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RESEARCH**

APPLICATION NUMBER:

125476Orig1s000

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: August 19, 2013

Reviewer: Lisa Vo Khosla, PharmD, M.H.A.
Division of Medication Error Prevention and Analysis

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Drug Name(s): Entyvio (Vedolizumab)
for Injection,
300 mg per vial

Application Type/Number: IND 009125
BLA 125476

Applicant/sponsor: Millenium Pharmaceuticals, Inc.

OSE RCM #: 2013-590

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

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1 INTRODUCTION

This review evaluates the proposed proprietary name, Entyvio, 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

This is the second proposed proprietary name for this product. The first proposed proprietary name, (b) (4) was found unacceptable from a promotional perspective in OSE Review# 2012-2722.

The Applicant submitted the proposed name, Entyvio, under IND 9125 on March 1, 2013. On July 25, 2013, the Applicant submitted a Request for Proprietary Name Review to the BLA 125476. There was no change in product characteristics for the proposed product from the IND submission.

1.2 PRODUCT INFORMATION

The following product information is provided in the March 1, 2013 proprietary name submission.

- Active Ingredient: Vedolizumab
- Indication of Use: Crohn's disease and ulcerative colitis
- Route of Administration: Intravenous infusion
- Dosage Form: Sterile powder for injection
- Strength: 300 mg/vial
- Dose and Frequency: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.
- How Supplied: 20 mL single-use vial individually packaged inside a cardboard carton.
- Storage: Refrigeration (2°C to 8°C)

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 Gastroenterology and Inborn Error Products (DGIEP) 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

On March 11, 2013, the United States Adopted Name (USAN) stems search 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 did not state any intended meaning of this name in their submission. 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

Seventy-nine practitioners participated in DMEPA's prescription studies. The interpretations did not overlap with any currently marketed products nor did the misinterpretations sound or look similar to any currently marketed products or any products in the pipeline. Twenty-nine participants from the outpatient prescription studies, fourteen participants from the inpatient prescription studies, and two from the voice prescription studies interpreted the name correctly as Entyvio. The remaining thirty-four participants interpreted the name incorrectly with seven misinterpretations occurring in the inpatient prescription studies, in which the participants misinterpreted the letter "v" as the letter "r", and nine misinterpretations occurring in the voice prescription studies, in which the participants misinterpreted the letter "y" as the letter "i". We have considered these variations in our look-alike and sound-alike searches and analysis. See Appendix C for the complete listing of interpretations from the verbal and written prescription studies.

2.2.4 Comments from Other Review Disciplines at Initial Review

In response to the OSE, April 15 e-mail, the Division of Gastroenterology and Inborn Error Products (DGIEP) 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, Entyvio. Table 1 lists the names with orthographic, phonetic, or spelling similarity to the proposed proprietary name, Entyvio, identified by the primary reviewer, the Expert Panel Discussion (EPD), and other review disciplines. Table 1 also includes the names identified from the FDA Prescription Simulation or by the ^{(b) (4)} not identified by DMEPA and require further evaluation.

Table 1: Collective List of Potentially Similar Names (DMEPA, EPD, Other Disciplines, and External Name Study)					
Look Similar					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Entaprin	FDA	Enlyte	FDA	Emtriva	FDA/Applicant
Extavia	FDA	(b) (4)	FDA	Ertaczo	FDA/Applicant
Pamelor	Applicant	Nortriptyline	Applicant	Inspra	FDA
Enjuvia	FDA/Applicant	Exalgo	FDA	Entereg	FDA/Applicant
(b) (4)	FDA	Integrilin	FDA	Entuss Expectorant	FDA
Antizol	FDA	(b) (4)	FDA	Etravirine	Applicant
Sinequan	Applicant	Pregabalin	Applicant	Vioform	Applicant
Aventyl	Applicant	Desipramine	Applicant	Entocort EC	Applicant
Evista	Applicant	Gabapentin	Applicant	Isentress	Applicant
Lyrica	Applicant	Neurontin	Applicant	(b) (4)	FDA
Sound Similar					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Intuniv	FDA/Applicant	Incivek	FDA	Ethyol	Applicant
Stalevo	Applicant				
Look and Sound Similar					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
(b) (4)	FDA	Epiduo	FDA	Entyvio***	FDA
Entero Vu	FDA/Applicant	Entero Vu 24%	FDA	Enduron	Applicant
Entecavir	Applicant	Zontivity***	FDA		

