

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*

**125499Orig1s000**

**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 9, 2013

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Drug Name(s) and Strength(s): Plegridy (Peginterferon beta-1a) Injection  
Plegridy Pen (Peginterferon beta-1a) Injection  
63 mcg/0.5 mL, 94 mcg/0.5 mL, 125 mcg/0.5 mL

Application Type/Number: BLA 125499

Applicant/Sponsor: Biogen Idec

OSE Panorama #: 3278 and 3277

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# 1 INTRODUCTION

This review evaluates the proposed proprietary names, Plegridy and Plegridy Pen, 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.

The Division of Medication Error Prevention and Analysis (DMEPA) previously evaluated the proposed proprietary names, Plegridy and Plegridy Pen, in the IND 100110 and found both names conditionally acceptable (see OSE review # 2012-2154 and 2012-2155, dated March 8, 2013).

## 1.1 PRODUCT INFORMATION

The following product information is provided in the May 15, 2013 proprietary name submission.

- Active Ingredient: Peginterferon beta-1a
- Indication of Use: Treatment of patients with relapsing forms of multiple sclerosis
- Route of Administration: Subcutaneous
- Dosage Form: Injection
- Strength: 63 mcg/0.5 mL, 94 mcg/0.5 mL and 125 mcg/0.5 mL
- Dose and Frequency:

Dose	Time*	Amount (micrograms)	Pen or Syringe label
Dose 1	Day 1	63	Orange
Dose 2	Week 2	94	Blue
Dose 3	Week 4 and every 2 weeks thereafter	125 (full dose)	Grey

\*Dosed every 2 weeks

- How Supplied:
  - Plegridy Pen (Single-Use Prefilled Pen) and Plegridy (Single-Use Prefilled Syringe)
    -  (b) (4)
    - Carton containing two single-use prefilled pens or syringes, each providing 125 mcg
    - Starter Pack containing two single-use prefilled pens or syringes: dose 1 provides 63 mcg and dose 2 provides 94 mcg
- Storage:
  - Store in the closed original carton to protect from light until ready for injection. Store in a refrigerator between 2°C to 8°C (36°F to 46°F). **Do not freeze.** Discard if frozen.  (b) (4). Once

removed from the refrigerator, Plegridy should be allowed to warm to room temperature (about 30 minutes) prior to injection. Do not use external heat sources such as hot water to warm Plegridy.

- Should refrigeration be unavailable, Plegridy may be stored between 2°C to 25°C (36°F to 77°F) for a period up to 30 days, protected from light. Plegridy can be removed from and returned to the refrigerator if necessary. The total combined time out of refrigeration, within a temperature range of 2°C to 25°C (36°F to 77°F), should not exceed 30 days.
- Container and Closure Systems:
  - Single-Use Prefilled Pen: Each unit of Plegridy is stored in a 1 mL glass syringe with a (b) (4) rubber stopper and rigid needle shield. A 29 gauge, 0.5 inch staked needle is pre-affixed to the syringe. A single prefilled syringe contains 0.5 mL of solution of Plegridy containing either 63 mcg, 94 mcg, or 125 mcg of peginterferon beta-1a. The glass syringe is contained within a single-use, disposable, injection device (pre-filled pen).
  - Single-Use Prefilled Syringe: Each unit of Plegridy is stored in a 1 mL glass syringe with a (b) (4) rubber stopper and rigid needle shield. A 29 gauge, 0.5 inch staked needle is pre-fixed to the syringe. A single prefilled syringe contains 0.5 mL of solution of Plegridy containing either 63 mcg, 94 mcg, or 125 mcg of peginterferon beta-1a.

## 2 RESULTS

The following sections provide 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 Neurology Products (DNP) 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 June 30, 2013 search of the United States Adopted Name (USAN) stems did not identify that a USAN stem is present in the proposed proprietary names.

#### 2.2.2 *Components of the Proposed Proprietary Name*

Plegridy Pen is comprised of two words, the root name, Plegridy and a modifier, Pen, to represent the delivery system of Plegridy. We previously analyzed the modifier in OSE Review # 2012-2154 and 2012-2155, dated March 8, 2013, and found it acceptable.

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

Sixty nine practitioners participated in DMEPA's prescription studies for Plegridy. 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. The majority of outpatient written prescriptions were interpreted correctly. Several participants interpreted 'ri' as 'u' or 'ui' in the inpatient written prescription study. Misinterpretations in the verbal prescription study included 'd' as 't' and 'y' as 'i'. We have considered these variations in our look-alike and sound-alike searches and analysis (see Appendix B). Appendix C contains the results from the verbal and written prescription studies.

Seventy eight practitioners participated in DMEPA's prescription studies for Plegridy Pen. The interpretations did not overlap with any currently marketed products, but in several responses in both the written and verbal studies, the modifier 'Pen' was dropped; therefore, the interpretation overlapped with Plegridy. The majority of outpatient and inpatient written prescriptions were interpreted correctly; however, several participants interpreted the 'y' as 'g'. Misinterpretations in the verbal prescription study included 'pl' as 'zy' and 'y' as 'i'. We previously discussed our evaluation of dropping the modifier and confusion within the Plegridy product line in OSE Review # 2012-2154 and 2012-2155, dated March 8, 2013. Appendix C contains the results from the verbal and written prescription studies.

