

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

204447Orig1s000

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: August 20, 2013

Reviewer: Jacqueline Sheppard, PharmD
Division of Medication Error Prevention and Analysis

Team Leader Irene Z. Chan, PharmD, BCPS
Division of Medication Error Prevention and Analysis

Drug Name and Strength(s): Brintellix (Vortioxetine) Tablets, 5 mg, 10 mg, 15 mg, 20 mg
Application Type/Number: NDA 204447

Applicant/sponsor: Takeda Global Research and Development Center, Inc.

OSE RCM #: 2012-2558

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1 INTRODUCTION

This re-assessment of the proposed proprietary name, Brintellix, 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, *Brintellix*, acceptable in OSE Review 2012-1142/2012-2333 dated October 25, 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 2012-1142/2012-2333. 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, Victrelis, thought to look or sound similar to Brintellix 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 Brintellix and lead to medication errors. This analysis determined that the name similarity between Brintellix 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 August 9, 2013.

3 CONCLUSIONS

The re-evaluation of the proposed proprietary name, Brintellix, did not identify any vulnerabilities that would result in medication errors with any additional name noted in this review. Thus, DMEPA has no objection to the proprietary name, Brintellix, 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 Office of Psychiatry 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 Louis Flowers, OSE project manager, at 301-796-3158.

4 REFERENCES

1. *OSE Review 2012-1142/2012-2333 dated October 25, 2012*

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.

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.

No.	<p>Proposed name: Brintellix (Vortioxetine)</p> <p>Dosage Form: Tablet</p> <p>Strengths: 5 mg, 10 mg, 15 mg, 20 mg</p> <p>Usual Dose: The recommended starting dose is 10 mg orally administered once daily. Depending on patient response, the dose may be titrated down to 5 mg once daily or up to a maximum of 20 mg once daily.</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>
1.	<p>Victrelis (boceprevir)</p> <p>Dosage Form(s): Capsule</p> <p>Strength(s): 200 mg</p> <p>Usual Dose: The recommended dose is 800 mg orally administered three times daily with food. There are no dose modifications for renal or hepatic impairment.</p>	<p><u>Phonetic:</u> The beginning letters “B” and “V” sound similar when spoken. The infixes (“-tell” vs. “-treI”) both begin with “t” and have an “el” sound. The suffixes (“-is” vs. “-ix”) sound very similar. Both words contain three syllables.</p> <p><u>Strength:</u> There is numerical similarity between strengths (20 mg vs. 200 mg).</p>	<p><u>Phonetic:</u> The “c” sound in Victrelis distinguishes it from the “n” in Brintellix.</p> <p><u>Dose/Dosing Interval:</u> The recommended dose of Victrelis is 800 mg three times daily while Brintellix is dosed at a maximum of 20 mg once daily.</p> <p>If a practitioner verbally ordered Victrelis 200 mg 4 caps three times daily and it was misinterpreted as Brintellix, it is unlikely that the pharmacist would overlook the ‘4 caps’ instruction, dispense 10 tablets to achieve a 200 mg dose, and overlook the difference in frequency. These differences are likely to alert the dispensing pharmacist.</p> <p>Alternatively, if Brintellix was verbally ordered as 20 mg daily and was mistaken for Victrelis, a 20 mg dose would not be achievable with a 200 mg capsule of Victrelis, and the difference in dosing interval (three times daily vs. daily) would alert the dispensing pharmacist.</p>

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/s/

JACQUELINE E SHEPPARD
08/20/2013

IRENE Z CHAN
08/20/2013

**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: October 25, 2012

Reviewer: Loretta Holmes, BSN, PharmD
Division of Medication Error Prevention and Analysis

Team Leader: Irene Z. Chan, PharmD, BCPS
Division of Medication Error Prevention and Analysis

Division Director: Carol A. Holquist, RPh
Division of Medication Error Prevention and Analysis

Drug Name and Strengths: Brintellix (Vortioxetine) Tablets
5 mg, 10 mg, 15 mg, and 20 mg

Application Type/Number: IND 76307/NDA 204447

Applicant: Takeda Global Research & Development Center, Inc.

OSE RCM #: 2012-1142 and 2012-2333

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Brintellix, 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 PRODUCT INFORMATION

The following product information is provided in the October 3, 2012 proprietary name submission.