Our analysis of the 42 names contained in Table 1 considered the information obtained in the previous sections along with their product characteristics. We determined 42 names will not pose a risk for confusion as described in Appendices D through E.

2.2.7 Communication of DMEPA's Analysis at Midpoint of Review

DMEPA communicated our findings to the Division of Gastroenterology and Inborn Error Products (DGIEP) via e-mail on May 23, 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 Error Products (DGIEP) on June 3, 2013, they stated no additional concerns with the proposed proprietary name, Entyvio.

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, Entyvio, and have concluded that this name is acceptable.

The proposed proprietary name must be submitted at the time of IND submission. If any of the proposed product characteristics as stated in your March 1, 2013 submission are altered, the name must be resubmitted for review.

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 and Letter Strings with Possible Orthographic or Phonetic Misinterpretation

Letters in Name, Entyvio	Scripted May Appear as	Spoken May Be Interpreted as
Capital ‘E’	C, A, I, S, V, D, G, L, N, P	I, O, A, U
lowercase ‘e’	a, i, o, u, c	
lowercase ‘n’	m, w, r, u, s, v, x, p, z	m
lowercase ‘t’	f, l, j, r, i, d	d
lowercase ‘y’	f, j, p, g, z	e, ea, ee, i, a
lowercase ‘v’	r, u, m, n,	vv, ph, f, b, d
lowercase ‘i’	e, r, l	y, ee, ea, e
lowercase ‘o’	a, e, u, c	oh
Letter strings		
Ent	Amd, Ami, Em, Eu, Ut	End, Ind
ty	tij, tip, dip, dij, tif	di, de, ti, te
vio	mo, no, rco	fio, phio, veo, vyo

Appendix C: Prescription Simulation Samples and Results

Figure 1. Entyvio Study (Conducted on March 15, 2013)

Handwritten Requisition Medication Order	Verbal Prescription
<p><u>Medication Order:</u></p> <p><i>Entyvio 300mg IV over 30 minutes</i></p> <hr/> <p><u>Outpatient Prescription:</u></p> <p><i>Entyvio #1 Sig: Take to infusion center</i></p>	<p>Entyvio</p> <p>Take to infusion center</p> <p>Disp: #1</p>

FDA Prescription Simulation Responses (Aggregate 1 Rx Studies Report)

