

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*

**204242Orig1s000**

**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: July 1, 2013

Reviewer(s): Vicky Borders-Hemphill, Pharm.D.  
Division of Medication Error Prevention and Analysis

Team Leader Jamie Wilkins Parker, Pharm.D.  
Division of Medication Error Prevention and Analysis

Drug Name and Strength: Zubsolv (Buprenorphine/Naloxone) Sublingual Tablets  
5.7/1.4 mg and 1.4/0.36 mg

Application Type/Number: NDA 204242

Applicant/Sponsor: Orexo AB

OSE RCM #: 2012-2908

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

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## **1 INTRODUCTION**

This re-assessment of the proposed proprietary name, Zubsolv 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, Zubsolv, acceptable in OSE Review #2012-1389/2012-2827 dated December 4, 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 #2012-1389/2012-2827. 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 no new names, thought to look or sound similar to Zubsolv and represent a potential source of drug name confusion.

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 June 4, 2013.

## **3 CONCLUSIONS**

The re-evaluation of the proposed proprietary name, Zubsolv, did not identify any vulnerabilities that would result in medication errors with any additional name(s) noted in this review. Thus, DMEPA has no objection to the proprietary name, Zubsolv, 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 Anesthesia, Analgesia, and Addiction Products (DAAAP) 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 Mark Liberatore, OSE project manager, at 301-796-2221.

## 4 REFERENCES

1. **OSE Reviews:** OSE Review #2012-1389/2012-2827

2. **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.

3. **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.

4. **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.

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/s/  
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BRENDA V BORDERS-HEMPHILL  
07/01/2013

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07/01/2013

**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: December 4, 2012

Reviewer(s): Vicky Borders-Hemphill, Pharm.D.  
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Division of Medication Error Prevention and Analysis

Drug Name and Strength: Zubsolv (Buprenorphine/Naloxone) Sublingual Tablets  
5.7/1.4 mg and 1.4/0.36 mg

Application Type/Number: IND 110637/NDA 204242

Applicant/Sponsor: Orexo AB

OSE RCM #: 2012-1389/2012-2827

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## **1 INTRODUCTION**

This review evaluates the proposed proprietary name, Zubsolv, 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 April 12, 2011, Orexo AB submitted an Investigational New Drug (IND 110637) application for buprenorphine/naloxone sublingual tablets for maintenance treatment of opioid dependence.

On June 12, 2012, Orexo AB submitted a request for review of the proposed proprietary name, Zubsolv, under IND 110637. On November 27, 2012, the request for proprietary name review was submitted under NDA 204242 with the same product characteristics provided under the IND.

### **1.2 PRODUCT INFORMATION**

The following product information is provided in the November 27, 2012, proprietary name submission.

- Active Ingredient: buprenorphine/naloxone
- Indication of Use: Maintenance treatment of opioid dependence
- Route of Administration: Sublingual
- Dosage Form: Sublingual tablets
- Strength(s): 5.7/1.4 mg (buprenorphine/naloxone),  
1.4/0.36 mg (buprenorphine/naloxone)
- Dose and Frequency: One tablet sublingually once daily
- How Supplied: 10 sublingual tablets per blister pack
- Storage: Store at room temperature 20° to 25°C (68° to 77°F) excursions permitted to 15-30°C (59-86°F)
- Container and Closure Systems: outer carton containing 3 cards, each card contains a unit dose blister pack of 10 tablets (30 tablets)

## **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 in an email dated June 28, 2012. DMEPA and the Division of Anesthesia, Analgesia, and Addiction Products (DAAAP) concurred with

the findings of OPDP's promotional assessment of the proposed name in an email dated July 23, 2012.

## **2.2 SAFETY ASSESSMENT**

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

### ***2.2.1 United States Adopted Names (USAN) SEARCH***

The July 16, 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 Applicant indicated in their submission that the proposed name, Zubsolv, connotes sublingual and dissolving. Although the Applicant states that the name connotes the route of administration, no route or abbreviation of a route of administration is present in the name. Additionally, we found the use of letter strings 'solv' or 'zolv' in other names such as C-solv-2 (solution) and Metozolv (disintegrating tablet) and therefore we cannot link 'solv' or 'zolv' to "dissolving" alone. Since this is a sublingual tablet, we do not think the components that make up the name Zubsolv are misleading or that they have the potential to contribute to medication error.