- Active Ingredient: Vortioxetine
- Indication of Use: Treatment of major depressive disorder (MDD)
- Route of Administration: Oral
- Dosage Form: Tablets
- Strength: 5 mg, 10 mg, 15 mg, and 20 mg
- Dosage and Frequency of Administration: The recommended starting dose is 10 mg administered orally once daily. Depending upon individual patient response at a 10 mg dose, the patient may benefit from dose modification down to 5 mg or up to a maximum of 20 mg once daily. (b) (4)
According to CMC these are immediate-release tablets.
- How Supplied: Bottles containing 30, 90, or 500 tablets.
- Storage: Store at 25°C (77°F); excursions permitted to 15°C to 30°C (59°F to 86°F). (b) (4)
- Container and Closure Systems: HDPE bottles with child-resistant closure (30-count and 90-count); and non child-resistant closure (500-count).
- Proposed Proprietary Name Pronunciation: brin' tel ix

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 Psychiatry Products (DPP) concurred with the findings of OPDP's promotional assessment of the proposed name.

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 September 27, 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 proprietary name, Brintellix, has no derivation. This proprietary name is comprised of a single word that does not contain any components (i.e. a modifier, route of administration, dosage form, etc.) that are misleading or can contribute to medication error.

2.2.3 *FDA Name Simulation Studies*

Thirty practitioners participated in DMEPA's prescription studies. The interpretations did not overlap with currently marketed products nor did they appear or sound similar to any currently marketed products. Eight participants in the verbal and outpatient studies spelled the name with one letter "l". Seven participants across all three studies misinterpreted the letters "ri" as the letter "u" and five participants in the verbal study omitted the letter "n". See Appendix C for the complete listing of interpretations from the verbal and written prescription studies. These interpretations were considered in our analysis of the proposed proprietary name.

2.2.4 *Comments from Other Review Disciplines*

In response to the OSE, June 6, 2012 e-mail, the Division of Psychiatry Products (DPP) 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, Brintellix. Table 1 lists the names with orthographic, phonetic, or spelling similarity to the proposed proprietary name, Brintellix identified by the Expert Panel Discussion (EPD), and other review disciplines. Table 1 also includes the names identified by [REDACTED] ^{(b) (4)} not identified by DMEPA, that require further evaluation.

Table 1: Collective List of Potentially Similar Names from the EPD Panel and External Name Study (b) (4)

Look Similar					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Briellyn	EPD Panel	Bravelle	EPD Panel (b) (4)	Breathtek	EPD Panel
Brethaire	EPD Panel	Betylol	EPD Panel	Brevital	EPD Panel
Brondelate	EPD Panel	Brioschi	EPD Panel	Bromfenex	EPD Panel
Penicillin	EPD Panel	Bacillinum	EPD Panel	Bicillin C-R	EPD Panel
Bicillin L-A	EPD Panel	Breathless	EPD Panel	Bronkolixir	EPD Panel
Bronkotabs	EPD Panel	Brentuximab	EPD Panel	Brinzolamide	EPD Panel
Dicloxacillin	EPD Panel	Brevibloc	EPD Panel	(b) (4)	EPD Panel
(b) (4)	EPD Panel	Kristalose	EPD Panel	Pamelor	(b) (4)
Duloxetine	(b) (4)	Gabapentin	(b) (4)	Nortriptyline	(b) (4)
Desipramine					
Sound Similar					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Intelence	EPD Panel	Desvenlafaxine	(b) (4)	Doxepin	(b) (4)
Pregabalin	(b) (4)	Protonix		Trilipix	
Venlafaxine		Xanax			
Look and Sound Similar					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
BeneFix	(b) (4)	Benzedrex	(b) (4)	Brimonidine	(b) (4)
Brovana		Chantix		Procellix	
Starlix		Brontex	EPD Panel	Bromtuss DM	EPD Panel
Bretylium	EPD Panel	Increlex	EPD Panel (b) (4)	Brilinta	EPD Panel (b) (4)

Our analysis of the 48 names contained in Table 1 considered the information obtained in the previous sections along with their product characteristics. We determined all 48 names do 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 the Division of Psychiatry Products via e-mail on October 9, 2012. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the Division of Psychiatry Products on October 12, 2012, they stated no additional concerns with the proposed proprietary name, Brintellix.