190 People Received Study
79 People Responded

Study Name: Entyvio

Total	25	25	29	
INTERPRETATION	INPATIENT	VOICE	OUTPATIENT	TOTAL
???	0	1	0	1
ANTIDIO	0	1	0	1
ENIPRIO	1	0	0	1
ENTIBIO	0	1	0	1
ENTIDIA	0	1	0	1
ENTIPRO	1	0	0	1
ENTIVIA	0	2	0	2
ENTIVIO	0	9	0	9
ENTYBIO	0	1	0	1
ENTYPEBIO	0	1	0	1
ENTYRIO	7	0	0	7
ENTYRO	1	0	0	1
ENTYVIA	1	0	0	1
ENTYVIO	14	2	29	45
INTADIA	0	1	0	1
INTIDIA	0	1	0	1
INTIDIO	0	2	0	2
INTIEDO	0	1	0	1
INTIVIO	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.	Proprietary Name	Active Ingredient	Similarity to Entyvio	Failure preventions
1.	Entyvio***	Vedolizumab	Orthographic & Phonetic	The name Entyvio is trademarked by Millenium Pharmaceutical, Inc. and is subject of this review.
2.	Sinequan	Doxepin hydrochloride	Orthographic	The pair have sufficient orthographic differences.
3.	Vioform	Clioquinol	Orthographic	The pair have sufficient orthographic differences.
4.	Desipramine	Desipramine	Orthographic	The pair have sufficient orthographic differences.
5.	Gabapentin	Gabapentin	Orthographic	The pair have sufficient orthographic differences.
6.	Isentress	Raltegravir	Orthographic	The pair have sufficient orthographic differences.
7.	Lyrica	Pregabalin	Orthographic	The pair have sufficient orthographic differences.
8.	Neurontin	Gabapentin	Orthographic	The pair have sufficient orthographic differences.
9.	Nortriptyline	Nortriptyline	Orthographic	The pair have sufficient orthographic differences.
10.	Pamelor	Nortriptyline hydrochloride	Orthographic	The pair have sufficient orthographic differences.
11.	Pregabalin	Pregabalin	Orthographic	The pair have sufficient orthographic differences.
(b) (4)				
13.	Stalevo	Levodopa, Carbidopa, Entacapone	Phonetic	The pair have sufficient phonetic differences.
14.	Entaprin	Aspirin	Orthographic	This name was identified in the Redbook database. No additional information was found in any other commonly used databases. The product is no longer marketed since December 21, 1993.
15.	(b) (4)	Telaprevir	Orthographic	This name was submitted as an alternative name for NDA 201917, but the product was approved under

				the name Incivek.
	(b) (4)	Telaprevir	Orthographic	This name was withdrawn by the Applicant for NDA 201917. The product was approved under the name Incivek.

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.

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
2.	<p>Enlyte (Multivitamin) <u>Liquid-filled Capsule:</u> <u>Usual Dose:</u> One capsule once daily.</p>	<p><u>Orthographic:</u> The letter string ‘Enl’ can appear similar when scripted to the letter string ‘Ent’ in the proposed name.</p>	<p><u>Orthographic:</u> The name Enlyte has an additional upstroke (‘t’) that is absent in Entyvio giving the names different shapes. <u>Dose:</u> One capsule vs. 300 mg <u>Frequency of Administration:</u> Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p>

(b) (4)