### **2.2.4 Comments from Other Review Disciplines at Initial Review**

In response to the OSE, June 13, 2013 e-mail, DNP did not forward any comments or concerns relating to the proposed proprietary names at the initial phase of the review.

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

Since our previous review of Plegridy and Plegridy Pen, the product characteristics have changed. (b) (4)

The Applicant now proposes a maintenance dose of 125 mcg every 2 weeks (b) (4) and the titration schedule has been included for our evaluation (See Section 1.2 for product information). Because the product characteristics have been revised, we evaluated the previously identified names of potential concern (OSE review # 2012-2154 and 2012-2155, dated March 8, 2013) and considered any lessons learned from recent post-marketing experience, which may have altered our previous conclusion regarding the acceptability of the proposed proprietary name. Our evaluation determined that the change in product characteristics does not change our previous conclusion.

Appendix B lists possible orthographic and phonetic misinterpretations of the letters appearing in the proposed proprietary names, Plegridy and Plegridy Pen. Tables 1 and 2 list the newly identified names with potential orthographic, phonetic, or spelling similarity to the proposed proprietary names, Plegridy and Plegridy Pen identified by the primary reviewer (PR), the Expert Panel Discussion (EPD), and other review disciplines.

Our analysis determined none of the 12 names contained in Table 1 pose a risk for confusion as described in Appendices D through E.

<b>Table 1: Collective List of Potentially Similar Names (DMEPA, EPD, and Other Disciplines)</b>					
<b>Look Similar to Plegridy (n=9)</b>					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Pliagel	PR	Triglide	PR	Delzicol	PR
Plagrida	PR	Zegerid	PR	Pro-Gest	PR
Plenaxis <sup>†</sup>	EPD	Proquad	PR	PregVit	PR
<b>Sound Similar to Plegridy (n=1)</b>					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
(b) (4)	PR				

<sup>†</sup>Names identified by EPD for both Plegridy and Plegridy Pen.

<b>Table 2: Collective List of Potentially Similar Names (DMEPA, EPD, and Other Disciplines)</b>					
<b>Look Similar to Plegridy Pen (n=2)</b>					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Plenaxis <sup>†</sup>	EPD	Avonex Pen	EPD		
<b>Sound Similar to Plegridy Pen (n=1)</b>					
<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>	<i>Name</i>	<i>Source</i>
Pregabalin	PR				

<sup>†</sup>Names identified by EPD for both Plegridy and Plegridy Pen.

### 2.2.7 Communication of DMEPA's Analysis at Midpoint of Review

DMEPA communicated our findings to DNP via e-mail on July 18, 2013. At that time we also requested additional information or concerns that could inform our review. Per e-mail correspondence from DNP on July 23, 2013, they stated no additional concerns with the proposed proprietary names, Plegridy and Plegridy Pen.

## 3 CONCLUSIONS

The proposed proprietary names are acceptable from both a promotional and safety perspective.

If you have further questions or need clarifications, please contact Ermias Zerislassie, OSE project manager, at 301-796- 0097.

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

We have completed our review of the proposed proprietary names, Plegridy and Plegridy Pen, and have concluded that the names are acceptable.

The proposed proprietary names must be re-reviewed 90 days prior to approval of the BLA. The results are subject to change. If any of the proposed product characteristics as stated in your May 15, 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](http://www.clinicalpharmacology-ip.com))

Clinical Pharmacology contains full monographs for the most common drugs in clinical use, plus mini monographs covering investigational, less common,

combination, nutraceutical and nutritional products. It also provides a keyword search engine.

**9. *Natural Medicines Comprehensive Databases* ([www.naturaldatabase.com](http://www.naturaldatabase.com))**

Natural Medicines contains up-to-date clinical data on the natural medicines, herbal medicines, and dietary supplements used in the western world.

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

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

**11. *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.

**12. *Red Book* ([www.thomsonhc.com/home/dispatch](http://www.thomsonhc.com/home/dispatch))**

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

**13. *Lexi-Comp* ([www.lexi.com](http://www.lexi.com))**

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

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

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

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

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

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

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

**17. *Rx List* ([www.rxlist.com](http://www.rxlist.com))**

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

**18. Dogpile ([www.dogpile.com](http://www.dogpile.com))**

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

**19. Natural Standard (<http://www.naturalstandard.com>)**

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

## APPENDICES

### Appendix A

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

The safety assessment is conducted by DMEPA. DMEPA staff search a standard set of databases and information sources to identify names that are similar in pronunciation, spelling, and orthographically similar when scripted to the proposed proprietary name. Additionally, we consider inclusion of USAN stems or other characteristics that when incorporated into a proprietary name may cause or contribute to medication errors (i.e., dosing interval, dosage form/route of administration, medical or product name abbreviations, names that include or suggest the composition of the drug product, etc.). DMEPA defines a medication error as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.<sup>1</sup>

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

The DMEPA primary reviewer assigned to evaluate the proposed proprietary name is responsible for considering the collective findings, and provides an overall risk assessment of the proposed proprietary name. DMEPA bases the overall risk assessment on the findings of a Failure Mode and Effects Analysis (FMEA) of the proprietary name and misleading nature of the proposed proprietary name with a focus on the avoidance of medication errors.