### ***2.2.3 FDA Name Simulation Studies***

Thirty-two practitioners participated in DMEPA's prescription studies. The interpretations did not overlap with or appear or sound similar to any currently marketed products. Fourteen participants interpreted the name correctly. The remaining participants provided incorrect responses. The majority of the misinterpretations from all the responses occurred with the letter 'Z' being misinterpreted for letter 'C', 'D', or 'T'; the letter 'u' for the letter 'o', or letter string 'ub' for the letter strings 'ip', 'up', 'ela', 'elp', 'ilp', 'ob', and 'uh'; and the letter string 'solv' letter strings 'sol', 'soble', solve', 'sal', 'sols'. 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, July 16, 2012, e-mail, the DAAAP did not forward any comments or concerns relating to the proposed name at the initial phase of the proprietary name review.

### ***2.2.5 Failure Mode and Effects Analysis of Similar Names***

Appendix B lists possible orthographic and phonetic misinterpretations of the letters appearing in the proposed proprietary name, Zubsolv. Table 1 lists the names with orthographic, phonetic, or spelling similarity to the proposed proprietary name, Zubsolv identified by the primary reviewer, the Expert Panel Discussion (EPD), and other review disciplines. Table 1 also includes names identified from the FDA Prescription Simulation or identified by Drug Safety Institute, Inc. that were not identified by DMEPA and require further evaluation.

**Table 1: Collective List of Potentially Similar Names (DMEPA, EPD, Other Disciplines, FDA Name Simulation Studies, and (b) (4)**

<b>Look Similar</b>					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Zebeta	FDA	Zebutal	FDA	Solzira	FDA
Metozolv	Both	Zuplenz	Both	Suboxone	FDA
Tabloid	FDA	Cubicin	FDA	Subsys	FDA
(b) (4)	FDA	Zaditor	FDA	Subutex	External
Zoloft	Both	Zileuton	FDA	Zutripro	External
Zoladex	FDA	Fusilev	FDA	Zalviso	FDA
<b>Sound Similar</b>					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Septisol	FDA	Solage	FDA	Zelboraf	External
Sosol	FDA				
<b>Look and Sound Similar</b>					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
C-solv-2	FDA	Zipsor	External	Zucol	External
Zeasorb	Both				

Our analysis of the 25 names contained in Table 1 considered the information obtained in the previous sections along with their product characteristics. We determined that all 25 names will not pose a risk for confusion as described in Appendices D and E.

#### **2.2.6 Communication of DMEPA's Final Decision to Other Disciplines**

DMEPA communicated our findings to DAAAP via e-mail on August 29, 2012. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the Division of Analgesics and Anesthetics Products on

September 19, 2012, they stated there were no additional concerns with the proposed proprietary name, Zubsolv.

### **3 CONCLUSIONS**

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

If you have further questions or need clarifications, please contact the OSE Regulatory Project Manager, Sue Kang, at 301-796-4216.

#### **3.1 COMMENTS TO THE APPLICANT**

We have completed our review of the proposed proprietary name, Zubsolv, and have concluded that this name is acceptable. However, if any of the proposed product characteristics as stated in your November 27, 2012 submission are altered, DMEPA rescinds this finding and the name must be resubmitted for review.

Additionally, the proposed proprietary name must be re-reviewed upon submission of the NDA and 90 days before 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](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.

**9. 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.

**10. 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.

**11. Access Medicine ([www.accessmedicine.com](http://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](http://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](http://www.lexi.com))**

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

**15. Medical Abbreviations ([www.medilexicon.com](http://www.medilexicon.com))**

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

**16. CVS/Pharmacy ([www.CVS.com](http://www.CVS.com))**

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

**17. Walgreens ([www.walgreens.com](http://www.walgreens.com))**

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

**18. Rx List ([www.rxlist.com](http://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](http://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.<sup>1</sup>

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

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

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.