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
3.	<p>Emtriva (Emtricitabine)</p> <p><u>Capsule and Oral Solution:</u></p> <p>Capsule: 200 mg; Oral Solution: 10 mg/mL</p> <p><u>Usual Dose:</u></p> <p>Capsule: One capsule once daily.</p> <p>Oral Solution: 240 mg once daily.</p>	<p><u>Orthographic:</u></p> <p>The letter string ‘Emt’ can appear similar when scripted to the letter string ‘Ent’ in the proposed name.</p>	<p><u>Orthographic:</u></p> <p>The name Entyvio has an additional downstroke (‘y’) that is absent in Emtriva giving the names different shapes.</p> <p><u>Dose:</u></p> <p>One capsule or 240 mg vs. 300 mg</p> <p><u>Frequency of Administration:</u></p> <p>Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p>
4.	<p>Extavia (Interferon beta-1b)</p> <p><u>Powder for Injection:</u></p> <p>0.03mg/vial</p> <p><u>Usual Dose:</u></p> <p>0.25 mg injected subcutaneously every other day</p>	<p><u>Orthographic:</u></p> <p>The letter string ‘Ext’ can appear similar when scripted to the letter string ‘Ent’ in the proposed name.</p> <p><u>Dosage Form:</u></p> <p>Powder for Injection</p> <p><u>Numerical Overlap in Strength:</u></p> <p>0.03 mg vs. 300 mg</p>	<p><u>Orthographic:</u></p> <p>The name Entyvio has an additional downstroke (‘y’) that is absent in Extavia giving the names different shapes.</p> <p><u>Dose:</u></p> <p>0.25 mg vs. 300 mg</p> <p><u>Frequency of Administration:</u></p> <p>Every other day vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
5.	<p>Ertaczo (Sertaconazole nitrate)</p> <p><u>Topical Cream:</u> 2%</p> <p><u>Usual Dose:</u> Apply twice daily for 4 weeks.</p>	<p><u>Orthographic:</u> The letter string ‘Ert’ can appear similar when scripted to the letter string ‘Ent’ in the proposed name.</p>	<p><u>Orthographic:</u> The name Ertaczo has a downstroke (‘z’) that is in a different position than the downstroke (‘y’) in Entyvio giving the names a different shape.</p> <p><u>Frequency of Administration:</u> Twice daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p> <p><u>Dose:</u> Apply cream vs. 300 mg</p>
6.	<p>Enjuvia (Conjugated Estrogens)</p> <p><u>Tablets:</u> 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</p> <p><u>Usual Dose:</u> One tablet once daily.</p>	<p><u>Orthographic:</u> The letter string ‘Enj’ can appear similar when scripted to the letter string ‘Enty’ in the proposed name.</p>	<p><u>Orthographic:</u> The presence of the letter ‘t’ before the downstroke ‘y’ in Entyvio gives the name a different shape.</p> <p><u>Frequency of Administration:</u> Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p> <p><u>Dose:</u> One tablet vs. 300 mg</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
7.	<p>Exalgo (Hydromorphone hydrochloride)</p> <p><u>Extended Release Tablets:</u> 8 mg, 12 mg, 16 mg, 32 mg</p> <p><u>Usual Dose:</u> One tablet once daily. (Only for opioid-tolerant patients and dose is individualized based on patient’s prior analgesic experience.)</p>	<p><u>Orthographic:</u> The letter string ‘Exal’ can appear similar when scripted to the letter string ‘Ent’ in the proposed name.</p>	<p><u>Orthographic:</u> The position of the upstroke and downstroke are different in both names giving them a different shape.</p> <p><u>Dose:</u> One tablet vs. 300 mg</p> <p><u>Frequency of Administration:</u> Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p>
8.	<p>Entereg (Alvimopan)</p> <p><u>Capsule:</u> 12 mg</p> <p><u>Usual Dose:</u> Initial: 12 mg administered 30 minutes to 5 hours prior to surgery Maintenance: 12 mg twice daily beginning the day after surgery for a maximum of 7 days or until discharged from hospital (maximum total treatment: 15 doses)</p>	<p><u>Orthographic:</u> The prefix contains the same letter string ‘Ent’ as the proposed name.</p>	<p><u>Orthographic:</u> The letter string ‘ereg’ produces a different shape for Entereg when scripted because the downstroke (‘g’) is at the end of the name vs. the downstroke (‘y’) occurring in the middle of the name Entyvio.</p> <p><u>Dose:</u> One capsule vs. 300 mg</p> <p><u>Frequency of Administration:</u> Prior to surgery or twice daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
9.	<p>Integrilin (Eptifibatide)</p> <p><u>Solution for Injection:</u> 0.75 mg/mL, 2 mg/mL</p> <p><u>Usual Dose:</u> 180 mcg/kg as an intravenous (IV) bolus as soon as possible following diagnosis, followed by a continuous infusion of 2 mcg/kg/min until hospital discharge or initiation of coronary artery bypass graft (CABG) surgery, up to 72 hours</p>	<p><u>Orthographic:</u> The letter string 'Int' can appear similar when scripted to the letter string 'Ent' in the proposed name.</p> <p><u>Route of Administration:</u> Intravenous</p> <p><u>Dose:</u> 2 mg/kg/min vs. 300 mg</p>	<p><u>Orthographic:</u> The name Integrilin produces a different shape because it has one downstroke ('g') and two upstrokes ('t', 'l') vs. one downstroke ('y') and one upstroke ('t') in Entyvio. Additionally, the name Integrilin (10 letters) appears longer scripted as compared to the name Entyvio (7 letters).</p> <p><u>Dose:</u> 180 mcg/kg or 2 mg/kg/min vs. 300 mg</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p>
10.	<p>Entuss Expectorant (Hydrocodone and Potassium Guaiacolsulfonate)</p> <p><u>Oral Solution:</u> 5 mg-300 mg/5 ml</p> <p><u>Usual Dose:</u> 5 to 7.5 mL four times daily as needed.</p>	<p><u>Orthographic:</u> The prefix contains the same letter string 'Ent' as the proposed name.</p> <p><u>Partial Numerical Overlap in Strength:</u> 5 mg-300mg vs. 300 mg</p>	<p><u>Orthographic:</u> The name Entuss produces a different shape when scripted because of no downstrokes and one upstroke ('t') vs. one downstroke ('y') and one upstroke ('t') in the name Entyvio.</p> <p><u>Dose:</u> 5 to 7.5 mL vs. 300 mg</p> <p><u>Frequency of Administration:</u> Four times daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
11.	<p>Antizol (Fomepizole)</p> <p><u>Solution for Injection:</u> 1 g/mL</p> <p><u>Usual Dose:</u> Loading dose of 15 mg/kg IV should be given, followed by 10 mg/kg IV every 12 hours for 4 doses, then 15 mg/kg every 12 hours until ethylene glycol or methanol serum concentrations are undetectable or < 20 mg/dl for ethylene, and the patient is asymptomatic with normal pH.</p>	<p><u>Orthographic:</u> The letter string ‘Ant’ may appear similar to the letter string ‘Ent’ in Entyvio when scripted.</p> <p><u>Route of Administration:</u> Intravenous</p>	<p><u>Orthographic:</u> The name Antizol produces a different shape since the upstroke (‘l’) occurs at the end of the name vs. no upstroke at the end of the name Entyvio.</p> <p><u>Dose:</u> 15 mg/kg or 10 mg/kg vs. 300 mg</p>