DMEPA uses the clinical expertise of its staff to anticipate the conditions of the clinical setting where the product is likely to be used based on the characteristics of the proposed product. DMEPA considers the product characteristics associated with the proposed product throughout the risk assessment because the product characteristics of the proposed may provide a context for communication of the drug name and ultimately determine the use of the product in the *usual* clinical practice setting.

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

Typical product characteristics considered when identifying drug names that could potentially be confused with the proposed proprietary name include, but are not limited to; established name of the proposed product, proposed indication of use, dosage form, route of administration, strength, unit of measure, dosage units, recommended dose, typical quantity or volume, frequency of administration, product packaging, storage conditions, patient population, and prescriber population. DMEPA considers how these product characteristics may or may not be present in communicating a product name throughout the medication use system. Because drug name confusion can occur at any point in the medication use process, DMEPA considers the potential for confusion throughout the entire U.S. medication use process, including drug procurement, prescribing and ordering, dispensing, administration, and monitoring the impact of the medication.<sup>2</sup>

The DMEPA considers the spelling of the name, pronunciation of the name when spoken, and appearance of the name when scripted. DMEPA compares the proposed proprietary name with the proprietary and established name of existing and proposed drug products and names currently under review at the FDA. DMEPA compares the pronunciation of the proposed proprietary name with the pronunciation of other drug names because verbal communication of medication names is common in clinical settings. DMEPA examines the phonetic similarity using patterns of speech. If provided, DMEPA will consider the Sponsor's intended pronunciation of the proprietary name. However, DMEPA also considers a variety of pronunciations that could occur in the English language because the Sponsor has little control over how the name will be spoken in clinical practice. The orthographic appearance of the proposed name is evaluated using a number of different handwriting samples. DMEPA applies expertise gained from root-cause analysis of postmarketing medication errors to identify sources of ambiguity within the name that could be introduced when scripting (e.g., "T" may look like "F," lower case 'a' looks like a lower case 'u,' etc). Additionally, other orthographic attributes that determine the overall appearance of the drug name when scripted (see Table 1 below for details).

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<sup>2</sup> Institute of Medicine. Preventing Medication Errors. The National Academies Press: Washington DC. 2006.

**Table 1.** Criteria Used to Identify Drug Names that Look- or Sound-Similar to a Proposed Proprietary Name.

<b>Type of Similarity</b>	<b>Considerations when Searching the Databases</b>		
	<i>Potential Causes of Drug Name Similarity</i>	<i>Attributes Examined to Identify Similar Drug Names</i>	<i>Potential Effects</i>
Look-alike	Similar spelling	Identical prefix Identical infix Identical suffix Length of the name Overlapping product characteristics	<ul style="list-style-type: none"> <li>Names may appear similar in print or electronic media and lead to drug name confusion in printed or electronic communication</li> <li>Names may look similar when scripted and lead to drug name confusion in written communication</li> </ul>
	Orthographic similarity	Similar spelling Length of the name/Similar shape Upstrokes Down strokes Cross-strokes Dotted letters Ambiguity introduced by scripting letters Overlapping product characteristics	<ul style="list-style-type: none"> <li>Names may look similar when scripted, and lead to drug name confusion in written communication</li> </ul>
Sound-alike	Phonetic similarity	Identical prefix Identical infix Identical suffix Number of syllables Stresses Placement of vowel sounds Placement of consonant sounds Overlapping product characteristics	<ul style="list-style-type: none"> <li>Names may sound similar when pronounced and lead to drug name confusion in verbal communication</li> </ul>

Lastly, DMEPA considers the potential for the proposed proprietary name to inadvertently function as a source of error for reasons other than name confusion. Post-marketing experience has demonstrated that proprietary names (or components of the proprietary name) can be a source of error in a variety of ways. Consequently, DMEPA considers and evaluates these broader safety implications of the name throughout this assessment and the medication error staff provides additional comments related to the

safety of the proposed proprietary name or product based on professional experience with medication errors.