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.<sup>2</sup>

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).

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<sup>2</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/Similar shape 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, 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 gathers 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.<sup>3</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

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<sup>3</sup> 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 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.

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

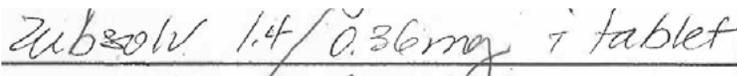
past but at great financial cost to the Sponsor and at the expense of the public welfare, not to mention the Agency's credibility as the authority responsible for approving the error-prone proprietary name. Moreover, even after Sponsors' have changed a product's proprietary name in the post-approval 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, Zubsolv	Scripted May Appear as	Spoken May Be Interpreted as
Capital 'Z'	2, C, f, l, L, M, T, S, V, Y	C, S, X, d
Lower case 'z'	b, c, e, g, n, m, q, r, s, v	c, s, x, d
Lower case 'u'	n, y, v, w, Any Vowel	
Lower case 'b'	l, h, k	p, v, d
Lower case 's'	G, 5, g, n, r	x
Lower case 'o'	a, c, e, u	Oh
Lower case 'l'	b, e, s, A, P, i	
Lower Case 'v'	r, u, w	f

**Appendix C: Prescription Simulation Samples and Results**

**Figure 1. Zubsolv Study (Conducted on July 6, 2012)**

Handwritten Requisition Medication Order	Verbal Prescription
<p>Medication Order:</p> 	<p>Zubsolv 5.7 mg and 1.4 mg one sublingually once daily dispense # 30</p>

Outpatient Prescription:

Tubsolv 5.7/11.4mg  
One SL qd  
#30

**FDA Prescription Simulation Responses. (Aggregate 1 Rx studies report)**

88 People Received Study  
32 People Responded

Study Name: Zubsolv

Total	10	13	9	
INTERPRETATION	INPATIENT	VOICE	OUTPATIENT	TOTAL
CUBSOLV	0	0	1	1
DIPSOL	0	1	0	1
DUPSOL	0	1	0	1
TUBSOLV	0	0	1	1
ZELASOBLE	0	1	0	1
ZELPSOLVE	0	1	0	1
ZILPSOLV	0	1	0	1
ZOBSAL	0	1	0	1
ZOBSOLVE	0	1	0	1
ZOSOL	0	1	0	1
ZUBSOLV	10	0	4	14
ZUBSOLVE	0	3	0	3
ZUHSOLS	0	0	1	1
ZUHSOLV	0	0	2	2
ZUPSOLVE	0	2	0	2

**Appendix D:** Proprietary names not likely to be confused or not used in usual practice settings for the reasons described.

#	Proprietary Name	Active Ingredient	Similarity to Zubsolv	Failure preventions
1	Tabloid	thioguanine	Orthographic	The pair have sufficient orthographic differences
2	(b) (4)	gabapentin enacarbil	Orthographic	Secondary proposed proprietary name that was not officially submitted or reviewed. The product is currently marketed under the proprietary name Horizant
3	Zuplenz	ondansetron	Orthographic	The pair have sufficient orthographic differences
4	Zeasorb	Miconazole nitrate	Orthographic and Phonetic	The pair have sufficient orthographic and phonetic differences.
5	Fusilev	levoleucovorin calcium	Orthographic	The pair have sufficient orthographic differences.
6	Solzira	Gabapentin enacarbil	Orthographic	Proposed proprietary name found unacceptable by DMEPA (OSE # 2008-805); vulnerable to name confusion that could lead to medication errors with Balziva. The product is currently marketed under the proprietary name Horizant.
7	Sosol	sulfisoxazole	Phonetic	The pair have sufficient phonetic differences.
8	Solage	Mequinol 2%/Tretinoin, 0.05%	Phonetic	The pair have sufficient phonetic differences.
9	Septisol	hexachlorophene	Phonetic	The pair have sufficient phonetic differences. This topical surgical solution NDA was withdrawn FR Effective September 1996 and no active ANDAs.
10	Zucol	Pelargonium Sidoides 1X Tincture.	Orthographic and Phonetic	Unable to find product characteristics in commonly used databases (including eList). The pair have sufficient orthographic and phonetic differences.