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No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
13.	<p>Etravirine</p> <p><u>Tablets:</u> 25 mg, 100 mg, 200 mg</p> <p><u>Usual Dose:</u> 200 mg twice daily.</p>	<p><u>Orthographic:</u></p> <p>The letter string ‘Etr’ may appear similar to the letter string ‘Ent’ in the proposed name when scripted.</p>	<p><u>Orthographic:</u></p> <p>The name Etravirine yields a different shape since there is no downstroke vs. one downstroke (‘y’) in the name Entyvio. Additionally, the name Etravirine (10 letters) appears longer scripted as compared to the name Entyvio (7 letters).</p> <p><u>Strength:</u></p> <p>There is no overlap in strength or numerical similarity.</p> <p><u>Frequency of Administration:</u></p> <p>Twice daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
14.	<p>Aventyl (Nortriptyline hydrochloride)</p> <p><u>Capsules and Oral Solution:</u></p> <p>Capsules: 10 mg, 25 mg; Oral Solution: 10 mg/5 mL</p> <p><u>Usual Dose:</u></p> <p>25 mg three to four times daily up to 150 mg daily.</p>	<p><u>Orthographic:</u></p> <p>The letter string ‘Ave’ appears similar to the letter string ‘En’ in Entyvio when scripted.</p>	<p><u>Orthographic:</u></p> <p>The position of the letters ‘ty’ is at the end (2nd and 3rd to the last letter) of the name Aventyl which gives the name a different shape vs. the position of the letters ‘ty’ in the middle (2nd and 3rd to the first letter) in the name Entyvio. Additionally the upstroke (‘l’) occurs at the end of the name Aventyl vs. the upstroke (‘t’) occurring in the middle of the name Entyvio.</p> <p><u>Dose:</u></p> <p>1 capsule or 25 mg vs. 300 mg</p> <p><u>Strength:</u></p> <p>There is no overlap in strength or numerical similarity.</p> <p><u>Frequency of Administration:</u></p> <p>Three to four times daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p>

