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APPLICATION NUMBER:

205065Orig1s000

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

Date: July 9, 2013

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Drug Name(s) and Strength(s): Kuvan (Sapropterin Dihydrochloride) Powder for Oral Solution, 100 mg per packet

Application Type/Number: NDA 205065

Applicant/Sponsor: BioMarin Pharmaceutical Inc.

OSE RCM #: 2013-917

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

CONTENTS

1	INTRODUCTION.....	1
1.1	Product Information.....	1
1.2	FAERS Database Search.....	2
1.3	Promotional Assessment.....	2
2	Safety Assessment.....	2
2.1	Communication of DMEPA’s Analysis at Midpoint of Review.....	2
3	CONCLUSIONS.....	3
3.1	Comments to the Applicant.....	3
4	Appendix A – Database description.....	4

1 INTRODUCTION

This review evaluates the proposed proprietary name, Kuvan, for Sapropterin Dihydrochloride Powder for Oral Solution, from a safety and promotional perspective. NDA 205065 is a new dosage form (Powder for Oral Solution) for Sapropterin Dihydrochloride and the Applicant is proposing that this dosage form also be marketed under the proprietary name, Kuvan. The tablet formulation of Kuvan (Sapropterin Dihydrochloride Tablets) 100 mg was approved December 13, 2007.

1.1 PRODUCT INFORMATION

The following product information is provided in the April 10, 2013 proprietary name submission.

- Active Ingredient: Sapropterin dihydrochloride
- Indication of Use: Reduce blood phenylalanine (Phe) levels in patients with hyperphenylalaninemia (HPA) due to tetrahydrobiopterin-(BH₄-) responsive Phenylketonuria (PKU). Kuvan is to be used in conjunction with a Phe-restricted diet.
- Route of Administration: Oral
- Dosage Form: Powder for Oral Solution
- Strength: 100 mg per packet
- Dose and Frequency: 5 mg/kg to 20 mg/kg once a day at the same time with food.
- How Supplied: 30 unit packets in 1 carton
- Storage: Room Temperature
- Container and Closure Systems: N/A

The two dosage forms share the same active ingredient, indication, dose, frequency of administration, and route of administration. Additionally, both dosage forms utilize a similar method of preparation prior to administration.

The proposed labels and labeling for the oral solution are being evaluated separately under OSE Review# 2013-769.

1.2 FAERS DATABASE SEARCH

DMEPA searched the FDA Adverse Event Reporting System (FAERS) database using the strategy listed in Table 1 for name confusion errors involving the tablet formulation of Kuvan. This search did not yield any cases of name confusion with Kuvan.

Table 1: AERS Search Strategy	
Date	April 24, 2013
Drug Names	Active Ingredient: Sapropterin Dihydrochloride and Sapropterin Product Name: Kuvan
MedDRA Search Strategy	Medication Errors (HLGT) Product Packaging Issues HLT Product Label Issues HLT Product Quality Issues (NEC) HLT
Time Limitation	None

1.3 PROMOTIONAL ASSESSMENT

The Office of Prescription Drug Promotion OPDP determined the proposed name is acceptable from a promotional perspective. DMEPA and the Division of Gastroenterology and Inborn Error Products (DGIEP) concurred with the findings of OPDP's promotional assessment of the proposed name.

2 SAFETY ASSESSMENT

The Applicant's powder for oral solution shares the same active ingredient, indication, dose, frequency of administration, route of administration, and preparation method prior to administration as the tablet formulation marketed under the proprietary name, Kuvan. Both the tablet and powder for oral solution formulations require dissolution with 4 to 8 ounces of water or apple juice prior to consumption.

It is a common and accepted practice to have more than one dosage form of a product managed under the same proprietary name when all aspects of delivery remain the same. Moreover, we have not retrieved medication errors involving the proprietary name Kuvan and other marketed drug products. Thus, we have no safety concerns with the proposal to market this product with the proprietary name Kuvan.

2.1 COMMUNICATION OF DMEPA'S ANALYSIS AT MIDPOINT OF REVIEW

DMEPA communicated our findings to the Division of Gastroenterology and Inborn Error Products via e-mail on May 13, 2013. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from the Division of Gastroenterology and Inborn Products on May 14, 2013, they stated no additional concerns with the proposed proprietary name, Kuvan.

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 Phong Do, OSE project manager, at 301-796-4795.

3.1 COMMENTS TO THE APPLICANT

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

The proposed proprietary name must be re-reviewed 90 days prior to approval of the NDA. The results are subject to change. If any of the proposed product characteristics as stated in your April 10, 2013 submission are altered, the name must be resubmitted for review.

4 APPENDIX A – DATABASE DESCRIPTION

FDA Adverse Event Reporting System (FAERS)

The FDA Adverse Event Reporting System (FAERS) is a database that contains information on adverse event and medication error reports submitted to FDA. The database is designed to support the FDA's post-marketing safety surveillance program for drug and therapeutic biologic products. The informatic structure of the database adheres to the international safety reporting guidance issued by the International Conference on Harmonisation. Adverse events and medication errors are coded to terms in the Medical Dictionary for Regulatory Activities (MedDRA) terminology. The suspect products are coded to valid trade names or active ingredients in the FAERS Product Dictionary (FPD).

FDA implemented FAERS on September 10, 2012, and migrated all the data from the previous reporting system (AERS) to FAERS. Differences may exist when comparing case counts in AERS and FAERS. FDA validated and recoded product information as the AERS reports were migrated to FAERS. In addition, FDA implemented new search functionality based on the date FDA initially received the case to more accurately portray the follow up cases that have multiple receive dates.

FAERS data have limitations. First, there is no certainty that the reported event was actually due to the product. FDA does not require that a causal relationship between a product and event be proven, and reports do not always contain enough detail to properly evaluate an event. Further, FDA does not receive reports for every adverse event or medication error that occurs with a product. Many factors can influence whether or not an event will be reported, such as the time a product has been marketed and publicity about an event. Therefore, FAERS data cannot be used to calculate the incidence of an adverse event or medication error in the U.S. population.

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/s/

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07/09/2013

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