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 Sandra Griffith, OSE Project Manager, at 301-796-2445.

3.1 COMMENTS TO THE APPLICANT

We have completed our review of the proposed proprietary name, Brintellix, and have concluded that this name is acceptable. However, if any of the proposed product characteristics as stated in your May 10, 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

¹ 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.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		
	<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"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 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.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 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 Brintellix	Scripted May Appear as	Spoken May Be Interpreted as
B	R, K, P	P, D, V
b	l, h, k, v	p, d, v
r	s, n, e, v	
i	e, l, j	a, e
n	m, u, x, r, h, s	
t	b, f, l, r, x, A	d
e	a, i, l, p	
l	b,e, s, A, P, i	
l	b,e, s, A, P, i	
i	e, l, j	a, e
x	a, d, skinny f, k, n, p, r, t, v, y	ks, kz, s, z
br	fr, tr	pr
ri	u	
el	d	
Letter Strings		
brin	bren, bran, bron, brun	
tel	tal, til, tol, tad, ted, tod, tat, tit, tet, taf, fil, fol	

Appendix C: Prescription Simulation Samples and Results

Figure 1. Brintellix Study (Conducted on May 29, 2012)

Handwritten Requisition Medication Order	Verbal Prescription
<p><u>Medication Order:</u></p> <p><i>Brintellix 15mg po qdaily</i></p>	<p>Brintellix 10 mg, take one tablet by mouth once daily. Dispense #30/</p>
<p><u>Outpatient Prescription:</u></p> <p><i>Brintellix 10mg</i> <i>Take 1 tablet po qd</i> <i>#30</i></p>	

FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)

88 People Received Study				
30 People Responded				
Study Name: Brintellix				
Total	9	9	12	
INTERPRETATION	INPATIENT	VOICE	OUTPATIENT	TOTAL
BRENTELEX	0	1	0	1
BRINTELEIX	0	0	1	1
BRINTELLIX	4	2	8	14
BRINTEREIX	0	0	1	1
BRITELEX	0	1	0	1
BRITELIX	0	3	0	3
BRITELLIX	0	1	0	1
BUNTELEX	0	0	1	1
BUNTELLIX	5	0	0	5
BUVITELLIX	0	0	1	1
PRINTELEX	0	1	0	1

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

No.	Drug Name	Active Ingredient(s)	Similarity to Brintellix	Failure preventions
1.	Briellyn	Ethinyl Estradiol and Norethindrone	Look	The pair have sufficient orthographic differences.
2.	Brethaire	Terbutaline Sulfate	Look	The pair have sufficient orthographic differences.
3.	Bretylol	Bretylium Tosylate	Look	The pair have sufficient orthographic differences.
4.	Brevital	Methohexital Sodium	Look	The pair have sufficient orthographic differences.
5.	Brioschi	Sodium Bicarbonate	Look	The pair have sufficient orthographic differences.
6.	Penicillin	Penicillin	Look	The pair have sufficient orthographic differences.
7.	Bacillum	Not available	Look	The pair have sufficient orthographic differences.
8.	Bicillin C-R	Penicillin G Benzathine and Penicillin G Procaine	Look	The pair have sufficient orthographic differences.
9.	Bicillin L-A	Penicillin G Benzathine	Look	The pair have sufficient orthographic differences.
10.	Breathless	Not available	Look	The pair have sufficient orthographic differences.
11.	Bronkotabs	Ephedrine, Phenobarbital, Guaifenesin, and Theophylline	Look	The pair have sufficient orthographic differences.
12.	Brentuximab	Brentuximab Vedotin	Look	The pair have sufficient orthographic differences.
13.	Brinzolamide	Brinzolamide	Look	The pair have sufficient orthographic differences.
14.	Dicloxacillin	Dicloxacillin Sodium	Look	The pair have sufficient orthographic differences.
15.	Brevibloc	Esmolol Hydrochloride	Look	The pair have sufficient orthographic differences.
16.	Kristalose	Lactulose	Look	The pair have sufficient orthographic differences.