### **1. Database and Information Sources**

DMEPA searches the internet, several standard published drug product reference texts, and FDA databases to identify existing and proposed drug names that may sound-alike or look-alike to the proposed proprietary name. A standard description of the databases used in the searches is provided in the reference section of this review. To complement the process, the DMEPA uses a computerized method of identifying phonetic and orthographic similarity between medication names. The program, Phonetic and Orthographic Computer Analysis (POCA), uses complex algorithms to select a list of names from a database that have some similarity (phonetic, orthographic, or both) to the trademark being evaluated. Lastly, DMEPA reviews the USAN stem list to determine if any USAN stems are present within the proprietary name. The individual findings of multiple safety evaluators are pooled and presented to the CDER Expert Panel. DMEPA also evaluates if there are characteristics included in the composition that may render the name unacceptable from a safety perspective (abbreviation, dosing interval, etc.).

### **2. Expert Panel Discussion**

DMEPA gathers CDER professional opinions on the safety of the proposed product and discussed the proposed proprietary name (Expert Panel Discussion). The Expert Panel is composed of Division of Medication Errors Prevention (DMEPA) staff and representatives from the Office of Prescription Drug Promotion (OPDP). We also consider input from other review disciplines (OND, ONDQA/OBP). The Expert Panel also discusses potential concerns regarding drug marketing and promotion related to the proposed names.

The primary Safety Evaluator presents the pooled results of the database and information searches to the Expert Panel for consideration. Based on the clinical and professional experiences of the Expert Panel members, the Panel may recommend additional names, additional searches by the primary Safety Evaluator to supplement the pooled results, or general advice to consider when reviewing the proposed proprietary name.

### **3. FDA Prescription Simulation Studies**

Three separate studies are conducted within the Centers of the FDA for the proposed proprietary name to determine the degree of confusion of the proposed proprietary name with marketed U.S. drug names (proprietary and established) due to similarity in visual appearance with handwritten prescriptions or verbal pronunciation of the drug name. The studies employ healthcare professionals (pharmacists, physicians, and nurses), and attempts to simulate the prescription ordering process. The primary Safety Evaluator uses the results to identify orthographic or phonetic vulnerability of the proposed name to be misinterpreted by healthcare practitioners.

In order to evaluate the potential for misinterpretation of the proposed proprietary name in handwriting and verbal communication of the name, inpatient medication orders and/or outpatient prescriptions are written, each consisting of a combination of marketed and unapproved drug products, including the proposed name. These orders are optically

scanned and one prescription is delivered to a random sample of participating health professionals via e-mail. In addition, a verbal prescription is recorded on voice mail. The voice mail messages are then sent to a random sample of the participating health professionals for their interpretations and review. After receiving either the written or verbal prescription orders, the participants record their interpretations of the orders which are recorded electronically.

#### **4. Comments from Other Review Disciplines**

DMEPA requests the Office of New Drugs (OND) and/or Office of Generic Drugs (OGD), ONDQA or OBP for their comments or concerns with the proposed proprietary name, ask for any clinical issues that may impact the DMEPA review during the initial phase of the name review. Additionally, when applicable, at the same time DMEPA requests concurrence/non-concurrence with OPDP's decision on the name. The primary Safety Evaluator addresses any comments or concerns in the safety evaluator's assessment.

The OND/OGD Regulatory Division is contacted a second time following our analysis of the proposed proprietary name. At this point, DMEPA conveys their decision to accept or reject the name. The OND or OGD Regulatory Division is requested to provide any further information that might inform DMEPA's final decision on the proposed name.

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

#### **5. Safety Evaluator Risk Assessment of the Proposed Proprietary Name**

The primary Safety Evaluator applies his/her individual expertise gained from evaluating medication errors reported to FDA, considers all aspects of the name that may be misleading or confusing, conducts a Failure Mode and Effects Analysis, and provides an overall decision on acceptability dependent on their risk assessment of name confusion. Failure Mode and Effects Analysis (FMEA) is a systematic tool for evaluating a process and identifying where and how it might fail.<sup>3</sup> When applying FMEA to assess the risk of a proposed proprietary name, DMEPA seeks to evaluate the potential for a proposed proprietary name to be confused with another drug name because of name confusion and, thereby, cause errors to occur in the medication use system. FMEA capitalizes on the predictable and preventable nature of medication errors associated with drug name confusion. FMEA allows the Agency to identify the potential for medication errors due to orthographically or phonetically similar drug names prior to approval, where actions to overcome these issues are easier and more effective than remedies available in the post-approval phase.

In order to perform an FMEA of the proposed name, the primary Safety Evaluator must analyze the use of the product at all points in the medication use system. Because the proposed product is has not been marketed, the primary Safety Evaluator anticipates the use of the product in the usual practice settings by considering the clinical and product

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<sup>3</sup> Institute for Healthcare Improvement (IHI). Failure Mode and Effects Analysis. Boston. IHI:2004.

characteristics listed in Section 1.2 of this review. The Safety Evaluator then analyzes the proposed proprietary name in the context of the usual practice setting and works to identify potential failure modes and the effects associated with the failure modes.