No.	Proposed name: Entyvio Dosage Form(s): Sterile powder for injection Strength(s): 300 mg/vial Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.	Failure Mode: Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion Causes (could be multiple)	Prevention of Failure Mode In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names
15.	Entocort EC (Budesonide) <u>Extended Release Capsule:</u> 3 mg <u>Usual Dose:</u> 9 mg once daily in the morning	<u>Orthographic:</u> The prefix contains the same letter string 'Ent' as the proposed name.	<u>Orthographic:</u> The name Entocort yields a different shape since there is no downstroke in the name vs. the downstroke ('y') in Entyvio. <u>Dose:</u> 9 mg vs. 300 mg <u>Frequency of Administration:</u> Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.
16.	Evista (Raloxifene hydrochloride) <u>Tablet:</u> 60 mg <u>Usual Dose:</u> One tablet once daily.	<u>Orthographic:</u> The letter string 'Evi' appears similar to the letter string 'En' in Entyvio when scripted.	<u>Orthographic:</u> The name Evista yields a different shape since there is no downstroke and the upstroke ('t') occurs in the suffix of the name vs. the presence of the downstroke ('y') and upstroke ('t') occurring in the prefix of Entyvio. <u>Dose:</u> One tablet or 60 mg vs. 300 mg <u>Frequency of Administration:</u> Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
17.	<p>Inspira (Eplerenone)</p> <p><u>Tablets:</u> 25 mg, 50 mg</p> <p><u>Usual Dose:</u> 50 mg once daily.</p>	<p><u>Orthographic:</u> The letter string ‘In’ may appear similar to the letter string ‘En’ in Entyvio when scripted.</p>	<p><u>Orthographic:</u> Entyvio has an additional upstroke ‘t’ in the name that is absent in Inspira giving the names a different shape.</p> <p><u>Frequency of Administration:</u> Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p>
18.	<p>Intuniv (Guanfacine)</p> <p><u>Extended Release Tablets:</u> 1 mg, 2 mg, 3 mg, 4 mg</p> <p><u>Usual Dose:</u> 1 to 4 mg once daily.</p>	<p><u>Orthographic:</u> The letter string ‘Int’ appears similar to the letter string ‘Ent’ in Entyvio when scripted.</p> <p><u>Phonetic:</u> The first syllable in the two names may sound similar when spoken (‘Int’ in Intuniv vs. ‘Ent’ in Entyvio).</p>	<p><u>Orthographic:</u> The name Intuniv yields a different shape since there is no downstroke vs. the presence of the downstroke (‘y’) in Entyvio.</p> <p><u>Phonetic:</u> The second syllable (‘tu’ vs. ‘ty’) and last syllable (‘niv’ vs. ‘vio’) in each name sounds different and can help differentiate the two names when spoken.</p> <p><u>Dose:</u> 1 to 4 mg vs. 300 mg</p> <p><u>Frequency of Administration:</u> Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
19.	<p>Ethyol (Amifostine)</p> <p><u>Powder for Injection:</u> 500 mg/vial</p> <p><u>Usual Dose:</u> Initial dosage for renal toxicity: 910 mg/m² once daily as a 15-minute intravenous (IV) infusion, starting 30 minutes prior to chemotherapy.</p> <p>Xerostomia: 200 mg/m² once daily as a 3-minute IV infusion 15 to 30 minutes prior to standard fraction radiation therapy.</p>	<p><u>Orthographic:</u> The letter string ‘Eth’ may appear similar to the letter string ‘Ent’ in the proposed name when scripted.</p> <p><u>Phonetic:</u> The first syllable in the two names may sound similar when spoken (‘Eth’ in Ethyol vs. ‘En’ in Entyvio).</p> <p><u>Route of Administration:</u> Intravenous</p> <p><u>Dose:</u> 200 mg/m² vs. 300 mg</p>	<p><u>Orthographic:</u> The letter string ‘yol’ yields a different shape for Ethyol since the upstroke (‘l’) occurs at the end of the name vs. no upstroke at the end of the name Entyvio.</p> <p><u>Phonetic:</u> The first syllable (‘E’ vs. ‘En’) and last syllable (‘ol’ vs. ‘vio’) in each name sounds different and can help differentiate the two names when spoken.</p> <p><u>Frequency of Administration:</u> Prior to therapy vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