No.	Drug Name	Active Ingredient(s)	Similarity to Brintellix	Failure preventions
17.	(b) (4)	Brivanib	Look	The pair have sufficient orthographic differences.
18.	BeneFix	Coagulation Factor IX	Look	The pair have sufficient orthographic differences.
19.	Benedrex	Propylhexedrine	Look and Sound	The pair have sufficient orthographic and phonetic differences.
20.	Brimonidine	Brimonidine Tartrate	Look and Sound	The pair have sufficient orthographic and phonetic differences.
21.	Brovana	Arformoterol Tartrate	Look and Sound	The pair have sufficient orthographic and phonetic differences.
22.	Chantix	Varenicline Tartrate	Look and Sound	The pair have sufficient orthographic and phonetic differences.
23.	Desipramine	Desipramine Hydrochloride	Look and Sound	The pair have sufficient orthographic and phonetic differences.
24.	Desvenlafaxine	Desvenlafaxine Succinate	Sound	The pair have sufficient phonetic differences.
25.	Pamelor	Nortriptyline Hydrochloride	Sound	The pair have sufficient phonetic differences.
26.	Doxepin	Doxepin Hydrochloride	Sound	The pair have sufficient phonetic differences.
27.	Duloxetine	Duloxetine Hydrochloride	Look	The pair have sufficient orthographic differences.
28.	Gabapentin	Gabapentin	Look	The pair have sufficient orthographic differences.
29.	Nortriptyline	Nortriptyline Hydrochloride	Look	The pair have sufficient orthographic differences.
30.	Pregabalin	Pregabalin	Sound	The pair have sufficient phonetic differences.
31.	Protonix	Pantoprazole	Sound	The pair have sufficient phonetic differences.
32.	Bretylium	Bretylium	Look and Sound	The pair have sufficient orthographic and phonetic differences.
33.	Starlix	Nataglinide	Look and Sound	The pair have sufficient orthographic and phonetic differences.
34.	Trilipix	Fenofibrate	Sound	The pair have sufficient phonetic differences.
35.	Venlafaxine	Venlafaxine Hydrochloride	Sound	The pair have sufficient phonetic differences.

No.	Drug Name	Active Ingredient(s)	Similarity to Brintellix	Failure preventions
36.	Xanax	Alprazolam	Sound	The pair have sufficient phonetic differences.
37.	Bromtuss DM	Brompheniramine Maleate and Dextromethorphan	Look and Sound	The pair have sufficient orthographic and phonetic differences.
38.	Breathtek	Not applicable	Look	Breathtek is not a drug. It is a test kit intended for use by a health care professional. It is used for qualitative detection of urease associated with <i>H. pylori</i> .
39.	Brondelate	Guaifenesin and Otripylline	Look	The pair have sufficient orthographic and phonetic differences.
40.	Bromfenex	Brompheniramine Maleate and Pseudoephedrine Hydrochloride	Look	The pair have sufficient orthographic and phonetic differences.
41.	Bronkolixir	Ephedrine, Phenobarbital, Guaifenesin, and Theophylline	Look	The pair have sufficient orthographic and 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.

	<u>Proposed name:</u> Brintellix (Vortioxetine) Tablets	<u>Strengths:</u> 5 mg, 10 mg, 15 mg, and 20 mg	<u>Usual Dose:</u> The recommended starting dose is 10 mg administered orally once daily. Depending upon individual patient response at a 10 mg dose, the patient may benefit from dose modification down to 5 mg or up to a maximum of 20 mg once daily. Tablets should not be divided, crushed, or dissolved.
	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion	Causes (could be multiple)	Prevention of Failure Mode
42.	Bravelle (Urofollitropin) for Injection <u>Strength:</u> 75 units <u>Usual Dosage:</u> 150 units to 450 units intramuscularly or subcutaneously per day	<u>Orthographic:</u> The prefixes “Brin” vs. “Brav” look similar when written. Both names contain the double letters “ll”. <u>Dose:</u> The products have numerical similarity in dose (15 mg vs. 150 units and 20 mg vs. 200 units)	<u>Orthographic:</u> Brintellix contains the upstroke and cross-stroke letter “t” whereas Bravelle does not. The double letters “ll” in Brintellix are followed by two letters whereas in Bravelle they are followed by one letter. <u>Route of administration:</u> Oral vs. intramuscular or subcutaneous Bravelle can be administered intramuscularly or subcutaneously so the route of administration needs to be specified on a prescription and it does not overlap with Brintellix.
43.	(b) (4)		