In the initial stage of the Risk Assessment, the Safety Evaluator compares the proposed proprietary name to all of the names gathered from the above searches, Expert Panel Discussion, and prescription studies, external studies, and identifies potential failure modes by asking:

***“Is the proposed proprietary name convincingly similar to another drug name, which may cause practitioners to become confused at any point in the usual practice setting? And are there any components of the name that may function as a source of error beyond sound/look-alike?”***

An affirmative answer indicates a failure mode and represents a potential for the proposed proprietary name to be confused with another proprietary or established drug name because of look- or sound-alike similarity or because of some other component of the name. If the answer to the question is no, the Safety Evaluator is not convinced that the names possess similarity that would cause confusion at any point in the medication use system, thus the name is eliminated from further review.

In the second stage of the Risk Assessment, the primary Safety Evaluator evaluates all potential failure modes to determine the likely *effect* of the drug name confusion, by asking:

***“Could the confusion of the drug names conceivably result in medication errors in the usual practice setting?”***

The answer to this question is a central component of the Safety Evaluator’s overall risk assessment of the proprietary name. If the Safety Evaluator determines through FMEA that the name similarity would not ultimately be a source of medication errors in the usual practice setting, the primary Safety Evaluator eliminates the name from further analysis. However, if the Safety Evaluator determines through FMEA that the name similarity could ultimately cause medication errors in the usual practice setting, the Safety Evaluator will then recommend the use of an alternate proprietary name.

Moreover, DMEPA will object to the use of proposed proprietary name when the primary Safety Evaluator identifies one or more of the following conditions in the Overall Risk Assessment:

- a. OPDP finds the proposed proprietary name misleading from a promotional perspective, and the Review Division concurs with OPDP’s findings. The Federal Food, Drug, and Cosmetic Act provides that labeling or advertising can misbrand a product if misleading representations are made or suggested by statement, word, design, device, or any combination thereof, whether through a PROPRIETARY name or otherwise [21 U.S.C 321(n); See also 21 U.S.C. 352(a) & (n)].
- b. DMEPA identifies that the proposed proprietary name is misleading because of similarity in spelling or pronunciation to another proprietary or established name of a different drug or ingredient [CFR 201.10.(C)(5)].

- c. FMEA identifies the potential for confusion between the proposed proprietary name and other proprietary or established drug name(s), and demonstrates that medication errors are likely to result from the drug name confusion under the conditions of usual clinical practice.
- d. The proposed proprietary name contains an USAN (United States Adopted Names) stem.
- e. DMEPA identifies a potential source of medication error within the proposed proprietary name. For example, the proprietary name may be misleading or, inadvertently, introduce ambiguity and confusion that leads to errors. Such errors may not necessarily involve confusion between the proposed drug and another drug product but involve a naming characteristic that when incorporated into a proprietary name, may be confusing, misleading, cause or contribute to medication errors.

If DMEPA objects to a proposed proprietary name on the basis that drug name confusion could lead to medication errors, the primary Safety Evaluator uses the FMEA process to identify strategies to reduce the risk of medication errors. DMEPA generally recommends that the Sponsor select an alternative proprietary name and submit the alternate name to the Agency for review. However, in rare instances FMEA may identify plausible strategies that could reduce the risk of medication error of the currently proposed name. In that instance, DMEPA may be able to provide the Sponsor with recommendations that reduce or eliminate the potential for error and, thereby, would render the proposed name acceptable.

In the event that DMEPA objects to the use of the proposed proprietary name, based upon the potential for confusion with another proposed (but not yet approved) proprietary name, DMEPA will provide a contingency objection based on the date of approval. Whichever product, the Agency approves first has the right to use the proprietary name, while DMEPA will recommend that the second product to reach approval seek an alternative name.

The threshold set for objection to the proposed proprietary name may seem low to the Applicant/Sponsor. However, the safety concerns set forth in criteria a through e above are supported either by FDA regulation or by external healthcare authorities, including the Institute of Medicine (IOM), World Health Organization (WHO), the Joint Commission, and the Institute for Safe Medication Practices (ISMP). These organizations have examined medication errors resulting from look- or sound-alike drug names, confusing, or misleading names and called for regulatory authorities to address the issue prior to approval. Additionally, DMEPA contends that the threshold set for the Proprietary Name Risk Assessment is reasonable because proprietary drug name confusion is a predictable and preventable source of medication error that, in many instances, the Agency and/or Sponsor can identify and rectify prior to approval to avoid patient harm.

Furthermore, post-marketing experience has demonstrated that medication errors resulting from drug name confusion are notoriously difficult to rectify post-approval. Educational and other post-approval efforts are low-leverage strategies that have had limited effectiveness at alleviating medication errors involving drug name confusion. Sponsors have undertaken higher-leverage strategies, such as drug name changes, in the

past but at great financial cost to the Sponsor and at the expense of the public welfare, not to mention the Agency’s credibility as the authority responsible for approving the error-prone proprietary name. Moreover, even after Sponsors’ have changed a product’s proprietary name in the post-approval phase, it is difficult to eradicate the original proprietary name from practitioners’ vocabulary, and as a result, the Agency has continued to receive reports of drug name confusion long after a name change in some instances. Therefore, DMEPA believes that post-approval efforts at reducing name confusion errors should be reserved for those cases in which the potential for name confusion could not be predicted prior to approval.