**Appendix E:** Risk of medication errors due to product confusion minimized by dissimilarity of names and/or use in clinical practice for reasons described.

<p><u>Proposed name:</u> Zubsolv  <u>Established name:</u>buprenorphine/naloxone  <u>Dosage Form(s):</u> sublingual tablet  <u>Strength(s):</u>                      5.7 mg/1.4 mg and 1.4 mg/0.36 mg  <u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Zebeta (Bisoprolol fumarate)                      Strength(s): 5 mg and 10 mg                      Dosage Form: tablet                      Dose: 2.5 mg to 20 mg once daily                      Route of Administration: oral</p>	<p><u>Orthographic similarity:</u>                      Both names begin with "Z", have the letter "b" in the same position, and have a similar shape</p> <p><u>Overlapping product characteristics:</u>                      Strength: Zubsolv 5.7 mg vs. Zebeta 5 mg (numerical similarity if naloxone portion of Zubsolv strength and number after decimal omitted)                      Dose: 2.8, 5.7, 15.6 mg vs. 2.5, 5, 15 mg (numerical similarity if naloxone portion of Zubsolv dose and number after decimal omitted)                      Frequency: once daily                      Route: Oral</p>	<p><u>Orthographic differences:</u>                      Zubsolv has two letters, an "s" and an "o" in 4th and 5th positions, between its two upstroke letters whereas Zebeta has one letter, an "e", in 4th position between its two upstroke letters. Thus, Zubsolv appears more orthographically elongated than Zebeta.                      The suffix "solv" is not orthographically similar to the suffix "eta" when scripted.</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u>buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u></p> <p>5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Metozolv (metoclopramide HCl)</p> <p>Strength(s): 5 mg and 10 mg</p> <p>Dosage Form: orally disintegrating tablet</p> <p>Dose: 10 mg to 15 mg up to four times daily 30 minutes before eating</p> <p>not to exceed 12 weeks in duration</p> <p>Route of Administration: oral</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with letters that may be similarly scripted (Z vs. M), end with the letter string "olv", and have a similar shape</p> <p><u>Phonetic similarities:</u></p> <p>Both names have nearly identical sounding letter strings as the suffix, "solv" vs. "zolv"</p> <p><u>Overlapping product characteristics:</u></p> <p>Strength: Zubsolv 5.7 mg vs. Metozolv 5 mg (numerical similarity if naloxone portion of Zubsolv strength and number after decimal omitted)</p> <p>Dose: Zubsolv 15.6 mg vs. Metozolv 15 mg (numerical similarity if naloxone portion of Zubsolv dose and number after decimal omitted)</p> <p>Frequency: once daily</p> <p>Route: Oral</p>	<p><u>Orthographic differences:</u></p> <p>The prefix "Zub" is not orthographically similar to the prefix "Meto". Metozolv has the vowel "o" between the upstroke letter in its third position and its suffix "zolv" and has the cross stroke letter "t" in its third position. Metosolv appears orthographically elongated than Zubsolv when scripted.</p> <p><u>Phonetic differences:</u></p> <p>The prefix for "Zub" is not phonetically similar to the prefix "Met"</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u></p> <p>5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Zoloft (sertraline)</p> <p>Strength(s):</p> <p>    Tablets: 25 mg, 50 mg, 100 mg;</p> <p>    Oral Concentrate: 20 mg/ml</p> <p>Dosage Form (s): tablet and oral concentrate</p> <p>Dose: 25 to 200 mg once daily</p> <p>Route of Administration: oral</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with "Z" and have an upstroke letter in third position</p> <p><u>Overlapping product characteristics:</u></p> <p>Frequency: once daily</p> <p>Route: Oral</p> <p>Strength: 5.7 mg and 50 mg (numerical similarity if naloxone portion of Zubsolv strength and number after decimal omitted)</p>	<p><u>Orthographic differences:</u></p> <p>Zoloft has the letter "f" in its suffix in the 5th position which could potentially be written with a down stroke and the suffix "solv" is not orthographically similar to the suffix "oft"</p> <p><u>Product characteristic differences:</u></p> <p>Zubsolv has two combination strengths (5.7 mg/1.4 mg and 1.4 mg/0.36 mg) or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) vs. Zoloft 25, 50, 100 mg</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u></p> <p>5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Zoladex (goserelin)</p> <p>Strength: 3.6 mg, 10.8 mg</p> <p>Dosage Form: implant</p> <p>Dose: 3.6 mg every 12 weeks or 10.8 mg every 28 days</p> <p>Route of Administration: subcutaneous</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with "Z" have an upstroke letter in third position have similar word shape and have the