Failure Mode In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names
2.	(b) (4)		

*** This document contains proprietary information that should not be released to the public

No.	Proposed name: Prolensa Dosage Form: Ophthalmic Solution Strength: 0.07% Usual Dose: One drop into affected eye(s) once daily for a maximum of 16 days	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)	Prevention of Failure Mode In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names
3.	Profen (Ibuprofen) Tablet **Strength:** 200 mg **Usual Dose:** 1 or 2 tablets by mouth every 4 to 6 hours, not to exceed 6 tablets in 24 hours	**Orthographic Similarity:** Both names begin with the identical letter string 'Pro', contain an upstroke (f vs. l) in the 4th position of their names followed by the letters 'en'. **Strength:** Both products are available in a single strength. **Dose:** Both may be prescribed as "one" if the dosage form was omitted.	**Orthographic Difference:** Prolensa contains the additional letters 'sa' in the suffix which is not seen in Profen giving the name Prolensa a longer appearance when scripted.

No.	Proposed name: Prolensa Dosage Form: Ophthalmic Solution Strength: 0.07% Usual Dose: One drop into affected eye(s) once daily for a maximum of 16 days	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)	Prevention of Failure Mode In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names
4.	Pro Flora (S. Salivarius BLIS K-12/Probiotic blend) Chewable Tablet **Strength:** 6 mg/126 mg **Usual Dose:** Chew one tablet by mouth 1 to 2 times a day	**Orthographic Similarity:** Both names begin with the identical letter string 'Pro', contain an upstroke 'l' in the middle of their names, and end with the letter 'a'. **Strength:** Both products are available in a single strength. **Dose:** Both may be prescribed as "one" if the dosage form was omitted. **Frequency:** Both may be prescribed once daily.	**Orthographic Difference:** Pro Flora contains an additional cross-stroke 'f' in the infix which is not seen in Prolensa. In addition, the letter 's' in Prolensa helps to orthographically differentiate the names (ensa vs. ora) by adding length to the suffix.

No.	Proposed name: Prolensa Dosage Form: Ophthalmic Solution Strength: 0.07% Usual Dose: One drop into affected eye(s) once daily for a maximum of 16 days	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)	Prevention of Failure Mode In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names
5.	Protuss (Hydrocodone Bitartrate/Potassium Guaiacolsulfonate) Solution **Strength:** 5 mg/5 mL-300 mg/5 mL **Usual Dose:** 1.25 mL to 7.5 mL (1/4 teaspoonful to 1 & ½ teaspoonsful) by mouth 4 times daily (every 4 to 6 hours) as needed	**Orthographic Similarity:** Both names begin the with the identical letter string 'Pro', contain an upstroke in the 4th position (t vs. l), and the same letter 's' in the 7th position of their names. **Strength:** Both products are available in a single strength. **Dose:** Both may be prescribed as "one" if the dosage form was omitted.	**Orthographic Difference:** Protuss contains the letters 'ss' in the suffix while Prolensa contains the letters 'nsa' giving the suffix of Prolensa a longer and different appearance when scripted.
6.	PruClair (Multi-ingredient) Cream **Strength:** none **Usual Dose:** Apply to affected area liberally 2 to 3 times daily, or as needed	**Orthographic Similarity:** Both names contain 8 letters, begin with the letters 'Pr', and contain an upstroke 'l' in the middle of their names. **Strength:** PruClair does not specify a strength while Prolensa is available in a single strength. A strength does not need to be specified in order to prescribe both drugs.	**Orthographic Difference:** The letters 'uc' proceed the upstroke 'l' in PruClair while the letter 'o' proceeds the upstroke 'l' in Prolensa giving the prefix of PruClair a longer appearance. In addition, the suffix of PruClair appears shorter and different than the suffix of Prolensa (air vs. ensa) when scripted giving both names a different appearance.. **Differentiating Product Characteristics:** Frequency: 2 to 3 times daily vs. once daily

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/s/

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