**Appendix B:** Letters and Letter Strings with Possible Orthographic or Phonetic Misinterpretation

<b>Letters in Name, Plegridy and Plegridy Pen</b>	<b>Scripted May Appear as</b>	<b>Spoken May Be Interpreted as</b>
P	B, R, F, Y, D, T	B
p	yn, ys, g, j, l, q	b
l	b, e, s, A, P, I	w, r
e	a, i, l, o, u, p	any vowel
g	q, j, s, y, z	j, k, c
r	s, n, e, v	wr
i	e, l	y
d	cl, ci, ol, al, l	b, t
y	f, p, u, v, x, Z	i, e, u
p	yn, ys, g, j, l, q	b
e	a, i, l, o, u, p	any vowel
n	m, u, x, r, h, s	dn, gn, kn, mn, pn
<b>Letter Strings</b>		
ri	n, m, u, o, a	

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

**Figure 1. Plegridy Study (Conducted on 5-31-2013)**

Handwritten Requisition Medication Order	Verbal Prescription
<p><u>Medication Order:</u>  <i>Plegridy 125mcg subcutaneous once</i></p>	<p>Plegridy                      125 mcg subq every 2 weeks                      #2</p>
<p><u>Outpatient Prescription:</u>  <i>Plegridy                      125mcg subq every 2 weeks                      # 2</i></p>	

**Figure 2. Plegridy Pen Study (Conducted on 6-4-2013)**

Handwritten Requisition Medication Order	Verbal Prescription
<p><u>Medication Order:</u>  <i>Plegridy Pen 125mcg subq                      once</i></p>	<p>Plegridy Pen                      125 mcg subq q 2 wks                      #2</p>
<p><u>Outpatient Prescription:</u>  <i>Plegridy Pen #2                      125mcg subq q 2wks</i></p>	

**FDA Prescription Simulation Responses (Aggregate 2 Rx Studies Report)**

**Study Name: Plegridy**

As of Date 6/30/2013

191 People Received Study  
 69 People Responded

Study Name: Plegridy

OUTPATIENT	VOICE	INPATIENT
PLEGRIDUY (1)	FLEGARY (1)	??? (1)
PLEGRIDY (22)	FLEGRITTY (1)	PLEGERIDY (1)
	PLAGRIDI (2)	PLEGIDY (4)
	PLAGUEDY (1)	PLEGNIDY (1)
	PLECRITY (1)	PLEGRIDY (3)
	PLEGRATY (1)	PLEGUDY (7)

PLEGREDY (1)	PLEGUIDY (7)
PLEGREDY 125 UG SQ (1)	PLEGUNDY (1)
PLEGRIDDY (1)	
PLEGRIDI (2)	
PLEGRIDY (5)	
PLEGRITI (1)	
PLEGRITY (1)	
PLEQUERTY (1)	
PREGLIDY (1)	

**Study Name: Plegridy Pen**

As of Date 6/30/2013

191 People Received Study  
78 People Responded

Study Name: Plegridy Pen

OUTPATIENT	VOICE	INPATIENT
PLEGRIDG (2)	FLAGRIDI PEN (2)	PELGRIDY PEN (1)
PLEGRIDG PEN (7)	FLAGRITY PEN (1)	PLE??IDY PEN (1)
PLEGRIDY (5)	PEGREDI PEN (1)	PLEGRIDY (1)
PLEGRIDY PEN (12)	PLAGRIDI PEN (1)	PLEGRIDY PEN (14)
PLEGRIDZ PEN (3)	PLEGRIDEE (1)	PLELGRIDY PEN (1)
	PLEGRIDI PEN (2)	PLENIDY PEN (1)
	PLEGRIDY (1)	PLEORIDY PEN (1)
	PLEGRIDY PEN (3)	PLEPIDY PEN (3)
	PLEGRITTI PEN (1)	PLEQRIDY PEN (2)
	PLIGRIDY PEN (1)	PLEXNIDY PEN (1)
	SIGRDI PEN (1)	
	TIGRIDI PEN (1)	
	ZIGRIDY PEN (1)	
	ZYGREDI PEN (1)	
	ZYGRIDEE PEN (1)	
	ZYGRIDI PEN (1)	

ZYGRIDIPEN (1)
ZYGRIDY PEN (2)

**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 Plegridy	Failure preventions
1.	Pliagel		Look	Lacks convincing orthographic similarity
2.	(b) (4)	(b) (4)	Sound	This name was found unacceptable in (b) (4)
3.	Plagrida		Look	This is a foreign pharmaceutical product (Brazil)
4.	Plenaxis <sup>†</sup>	Abarelix	Look	Lacks convincing orthographic similarity

<sup>†</sup>Names identified by EPD for Plegridy and Plegridy Pen.