	<u>Proposed name:</u> Brintellix (Vortioxetine) Tablets	<u>Strengths:</u> 5 mg, 10 mg, 15 mg, and 20 mg	<u>Usual Dose:</u> The recommended starting dose is 10 mg administered orally once daily. Depending upon individual patient response at a 10 mg dose, the patient may benefit from dose modification down to 5 mg or up to a maximum of 20 mg once daily. Tablets should not be divided, crushed, or dissolved.
	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion	Causes (could be multiple)	Prevention of Failure Mode
44.	<p>Intelence (Etravirine) Tablets</p> <p><u>Strength:</u> 25 mg, 100 mg, and 200 mg</p> <p><u>Dosage:</u> 100 mg, 125 mg, 150 mg, or 200 mg orally twice daily</p>	<p><u>Phonetic:</u> Both names contain three syllables. The second syllable in the names is identical “-tel” and the third syllable in the names sounds similar (“ix” vs. “lence”)</p> <p><u>Strength:</u> There is numerical similarity between the strengths of the products (10 mg vs. 100 mg and 20 mg vs. 200 mg)</p> <p><u>Dose:</u> There is numerical similarity between the doses of the products (10 mg vs. 100 mg; 15 mg vs. 150 mg; and 20 mg vs. 200 mg)</p>	<p><u>Phonetic:</u> The beginning syllables (“Brin” vs. “In”) sound different due to the hard “B” sound in Brintellix.</p>

	<p><u>Proposed name:</u> Brintellix (Vortioxetine) Tablets</p>	<p><u>Strengths:</u> 5 mg, 10 mg, 15 mg, and 20 mg</p>	<p><u>Usual Dose:</u> The recommended starting dose is 10 mg administered orally once daily. Depending upon individual patient response at a 10 mg dose, the patient may benefit from dose modification down to 5 mg or up to a maximum of 20 mg once daily. Tablets should not be divided, crushed, or dissolved.</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>45.</p>	<p>Procellix (Aminophylline) Gel</p> <p><u>Strength:</u> 2%</p> <p><u>Dosage:</u> Apply a sufficient amount to the affected area(s) once daily</p> <p>This is an OTC product used to decrease the appearance of cellulite</p>	<p><u>Orthographic:</u> The prefixes “Br” vs. “Pr” look similar when written. Both names end with the suffix “ellix”.</p> <p><u>Phonetic:</u> Both names contain three syllables. The second syllable in the names have a rhyming sound (“-tell-” vs. “-cell-”) and third syllable in the names is identical (“-ix”)</p> <p><u>Strength:</u> There is numerical similarity between the product strengths (20 mg vs. 2%).</p> <p><u>Frequency of administration:</u> Both products are administered once daily</p>	<p><u>Orthographic:</u> The infix letters “int” vs. “oc” look different.</p> <p><u>Phonetic:</u> The first syllables do not sound similar (“Brin-” vs. “Pro-”). Additionally, the hard sound of the letter “t” in the second syllable of Brintellix vs. the softer sound of the letter “c” in Procellix helps to differentiate the names phonetically.</p> <p><u>Dose:</u> 5 mg, 10 mg, 15 mg, or 20 mg vs. a sufficient amount</p> <p>The products do not have overlapping doses.</p>