20.	<p>Epiduo (Benzoyl peroxide and Adapalene)</p> <p><u>Topical gel:</u> 2.5%/0.1%</p> <p><u>Usual Dose:</u> Apply once daily to affected areas after skin has been cleaned and dried.</p>	<p><u>Orthographic:</u> The letter string ‘uo’ may look similar to the letter string ‘vio’ in Entyvio when scripted.</p> <p><u>Phonetic:</u> The last syllable in the two names may sound similar when spoken (‘duo’ in Epiduo vs. ‘vio’ in Entyvio).</p>	<p><u>Orthographic:</u> The name Epiduo has a different shape since the downstroke (‘p’) occurs in the prefix vs. the downstroke (‘y’) occurring the middle of the name Entyvio. Additionally, the position of the second upstroke is different.</p> <p><u>Phonetic:</u> The first syllable (‘Ep’ vs. ‘En’) and second syllable (‘pi’ vs. ‘ty’) in each name sounds different and can help differentiate the two names when spoken.</p> <p><u>Dose:</u> Apply gel vs. 300 mg</p> <p><u>Frequency of Administration:</u> Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
21.	<p>Entero Vu (Barium Sulfate)</p> <p><u>Packet and Oral Suspension:</u></p> <p>Packet: 13%</p> <p>Oral Suspension: 13%, 24%</p> <p><u>Usual Dose:</u></p> <p>Use as directed by physician prior to procedure.</p>	<p><u>Orthographic:</u></p> <p>The prefix contains the same letter string ‘Ent’ as the proposed name.</p> <p><u>Phonetic:</u></p> <p>The first syllable is pronounced the same as the first syllable in the the proposed name.</p>	<p><u>Orthographic:</u></p> <p>The name Entero Vu yields a different shape when scripted since there is no downstroke vs. one downstroke (‘y’) in Entyvio. Additionally, if included, the modifier ‘Vu’ can help differentiate Entero Vu and Entyvio when scripted.</p> <p><u>Phonetic:</u></p> <p>The second syllable (‘ter’ vs. ‘ty’) and third syllable (‘ro’ vs. ‘vi’) in each name sounds different and can help differentiate the two names when spoken.</p> <p><u>Dose:</u></p> <p>UAD vs. 300 mg</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
22.	<p>Enduron (Methylclothiazide)</p> <p><u>Tablets:</u> 2.5 mg, 5 mg</p> <p><u>Usual Dose:</u> One tablet once daily.</p>	<p><u>Orthographic:</u> The letter string ‘End’ may look similar to the letter string ‘Ent’ in Entyvio when scripted.</p> <p><u>Phonetic:</u> The first syllable in the two names may sound similar when spoken (‘End’ in Enduron vs. ‘Ent’ in Entyvio).</p>	<p><u>Orthographic:</u> The name Enduron yields a different shape when scripted since there is no downstroke vs. one downstroke (‘y’) in Entyvio.</p> <p><u>Phonetic:</u> The second syllable (‘dur’ vs. ‘ty’) and third syllable (‘ron’ vs. ‘vi’) in each name sounds different and can help differentiate the two names when spoken.</p> <p><u>Dose:</u> One tablet vs. 300 mg</p> <p><u>Frequency of Administration:</u> Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
23.	<p>Entecavir</p> <p><u>Tablets and Oral Solution:</u></p> <p>Tablets: 0.5 mg, 1 mg</p> <p>Oral Solution: 0.05 mg/mL</p> <p><u>Usual Dose:</u></p> <p>0.5mg to 1 mg once daily.</p>	<p><u>Orthographic:</u></p> <p>The prefix contains the same letter string ‘Ent’ as the proposed name.</p> <p><u>Phonetic:</u></p> <p>The first syllable is pronounced the same as the first syllable in the the proposed name.</p>	<p><u>Orthographic:</u></p> <p>The name Entecavir (9 letters) appears longer scripted as compared to the name Entyvio (7 letters). Additionally, the name Entecavir has no downstroke vs. the downstroke (‘y’) in Entyvio giving the names a different shape.</p> <p><u>Phonetic:</u></p> <p>The last three syllables (‘tecavir’ vs. ‘tyvio’) in each name sounds different and can help differentiate the two names when spoken.</p> <p><u>Dose:</u></p> <p>0.5 mg to 1 mg vs. 300 mg</p> <p><u>Frequency of Administration:</u></p> <p>Once daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p> <p><u>Strength:</u></p> <p>There is no overlap in strength or numerical similarity.</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
24.	<p>Incevik (Telaprevir)</p> <p><u>Tablet:</u> 375 mg</p> <p><u>Usual Dose:</u> 750 mg three times daily with food.</p>	<p><u>Orthographic:</u> The letter string ‘In’ may look similar to the letter string ‘En’ in Entyvio when scripted.</p> <p><u>Phonetic:</u> The first syllable (‘In’ vs. ‘En’) and second syllable (‘zy’ vs. ‘ty’) in the two names may sound similar when spoken.</p>	<p><u>Orthographic:</u> The position of the second upstroke is different in both names giving the names a different shape.</p> <p><u>Phonetic:</u> The second syllable (‘cev’ vs. ‘ty’) and third syllable (‘vik’ vs. ‘vi’) in each name sounds different and can help differentiate the two names when spoken.</p> <p><u>Dose:</u> 750 mg or 2 tablets vs. 300 mg</p> <p><u>Frequency of Administration:</u> Three times daily vs. Over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter.</p> <p><u>Strength:</u> There is no overlap in strength or numerical similarity.</p>