No.	Proprietary Name	Active Ingredient	Similarity to Plegridy Pen	Failure preventions
5.	Plenaxis <sup>†</sup>	Abarelix	Look	Lacks convincing orthographic similarity
6.	Avonex Pen	Interferon beta-1a	Look	Lacks convincing orthographic similarity
7.	Pregabalin	Established Name	Sound	Lacks convincing phonetic similarity

<sup>†</sup>Names identified by EPD for Plegridy and Plegridy Pen.

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

**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><b>Proposed name:</b> Plegridy (Prefilled Syringe) and Plegridy Pen (Prefilled Pen)</p> <p><b>Dosage Form(s):</b> Injection</p> <p><b>Strength(s):</b> 125 mcg/0.5 mL and Starter Pack containing 63 mcg/0.5 mL and 94 mcg/0.5 mL</p> <p><b>Usual Dose:</b> Initiate at 63 mcg (dose 1) at day 1, increase to 94 mcg (dose 2) at week 2, then 125 mcg (full dose, dose 3) at week 4 and every 2 weeks thereafter</p>	<p><b>Failure Mode:</b> <b>Incorrect Product Ordered/ Selected/Dispensed or Administered because of Name confusion</b></p> <p><b>Causes (could be multiple)</b></p>	<p><b>Prevention of Failure Mode</b></p> <p><b>In the conditions outlined below, the following combination of factors, are expected to minimize the risk of confusion between these two names</b></p>
1.	<p>Triglide (Fenofibrate) Tablet</p> <p>Strength: 50 mg, 160 mg</p> <p>Dose: 50 mg to 160 mg once daily</p>	<p><b><u>Orthographic similarity to Plegridy:</u></b></p> <p>The ‘T’ in Triglide and ‘P’ in Plegridy look similar when scripted, followed by ‘ig’ and ‘eg’ in the third and fourth positions which look similar when scripted. Both contain the letter string ‘id’ in the suffix.</p>	<p>Orthographic: There is an upstroke ‘l’ in the second position for Plegridy vs. no upstroke in the second position for Triglide. There is a down stroke ‘y’ in the suffix in Plegridy vs. no downstroke in suffix in Triglide.</p> <p>Dose: The doses of Plegridy and Triglide do not overlap and the dose of Plegridy is not achievable with the dose/strength of Triglide.</p> <p>Frequency: Triglide is administered once daily vs. Plegridy Starter Pack may be written as use as directed, or 63 mcg (dose 1) at day 1, 94 mcg (dose 2) at week 2, or Plegridy 125 mcg (dose 3) at week 4 and every 2 weeks thereafter.</p>
2.	<p>Zegerid (Omeprazole and</p>	<p><b><u>Orthographic similarity to</u></b></p>	<p>Orthographic: There is an extra letter ‘l’ in the beginning of Plegridy</p>