	<u>Proposed name:</u> Brintellix (Vortioxetine) Tablets	<u>Strengths:</u> 5 mg, 10 mg, 15 mg, and 20 mg	<u>Usual Dose:</u> The recommended starting dose is 10 mg administered orally once daily. Depending upon individual patient response at a 10 mg dose, the patient may benefit from dose modification down to 5 mg or up to a maximum of 20 mg once daily. Tablets should not be divided, crushed, or dissolved.
	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion	Causes (could be multiple)	Prevention of Failure Mode
46.	<p>Increlex (Mecasermin [rDNA origin] injection)</p> <p><u>Strength:</u> 40 mg/4 mL (10 mg/mL)</p> <p><u>Dosage:</u> <i>Initial:</i> 0.04 mg/kg to 0.08 mg/kg <i>Dose titration:</i> Increase by 0.04 mg/kg to a maximum of 0.12 mg/kg subcutaneously twice daily</p>	<p><u>Phonetic:</u> Both names contain three syllables. The second syllables have a rhyming sound (“-tell-” vs. “-crel-”) and the third syllables sound identical (“-ix” vs. “-ex”)</p> <p><u>Dose:</u> The potential exists for the doses of the products to overlap (e.g., 5 mg and 10 mg).</p>	<p><u>Phonetic:</u> The first syllables (“Brin-” vs. “In-”) sound different due to the hard sound of the letter “B”. Additionally, the second syllables (“-tell” vs. “-crel”) sound different due to the hard sound of the letter “t” vs. the “k” sound of the letter “c”.</p>
47.	<p>Brilinta (Ticagrelor) Tablets 90 mg</p> <p><u>Dosage:</u> <i>Loading dose:</i> 180 mg <i>Maintenance dose:</i> 90 mg orally twice daily</p>	<p><u>Orthographic:</u> Both names begin with the letters “Brin” and contain the upstroke letters “l” and “t”.</p> <p><u>Phonetic:</u> Both names contain three syllables. The first syllables sound similar “Brin” vs. “Bri”.</p>	<p><u>Orthographic:</u> Brintellix contains three upstroke letters whereas Brilinta has two. Brintellix contains the double letters “ll” where Brilinta does not. The suffixes “a” vs. “ix” look different.</p> <p><u>Strength:</u> 90 mg (single strength) vs. 5 mg, 10 mg, 15 mg, and 20 mg</p> <p>The products do not have overlapping strengths. Additionally, Brilinta is available in a single strength so the strength is not required on a prescription, whereas Brintellix is available in multiple strengths so the strength would be required on a prescription</p>

	<u>Proposed name:</u> Brintellix (Vortioxetine) Tablets	<u>Strengths:</u> 5 mg, 10 mg, 15 mg, and 20 mg	<u>Usual Dose:</u> The recommended starting dose is 10 mg administered orally once daily. Depending upon individual patient response at a 10 mg dose, the patient may benefit from dose modification down to 5 mg or up to a maximum of 20 mg once daily. Tablets should not be divided, crushed, or dissolved.
	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion	Causes (could be multiple)	Prevention of Failure Mode
48.	<p>Brontex (Codeine Phosphate and Guaifenesin) Tablets Oral Solution</p> <p><u>Strength:</u> <i>Tablets:</i> 10 mg/300 mg</p> <p><i>Oral Solution:</i> 2.5 mg/75 mg per 5 mL</p> <p><u>Dosage:</u> <i>Tablets:</i> Dosage information specific to this product not available, however, products with these ingredients and strengths would typically be dosed 1 or 2 tablets orally every 4 to 6 hours, maximum of 6 tablets per 24 hours.</p> <p><i>Oral Solution:</i> 2-6 years: 1 to 1.5 mg/kg codeine/day divided into 4 doses administered every 4 to 6 hours (maximum: 30 mg per 24 hours)</p> <p>6-12 years: 5 mL every 4 hours, not to exceed 30 mL/24 hours</p> <p>Children over 12 years of age and Adults: 5 mL to 10 mL every 6 hours not to exceed 60 mL/24 hours</p>	<p><u>Orthographic:</u> The prefixes “Brin” vs. “Bron” look similar when written. The suffixes “ix” vs. “ex” look similar when written.</p> <p><u>Phonetic:</u> The first syllables “Brin” vs. “Bron” sound similar.</p> <p><u>Dosage:</u> There is numerical overlap between the doses of the products (5 mg vs. 5 mL and 10 mg vs. 10 mL)</p>	<p><u>Orthographic:</u> Brintellix (10 letters) appears longer in length when written as compared to Brontex (7 letters). Brintellix contains three upstroke letters (including the double letters “ll”) whereas Brontex contains one upstroke letter (“t”).</p> <p><u>Phonetic:</u> Brintellix contains three syllables whereas Brontex contains two. Additionally, the second syllables “tel” vs. “tex” sound different due to the hard sound of the letter “x”.</p> <p><u>Frequency of administration:</u> Once daily vs. every 4 to 6 hours as needed</p>

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

/s/

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10/25/2012

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10/25/2012

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10/26/2012