No.	<p>Proposed name: Entyvio</p> <p>Dosage Form(s): Sterile powder for injection</p> <p>Strength(s): 300 mg/vial</p> <p>Usual Dose: 300 mg IV infusion over 30 minutes at weeks 0, 2, and 6, then 8 weeks thereafter during the maintenance period.</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>
25.	<p>Zontivity*** (Vorapaxar sulfate)</p> <p><u>Tablet:</u> 2.5 mg</p> <p><u>Usual Dose:</u> 2.5 mg once daily</p> <p><u>Note:</u> This name was submitted for review on May 15, 2013 under NDA 204886 with OSE RCM# 2013-1197</p>	<p><u>Orthographic similarity</u> Both names contain an upstroke letter 't' in the infix and the identical letter string ('vi') towards the end of the names.</p> <p><u>Phonetic similarity</u> Both names contain 4 syllables. Additionally, both names have identical sounding second and third syllables (from 'tivi' vs. 'tyvi').</p> <p><u>Strength:</u> Both are single strength products so the strength may be omitted on a prescription</p>	<p><u>Orthographic differences</u> The beginning letters 'Z' and 'E' look different when scripted. Additionally, Entyvio contains a downstroke letter 'y' not found in Zontivity, and the names have different suffix letters ('o' vs. 'ty')</p> <p><u>Phonetic differences</u> The two names have phonetically different first syllable ('En' vs. 'Zon') and fourth syllable ('o' vs. ty')</p> <p><u>Frequency of administration:</u> Once daily vs. intravenous bolus injection over 30 minutes at weeks 0, 2, and 6, then every 8 weeks thereafter during the maintenance period.</p>

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/s/

LISA V KHOSLA
08/19/2013

LUBNA A MERCHANT
08/19/2013

CAROL A HOLQUIST
08/20/2013