same letter count</p> <p><u>Overlapping product characteristics:</u></p> <p>Strengths: Zubsolv 1.4 mg/0.36 mg vs. Zoladex 3.6 mg whereas 0.36 mg Zubsolv strength may be confused with 3.6 mg Zoladex strength</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has the upstroke letter "l" in the 6th position and Zoladex has an upstroke letter "d" in 5th position. Zoladex appears orthographically elongated and its upstroke in the suffix is closer to its upstroke in the prefix. The suffix "solv" are not orthographically similar than the suffix "adex"</p> <p><u>Product characteristic differences:</u></p> <p>Strength: Zubsolv 5.7 mg/1.4 mg or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) vs. Zoladex 10.8 mg</p> <p>Frequency: Zubsolv administered daily vs. Zoladex every month or every 3 months</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u></p> <p>5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Zebutal (Butalbital/Acetaminophen/Caffeine)</p> <p>Strength: 50mg/500mg/40mg</p> <p>Dosage Form: capsule</p> <p>Dose: 1 capsule every 4 hrs</p> <p>Route of Administration: oral</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with "Z", have the letter "b" in the same position, and have the same letter count</p> <p><u>Overlapping product characteristics:</u></p> <p>Route: Oral</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has one upstroke letter "l" in the 6th position of its suffix and Zebutal has 2 upstroke letters "t" and "l" in 5th and 7th positions, respectively, elongating Zebutal vertically at its ending when scripted. Therefore, the suffix "solv" is not orthographically similar to the suffix "utal"</p> <p><u>Product characteristic differences:</u></p> <p>Strength: Zubsolv has two combination strengths (5.7 mg/1.4 mg and 1.4 mg/0.36 mg) or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) which will be required on a prescription vs. Zebutal has one strength (50mg/500mg/40mg) which may not be required on a prescription</p> <p>Frequency: Zubsolv administered once daily vs. Zebutal every 4 hours</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u> 5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Cubicin (daptomycin)</p> <p>Strength: 500 mg</p> <p>Dosage Form: lyophilized cake 10 mL vial</p> <p>Dose: 4 mg/kg to 6 mg/kg every 24 -48 hrs (average dose ~300 mg to 400 mg for adults weighing 72 kg; average dose ~115 mg to 175 mg for 9 yr old child weighing 29 kg)</p> <p>Route of Administration: intravenous</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with letters that may be similarly scripted ( Z vs. C),</p> <p>have letters "u" and "b" in the same position</p> <p>and have the same letter count</p> <p><u>Overlapping product characteristics:</u></p> <p>Frequency: once daily</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has an upstroke letter "l" in its suffix in the 6th position and Cubicin does not have any upstroke letters in its suffix. Therefore, the suffix "solv" is not orthographically similar to the suffix "icin"</p> <p><u>Product characteristic differences:</u> Strength: 5.7 mg/1.4 mg and 1.4 mg/0.36 mg or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) vs. Cubicin 500 mg</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u> 5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Zaditor (ketotifen fumarate)</p> <p>Strength: 0.025%</p> <p>Dosage Form: ophthalmic solution</p> <p>Dose: 1 drop in affected eye(s) every 8-12 hrs</p> <p>Route of Administration: ophthalmic</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with "Z" and have similar word shape and have the same letter count</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has an upstroke letter "l" in its suffix in the 6th position and Zaditor has a cross stroke letter "t" in the 5th position in its suffix. Therefore, the suffix "solv" is not orthographically similar to the suffix "itor"</p> <p><u>Product characteristic differences:</u></p> <p>Strength: Zubsolv has two combination strengths (5.7 mg/1.4 mg and 1.4 mg/0.36 mg) or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) and Zaditor has a single percent strength (0.025%) which may not be required on a prescription.