<p>Sodium Bicarbonate) Capsule and Powder for oral suspension</p> <p>Strength: Capsule: Omeprazole 20 mg/Sodium bicarbonate 1100 mg; omeprazole 40 mg/sodium bicarbonate 1100 mg; Powder for oral suspension: 20 mg omeprazole/ sodium bicarbonate 1680 mg per packet, omeprazole 40 mg/sodium bicarbonate 1680 mg per packet</p> <p>Dose: Active duodenal ulcer: Oral: 20 mg once daily for 4-8 weeks</p> <p>Gastric ulcers: Oral: 40 mg once daily for 4-8 weeks</p> <p>Heartburn (OTC labeling): Oral: 20 mg once daily for 14 days. Do not take for &gt;14 days or more often than every 4 months.</p> <p>Symptomatic GERD: Oral: 20 mg once daily for up to 4 weeks</p>	<p><b><u>Plegridy:</u></b></p> <p>The beginning letter ‘z’ in Zegerid and ‘p’ in Plegridy look similar when scripted. Both contain the letter strings ‘eg’ and ‘rid’.</p>	<p>which lengthen the prefix. There is a downstroke ‘y’ in the suffix in Plegridy vs. no downstroke in suffix for Zegerid.</p> <p>Dose: The doses of Plegridy and Zegerid do not overlap and the dose of Plegridy is not achievable with the dose/strength of Zegerid.</p> <p>Frequency: Zegerid is administered once daily, or every 6 to 8 hours vs. Plegridy Starter Pack may be written as use as directed, or 63 mcg (dose 1) at day 1, 94 mcg (dose 2) at week 2, or Plegridy 125 mcg (dose 3) at week 4 and every 2 weeks thereafter.</p>
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<p>Erosive esophagitis: Oral: 20 mg once daily for 4-8 weeks; maintenance of healing: 20 mg once daily for up to 12 months total therapy (including treatment period of 4-8 weeks)</p> <p>Risk reduction of upper GI bleeding in critically-ill patients (Zegerid® powder for oral suspension): Oral: Loading dose: Day 1: 40 mg every 6 to 8 hours for two doses</p> <p>Maintenance dose: 40 mg daily for up to 14 days; therapy &gt;14 days has not been evaluated</p>		
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3.	<p>Proquad (Measles, Mumps, Rubella, and Varicella Virus Vaccine) Injection</p> <p>Strength: 0.5 mL/vial after reconstitution with sterile diluent</p> <p>Dose: One dose (0.5 mL) subcutaneously at 12 to 15 months of age. A second dose, if needed, at 4 to 6 years of age.</p>	<p><b><u>Orthographic similarity to Plegridy:</u></b></p> <p>Both begin with ‘P’. The letter string ‘oq’ in Proquad and ‘eg’ in Plegridy look similar when scripted. The letter string ‘ri’ in Plegridy looks similar to ‘u’ in Proquad when scripted.</p>	<p>Orthographic: The letter string ‘dy’ in Plegridy and ‘ad’ in Proquad look different when scripted.</p> <p>Dose: There is an overlap in the dose volume of Plegridy and Proquad (i.e. 0.5 mL). However, since all strengths of Plegridy are supplied in 0.5 mL volume, the strength and/or dose of Plegridy will need to be specified. The strengths of the two products do not overlap.</p> <p>Frequency: Proquad is administered once at 12 to 15 months of age, and 4 to 6 years if needed vs. Plegridy Starter Pack may be written as use as directed, or 63 mcg (dose 1) at day 1, 94 mcg (dose 2) at week 2, or Plegridy 125 mcg (dose 3) at week 4 and every 2 weeks thereafter. Although Proquad and Plegridy Starter Pack may be written as use as directed, the “Starter Pack” phrase would help to differentiate.</p>
4.	<p>Delzicol (Mesalamine) Delayed Release Capsule</p> <p>Strength: 400 mg</p> <p>Dose: Ulcerative colitis (UC): 800 mg 3 times daily for 6 weeks</p> <p>Maintenance of remission of UC: 400 mg 4 times daily</p>	<p><b><u>Orthographic similarity to Plegridy:</u></b></p> <p>The ‘D’ in Delzicol and ‘P’ in Plegridy look similar when scripted. The letter string ‘elz’ in Delzicol and ‘leg’ in Plegridy may look similar when scripted. The ‘ol’ in Delzicol looks similar to the ‘d’ in Plegridy when scripted.</p>	<p>Orthographic: There is a downstroke ‘y’ in the suffix in Plegridy vs. no downstroke in suffix in Delzicol.</p> <p>Dose: The doses of Plegridy and Delzicol do not overlap and the dose of Plegridy is not achievable with the dose/strength of Delzicol.</p> <p>Frequency: Delzicol is administered three to four times daily vs. Plegridy Starter Pack may be written as use as directed, or 63 mcg (dose 1) at day 1, 94 mcg (dose 2) at week 2, or Plegridy 125 mcg (dose 3) at week 4 and every 2 weeks thereafter.</p>
5.	<p>Pro-Gest Supplement</p> <p>Dose: 2 tablets with meals</p>	<p><b><u>Orthographic similarity to Plegridy:</u></b></p> <p>Both start with ‘P’. The ‘og’ in Pro-Gest and ‘eg’ in Plegridy look similar when scripted.</p>	<p>Orthographic The letter string ‘est’ in Pro-Gest looks different from ‘ridy’ in Plegridy when scripted.</p> <p>Dose: The dose of Pro-Gest is 2 (tablets since the tablets contain multiple ingredients) vs. dose of Plegridy must be specified. The dose of 2 tablets of Pro-Gest and dose/strength of Plegridy do not overlap.</p>

			<p>Frequency:  Pro-Gest is administered three times daily with meals vs. Plegridy Starter Pack may be written as use as directed, or 63 mcg (dose 1) at day 1, 94 mcg (dose 2) at week 2, or Plegridy 125 mcg (dose 3) at week 4 and every 2 weeks thereafter.</p>
6.	<p>PregVit  Prenatal multivitamin-mineral supplement containing folic acid 1.1 mg</p> <p>Dose: One pink tablet every morning, one hour before breakfast, and one blue tablet every evening within one hour of the evening meal.</p>	<p><b><u>Orthographic similarity to Plegridy:</u></b></p> <p>Both start with ‘P’ and contain the letter string ‘eg’ in the prefix. The letter string ‘ri’ in Plegridy looks similar to ‘v’ in PregVit when scripted.</p>	<p>Orthographic:  There is a downstroke ‘y’ in the suffix in Plegridy vs. no downstroke in suffix in PregVit.</p> <p>Dose:  The dose of PregVit is 1 tablet vs. dose of Plegridy must be specified.</p> <p>Frequency:  PregVit is administered in the morning and evening, or may be written as use as directed vs. Plegridy Starter Pack may be written as use as directed, or 63 mcg (dose 1) at day 1, 94 mcg (dose 2) at week 2, or Plegridy 125 mcg (dose 3) at week 4 and every 2 weeks thereafter. Although PregVit and Plegridy Starter Pack may be written as use as directed, the “Starter Pack” phrase would help to differentiate.</p>

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
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/s/  
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LIU LIU  
08/09/2013

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