</p> <p>Frequency: once daily vs. every 8 -12 hours</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u></p> <p>5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Zileuton</p> <p>Strength: 600 mg</p> <p>Dosage Form: tablet and extended release tablet</p> <p>Dose: one tablet four times daily or twice daily (if extended release)</p> <p>Route of Administration: oral</p> <p>Proprietary names are Zyflo and Zyflo CR</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with "Z" and have upstroke letters in 3rd and 6th positions</p> <p><u>Overlapping product characteristics:</u></p> <p>Dosage form: tablet</p> <p>Route: Oral</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has an upstroke letter "l" in the 6th position and Zileuton has a cross stroke letter "t" in its 6<sup>th</sup> position and the suffix "solv" is not orthographically similar to the suffix "euton"</p> <p><u>Product characteristic differences:</u></p> <p>Strength: Zubsolv has two combination strengths (5.7 mg/1.4 mg and 1.4 mg/0.36 mg) or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) and Zileuton has a single strength (600 mg) which may not be required on a prescription</p> <p>Frequency: Zubsolv administered once daily vs. Zileuton four times or twice daily</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u></p> <p>5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>C-solv-2 (erythromycin 2%)</p> <p>Strength: 2%</p> <p>Dosage Form: solution</p> <p>Dose: 1 application to affected areas twice daily</p> <p>Route of Administration: topical</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with letters that may be similarly scripted ( Z vs. C), and contain the letter string "solv"</p> <p><u>Overlapping product characteristics:</u></p> <p>similar dose and strength (if naloxone portion of Zubsolv strength and number after decimal is omitted and dashed line between "solv" and number "2" omitted for C-solv): Zubsolv 2.8 mg vs. C-solv-2</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has an upstroke letter "l" in its suffix in the 6th position and C-solv (written without hyphens) has an upstroke letter "l" in the 4th position in its suffix as well as the number 2 as a modifier which adds on to the suffix as an additional letter "z" or a potential strength of which does not overlap with Zubsolv strengths.</p> <p><u>Phonetic differences:</u></p> <p>Zubsolv's prefix "Zub" is not phonetically similar to the prefix "C"</p> <p><u>Product characteristic differences:</u></p> <p>Frequency: Zubsolv administered once daily vs. C-solv-2 twice daily</p> <p>Strength: Zubsolv has two combination strengths (5.7 mg/1.4 mg and 1.4 mg/0.36 mg) or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) and C-solv-2 has a single percent strength (2%) which may not be required on a prescription</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u></p> <p>5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Suboxone (buprenorphine/naloxone)</p> <p>Strength: 2 mg/0.5 mg; 8 mg/2 mg</p> <p>Dosage Form: sublingual tablet and sublingual film</p> <p>Dose: 1 tablet or film under the tongue daily (recommended daily dose is 16 mg buprenorphine) adjusted in increments/decrements of 2/0.5 mg or 4/1 mg</p> <p>Route of Administration: sublingual</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with letters that may be similarly scripted ( Z vs. S), have letters "u" and "b" in the same position. The prefixes "Zub" and "Sub" are orthographically similar</p> <p><u>Overlapping product characteristics:</u></p> <p>Dosage form: tablet</p> <p>Dose: Zubsolv 2.8, 4.2, 8.5, 12.8, 14.2 mg vs. Suboxone 2, 4, 8, 12, 14 mg (numerical similarity if portions of Zubsolv dose and number after decimal omitted)</p> <p>Frequency: once daily</p> <p>Route: Sublingual</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has an upstroke letter "l" in its suffix in the 6th position and Suboxone does not have any upstroke letters in its suffix. Therefore the suffix "solv" is not orthographically similar to the suffix "oxone"</p> <p><u>Product characteristic differences:</u></p> <p>Strength: Zubsolv strengths include 5.7 mg/1.4 mg and 1.4 mg/0.36 mg or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) vs. Suboxone strengths: 2 mg/0.5 mg; 8 mg/2 mg</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u> 5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Subsys (fentanyl)</p> <p>Strength: 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</p> <p>Dosage Form: spray</p> <p>Dose: one spray under the tongue as needed not to exceed 4 sprays per day</p> <p>Route of Administration: sublingual</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with letters that may be similarly scripted ( Z vs. S), have letters "u" and "b" in the same position. . The prefixes “Zub” and “Sub” are orthographically similar</p> <p><u>Overlapping product characteristics:</u></p> <p>Route: Sublingual</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has an upstroke letter "l" in its suffix in the 6th position and Subsys has a downstroke letter "y" in the 5th position in its suffix. Therefore, the suffix "solv" is not orthographically similar to the suffix "sys"</p> <p><u>Product characteristic differences:</u></p> <p>Frequency: daily vs. as needed</p> <p>Strength: Zubsolv has two combination strengths 5.7 mg/1.4 mg and 1.4 mg/0.36 mg or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) vs. Subsys 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg single strengths</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u></p> <p>5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Subutex (buprenorphine)</p> <p>Strength: 2 mg and 8 mg</p> <p>Dosage Form: sublingual tablet</p> <p>Dose: 1 tablet under the tongue daily</p> <p>Route of Administration: sublingual</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with letters that may be similarly scripted ( Z vs. S), have letters "u" and "b" in the same position</p> <p>have the same letter count</p> <p><u>Overlapping product characteristics:</u></p> <p>Dosage form: sublingual tablet</p> <p>Dose: Zubsolv 8.5 mg vs. Subutex 8 mg (numerical similarity if naloxone portion of Zubsolv dose and number after decimal omitted)</p> <p>Frequency: once daily</p> <p>Route: Sublingual</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has an upstroke letter "l" in its suffix in the 6th position and Subutex has an upstroke letter "t" in the 5th position in its suffix. Therefore the suffix "solv" is not orthographically similar to the suffix "utex"</p> <p><u>Product characteristic differences:</u></p> <p>Strength: Zubsolv two combination strengths 5.7 mg/1.4 mg and 1.4 mg/0.36 mg or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) vs. Subutex single strengths 2 mg and 8 mg</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u>buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u></p> <p>5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Zelboraf (vemurafenib)</p> <p>Strength: 240 mg</p> <p>Dosage Form: tablet</p> <p>Dose: Four tablets every 12 hours (960 mg)</p> <p>Route of Administration: oral</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with "Z" and have an upstroke letter in third position</p> <p><u>Overlapping product characteristics:</u></p> <p>Dosage form: tablet</p> <p>Route: Oral</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has one upstroke letter "l" in its suffix in the 6th position whereas Zelboraf has two upstroke letters "b"and "f" in the 4th and 8th positions, respectively.</p> <p>Therefore the suffix "solv" is not orthographically similar to the suffix "boraf"</p> <p><u>Product characteristic differences:</u></p> <p>Strength: Zubsolv two combination strengths 5.7 mg/1.4 mg and 1.4 mg/0.36 mg or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) vs. Zelboraf one single strength 240 mg</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u> 5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Zipsor (diclofenac potassium)</p> <p>Strength: 25 mg</p> <p>Dosage Form: capsule</p> <p>Dose: 1 capsule four times daily</p> <p>Route of Administration: oral</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with "Z" and have letters "s" and "o" in the same position in the infix of the names</p> <p><u>Overlapping product characteristics:</u></p> <p>Route: Oral</p>	<p><u>Orthographic differences:</u></p> <p>Zubsolv has an upstroke letter "b" in the 3rd position in its prefix and Zipsor has a downstroke letter "p" in its 3rd position in its prefix. Zubsolv has an upstroke letter "l" in its suffix in the 6th position and Zipsor has no upstroke letters in its suffix. Therefore the suffix "solv" is not orthographically similar to the suffix "sor"</p> <p><u>Product characteristic differences:</u></p> <p>Strength: Zubsolv two combination strengths 5.7 mg/1.4 mg and 1.4 mg/0.36 mg or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) vs. Zipsor one single strength 25 mg</p> <p>Frequency: Zubsolv administered once daily vs. Zipsor four times daily</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u> 5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Zutripro (chlorpheniramine/hydrocodone/pseudoephedrine)</p> <p>Strength: 4 mg/5 mg/60 mg/ 5 ml</p> <p>Dosage Form: oral solution</p> <p>Dose: 5 mL by mouth every 4 to 6 hrs as needed</p> <p>Route of Administration: oral</p>	<p><u>Orthographic similarity:</u> Both names begin with "Z" and have an upstroke letter in third position. The infixes are orthographically similar.</p> <p><u>Overlapping product characteristics:</u> Route: Oral</p>	<p><u>Orthographic differences:</u> Zubsolv has an upstroke letter "b" in the 3rd position in its prefix and Zutripro has cross stroke letter "t" in its 3rd position in its prefix. Zubsolv has an upstroke letter "l" in its suffix in the 6th position and Zutripro has a down stroke letter "p" in the 6th position in its suffix. The suffix "solv" is not orthographically similar to the suffix "ripro"</p> <p><u>Product characteristic differences:</u> Strength: Zubsolv has two combination strengths 5.7 mg/1.4 mg and 1.4 mg/0.36 mg or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) vs. Zutripro has one combination strength (4 mg/5 mg/60 mg) that may not be required on a prescription</p> <p>Dose: Zubsolv dose is given in mg vs Zutripro dose may be given in mL or teaspoon</p>

<p><u>Proposed name:</u> Zubsolv</p> <p><u>Established name:</u> buprenorphine/naloxone</p> <p><u>Dosage Form(s):</u> sublingual tablet</p> <p><u>Strength(s):</u></p> <p>5.7 mg/1.4 mg and 1.4 mg/0.36 mg</p> <p><u>Usual Dose:</u> 1 tablet Sublingually daily (target dose: 8.5 to 11.4 mg buprenorphine/day adjusted in increments of 1.4 to 2.8 mg buprenorphine; max 17.1 mg buprenorphine/day)</p>	<p>Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</p> <p>Causes (could be multiple)</p>	<p>Prevention of Failure Mode</p> <p>In the conditions outlined below, the following combination of factors are expected to minimize the risk of confusion between these two names</p>
<p>Zalviso (Sufentanil)</p> <p>Dosage Form(s): sublingual tablet</p> <p>Strength: 15 mcg</p> <p>Usual Dose: 1 sublingual tablet as needed (maximum 3 times per hour with fixed 20-minute lockout period between doses; maximum 1.08 mg = 72 micro tablets/24 hours)</p>	<p><u>Orthographic similarity:</u></p> <p>Both names begin with "Z" and have an upstroke letter in third position. The infixes "so" in Zubsolv and "vi" in Zalviso are orthographically similar.</p> <p><u>Overlapping product characteristics:</u></p> <p>Route/ Dosage form: Oral/Sublingual tablet</p>	<p><u>Orthographic differences:</u></p> <p>The letter string "lv" in Zubsolv is not orthographically similar to the letter string "so" in Zalviso as Zubsolv has an upstroke letter "l".</p> <p><u>Product characteristic differences:</u></p> <p>Strength: Zubsolv has two combination strengths 5.7 mg/1.4 mg and 1.4 mg/0.36 mg or Zubsolv 5.7 mg or Zubsolv 1.4 mg (if naloxone portion of Zubsolv omitted) vs. Zalviso has one strength (15 mcg) that may not be required on a prescription</p> <p>Dose: Zubsolv dose is given once daily vs Zalviso dose may be given as needed every 20 minutes</p>

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
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/s/  
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12/04/2012

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12/05/2012

LUBNA A MERCHANT  
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